North Central London
Clinical Commissioning Group

# Minutes
## Meeting of North Central London CCG Governing Body

23 September 2021 between 10am and 12.30pm
Virtual Meeting

| **Members Present:** | |
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| Dr Jo Sauvage | **Chair** and Clinical Representative - Islington |
| Karen Trew | Deputy Chair and Lay Member |
| Dr Charlotte Benjamin | Clinical Vice Chair and Clinical Representative - Barnet |
| Frances O'Callaghan | Accountable Officer |
| Simon Goodwin | Chief Finance Officer |
| Claire Johnston | Registered Nurse |
| Subir Mukherjee | Secondary Care Specialist |
| Arnold Palmer | Lay Member |
| Dr Clare Stephens | Clinical Representative – Barnet |
| Dr Neel Gupta | Clinical Representative – Camden |
| Dr Kevan Ritchie | Clinical Representative – Camden |
| Dr Chitra Sankaran | Clinical Representative – Enfield |
| Dr Nitika Silhi | Clinical Representative – Enfield |
| Dr Peter Christian | Clinical Representative – Haringey |
| Dr John McGrath | Clinical Representative – Islington |
| **In Attendance:** | |
| Paul Sinden | Chief Operating Officer |
| Richard Dale | Executive Director of Transition |
| Kay Matthews | Executive Director of Clinical Quality |
| Sarah Mansuralli | Executive Director of Strategic Commissioning |
| Sarah McDonnell-Davies | Executive Director of Borough Partnerships |
| Ian Porter | Executive Director of Corporate Services |
| Ruth Donaldson | Direction of Integration, Barnet |
| John-Jo Campbell | Chief Digital Information Officer |
| Stacey Kennedy | Chair, CCG BAME Staff Network |
| Sharon Grant | Chair, Healthwatch Haringey |
| Pat Callaghan | Councillor, Camden Council |
| Lucia das Neves | Councillor, Haringey Council |
| Kirsten Watters | Director of Public Health, Camden Council |
| **Apologies:** | |
| Ian Bretman | Lay Member |
| Dr John Rohan | Clinical Representative – Haringey |
| **Minutes:** | |
| Steve Beeho | Board Secretary |

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| **1.** | **INTRODUCTION** |
| **1.1** | **Welcome & Apologies** |
| 1.1.1 | The Chair welcomed Governing Body members, executive officers and attendees to the meeting, which was being held virtually and live-streamed due to the Covid-19 pandemic. |
| 1.1.2 | Apologies had been received from John Rohan and Ian Bretman. |
| 1.1.3 | Sharon Grant was representing the borough Healthwatches and Kirsten Watters was attending on behalf of the borough Directors of Public Health. |
| **1.2** | **Declarations of Interest Register** |
| 1.2.1 | The Chair presented the Governing Body Declarations of Interest Register. |
| 1.2.2 | The Governing Body **NOTED** the Declarations of Interest Register. |
| **1.3** | **Declarations of Interest relating to the items on the Agenda** |
| 1.3.1 | The Chair invited members of the Governing Body to declare any interests relating to items on the agenda. There were no additional declarations. |
| **1.4** | **Declarations of Gifts and Hospitality** |
| 1.4.1 | The Chair invited members of the Governing Body to declare any gifts and hospitality received. No gifts or hospitality were declared. |
| **1.5** | **Draft minutes of the last meeting on 24 June 2021** |
| 1.5.1 | The Governing Body **APPROVED** the minutes of the meeting on 24 June 2021 as an accurate record. |
| **1.6** | **Action Log and Matters Arising** |
| 1.6.1 | The Chair noted that the actions had either been discharged, were on the meeting agenda or were not yet due. |
| 1.6.2 | The Governing Body **APPROVED** the action log. |
| **1.7** | **Report from the Chair** |
| 1.7.1 | The Chair commended the excellent work that was continuing to take place. She highlighted the remarkable work of GPs in delivering business as usual as well as the immunisation campaign. She also noted that the fantastic collaborative work which has been taking place in response to the pandemic has put NCL in a strong position for more integrated working in the future. However, it remains important that staff are fully supported as the system moves into the next phase of pandemic response. |
| **1.8** | **Report From the Accountable Officer** |
| 1.8.1 | Frances O'Callaghan echoed the Chair's thanks to staff for the tremendous work which had taken place over the summer and noted that planning to address winter pressures was now underway and would be discussed later on the agenda. She then provided an overview of the report, highlighting the following points:<br>• A huge amount of work is taking place on diversity and inclusion, but it is also recognising that there is still a lot more that needs to be done<br>• She thanked the outgoing Enfield Healthwatch Chair Parin Bahl and Interim CEO Noelle Skivington for their organisation's contribution to improving local health services |

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| | and welcomed the new leadership team of Olivia Clymer, CEO and Carena Rogers, Programme Manager<br>• The CCG remains committed to working across the five NCL boroughs and this is being managed within the context of the impact of Covid, the return to work and the move to more agile working in future. Office moves in Haringey and Enfield are planned as part of this work<br>• Local highlights of the Borough teams' work included the work of the Barnet PCN Multidisciplinary Frailty Team and the trialling of a phlebotomy service within GP practices; Camden continuing to progress the local plan for tackling Asthma; the Enfield Inequalities Working Group overseeing the development of proposals for the NCL CCG Inequalities Fund; Haringey hosting OFSTED and CQC for a joint area inspection of its Special Educational Needs and Disabilities provision and Islington working with the local Council to support the green agenda and sustainability in the borough<br>• The Governing Body was being asked to note the Chair's Action which was taken to avoid a delay that could put the end date of the current Barnet Children's Community Therapies Service at risk<br>• The report also contained updates on ICS developments and the vaccination programme moving into a new phase, with the vaccination of 12-15 year olds. These would be discussed as substantive items later on the agenda. |
| 1.8.2 | The Governing Body then discussed the report, making the following points:<br>• The CCG's focus on equalities extends beyond NHS staff into the wider care system. The vaccination programme has highlighted the mutual dependence of organisations and health and care teams should learn from each other's progress<br>• There has been substantial engagement with CCG staff at all levels over the last nine months, including regular all-staff events, as well as the Engaging Our People forum and the directorate and staff networks. Staff feedback on the levels and quality of engagement has been extremely positive<br>• Assurance was given that there is a programme of work within the ICS workforce workstream addressing the need to develop career pathways and improve the status of care workers. This will help to attract, recruit, retain and develop local people into local work and provide resilience and stability to local communities<br>• It was agreed that Sarah McDonnell-Davies would provide more information to Cllr Callaghan outside the meeting about pro-active care at home. |
| 1.8.3 | The Governing Body<br>• **NOTED** the Accountable Officer's Report<br>• **NOTED** the Chair's Action. |
| 1.8.4 | Action: Sarah McDonnell- to provide more information to Cllr Callaghan about pro-active care at home. |
| **1.9** | **Questions From the Public** |
| 1.9.1 | The Chair noted that no questions had been submitted in advance of the meeting. |
| 1.9.2 | A question was then submitted by a member of the public using the online functionality. The questioner highlighted that they had tested the online user experience for patients and found it fragmented and lacking in terms of Accessibility Standards and Self Service. They were keen to discuss this further and share their feedback with a CCG representative. |
| 1.9.3 | Action: It was agreed that Richard Dale would make contact with the questioner outside the meeting to discuss their concerns. |
| **2.** | **OVERVIEW REPORTS & BUSINESS** |
| 2.1 | **Quality Report** |
| 2.1.1 | Kay Matthews introduced the Quality Report which was taken as read. She highlighted the following points: |

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| | • Following an unannounced visit to the Royal Free Hospital maternity services, the CQC had increased the rating from “Inadequate” to “Requires further improvement”. Work is ongoing to improve the rating further and there is a strong action plan in place<br>• As a result of significant improvements at the Beacon Centre (Barnet, Enfield and Haringey Mental Health Trust), the CQC has increased its rating from ‘Requires Improvement’ to ‘Good’<br>• Following safeguarding concerns about allegations of abuse against two different specialist Learning Disability (LD) providers of accommodation and schools/colleges for children, young people and adults, there are currently no NCL children with learning disabilities in any of the schools of concern. The CCG is also continuing to monitor the adults within accommodation under these providers. |
| 2.1.2 | The Chair observed that monitoring the quality of services will be fundamental during the transition to an ICS. |
| 2.1.3 | The Governing Body **NOTED** the Quality Report. |
| 2.2 | **Performance Report** |
| 2.2.1 | Paul Sinden introduced the Performance Report, highlighting the following points:<br>• The health and care system remains under pressure – at present there are 200 people hospitalised with Covid compared to 20 at the same time last year<br>• Primary care appointments are 15% higher than pre-Covid levels and a number of A&E departments are experiencing higher levels than they were pre-pandemic, particularly Barnet Hospital and NMUH<br>• Elective activity is currently at 82% of pre-pandemic levels and outpatient activity is at 92% of pre-pandemic levels<br>• Mutual aid is being used across NCL trusts to reduce long waits and a Clinical Prioritisation Group is being used to ensure that people are treated in order of clinical need<br>• Plans have been submitted to NHS England (London) to remove people who have been waiting over 104 weeks for treatment and to reduce the number of people who have been waiting over a year for treatment. The most problematic area for long waits is for plastics at the Royal Free, where a London and national solution will be needed as there is not sufficient capacity in NCL<br>• Bowel screening has been extended to people aged over 50 and this will be rolled out over the next four years<br>• Although an increased number of appointments are being offered in General practice, there is also growing concern from residents about access. A number of steps are being taken to address this, including increasing extended access and out of hours access. A review of access and demand management across NCL will also be carried out, building on the previous work by Healthwatch. Governing Body clinical leads recently met to discuss increased demand and the strains on general practice capacity<br>• A practice sitrep has been introduced to provide a clearer understanding of practice pressures<br>• Action is being taken to improve coverage for physical health checks for people with serious mental illness, including introducing Assertive Outreach in Barnet and Enfield, in common with the other NCL boroughs<br>• Following the warm reception to the pilot Perinatal Mental Health Service at NMUH supporting women who have had either a traumatic birth experience or pregnancy loss, NCL is looking to see if it can bring forward its roll-out from 2023/24 to 2022/23 via Mental Health Investment Standard funding. The outcome of this will be known by January 2022. |
| 2.2.2 | The Governing Body then discussed the report, making the following comments:<br>• The lower age profile for the bowel screening programme and the intention to bring forward the roll-out of the Perinatal Mental Health service were commended |

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| | • It was noted that there are summaries of the work taking place in each borough to improve coverage for physical health checks for people with serious mental illness and these are used to ensure that good practice is shared and built on. It was agreed that Paul Sinden would share a synopsis of this with Cllr Callaghan. The CCG is also ensuring that the clinical leads are focusing on this as part of their work with practices. Assurance was given that future Performance Reports will contain updates on progress<br>• Although it was acknowledged that practices are under considerable pressure, the accounts of the difficulties with access that some people are reporting are nevertheless alarming. There is a perception in the community that it is difficult to get face to face GP appointments and having to navigate this access digitally adds another layer of complexity for many people<br>• Concern was expressed about the likely impact of this pent-up demand on the system as a result of the current challenges in accessing GPs<br>• Assurance was given that a piece of work is taking place to address the issue of people not coming forward at present and the CCG looks forward to involving Healthwatch in this<br>• It was confirmed that work is taking place to ensure that people who attend A&E but don't require treatment can go elsewhere. This includes the *Think 111 First* campaign and investment in additional 111 capacity to support this in terms of call handling and clinical validation. There has also been investment in 'downstream' capacity, including extended access hubs in four boroughs (Enfield already had sufficient capacity to meet demand)<br>• Analysis of the people attending A&E departments has been undertaken and as a result, the CCG is looking at putting in place services for families who take young children to A&E out of a sense of anxiety – these would allow an appropriate clinical intervention outside A&E. A proposal for Rapid Child Checks at NMUH to redirect people away from Emergency Departments is therefore being taken to the Clinical Advisory Group for consideration. The work on access and managing demand in General practice will also help to support this. This work will also include a focus on unwarranted variations in access across practices<br>• Confirmation would be provided outside the meeting to Cllr das Nevas on the proposed mechanism for capturing people who don't end up making contact with practices due to the current digital arrangements in place<br>• Assurance was given that additional capacity has been put in place to address the issue of long mental health waits in Emergency Departments but more work needs to be done to ensure consistent occupancy levels and improved Lengths of Stay, as well as greater levels of mutual aid and more support in the community to relieve crisis presentations<br>• It was noted that there was an update on the strategic review of mental health services later on the agenda. In addition to this, there is a Mental Health Transformation Programme which has seen investment in crisis services for adults and children, as well as access to psychological therapies<br>• It was agreed that Paul Sinden would speak to Kirsten Watters outside the meeting about the work on breast cancer screening and inequalities<br>• The focus of the Primary Care Committee in Common has tended to be on contractual matters but it is recognised that it also needs to take a more strategic view on the most effective collective approach to primary care in NCL as primary care will be integral to the ICS going forward. |
| 2.2.3 | The Governing Body **NOTED** the Performance Report. |
| 2.2.4 | Action: Paul Sinden to send Cllr Callaghan a synopsis of the work at borough level to improve coverage for physical health checks for people with serious mental illness. |
| 2.2.5 | Action: Paul Sinden to confirm to Cllr das Nevas the proposed mechanism for capturing people who don't end up making contact with practices due to the current digital arrangements in place. |
| 2.2.6 | Action: Paul Sinden to speak to Kirsten Watters about the work on breast cancer screening and inequalities. |

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| **2.3** | **COVID Vaccination Programme Update** |
| 2.3.1 | Kay Matthews introduced the paper, noting that the position had inevitably changed since the report was written. She highlighted the following key points:<br>• As of 21 September 2021, there has been almost 2 million vaccinations across NCL (1.02 million first doses and 938,000 second doses)<br>• Phase 3 of the programme has now been formally announced and NCL has begun vaccinating 63,000 12-15 year olds across 127 schools<br>• The booster programme is now underway for people vaccinated six months earlier (JCVI cohorts 1-9) – this is currently being supported by 31 Primary Care Networks (PCNs) and 41 pharmacies. |
| 2.3.2 | The Chair praised everybody involved for a remarkable piece of work. |
| 2.3.3 | The Governing Body **NOTED** the report. |
| **2.4** | **Winter Planning** |
| 2.4.1 | Paul Sinden introduced the paper, highlighting the following key points:<br>• Systems have been asked to plan on the basis of a worst case scenario of a doubling of people in hospital with Covid by the end of the calendar year, compared to the current position<br>• Mitigations will include the exponential development of mutual aid across providers which has previously been developed in response to the pandemic, the development of community capacity and the continuation of Integrated Discharge Teams on each acute hospital site<br>• The plans will focus on areas with poor patient experience, including reducing out of area mental health placements and reducing delays in ambulance handovers to Emergency Departments by maximising ambulance capacity<br>• The next steps will include the CCG developing its demand and capacity plans for hospital beds based on the aforementioned Covid assumptions and the further development of local plans across health and care through the A&E Delivery Boards<br>• The first draft of the Winter Plan is due to be submitted to NHS England on 30 September 2021<br>• The CCG is currently working on proposals to bid for non-recurrent investment in capital and revenue to support elective recovery<br>• The main risks concern workforce resilience after the pressure caused by the pandemic, the impact of ambulance handovers on patient experience and managing the current pressures on the system as winter approaches. The NCL Urgent and Emergency Care Group will be used to focus on the collective approach to winter pressures. |
| 2.4.2 | The Governing Body then discussed the paper, making the following comments:<br>• The importance of encouraging staff and residents to have the primary and booster Covid vaccinations was highlighted, especially those at higher risk<br>• It was confirmed that the planning assumptions are based on flu prevalence being more akin to pre-pandemic levels, unlike the previous winter. Planning is also predicated on a likely increase in paediatric respiratory problems during October and November, with GOSH to be used as escalation capacity when other district general hospitals are under pressure<br>• The offer of Public Health support for childhood immunisations was welcomed and would be followed up outside the meeting. It was noted that where possible, the Covid and flu vaccine will be delivered at the same time in schools, subject to logistics<br>• It was also highlighted that the primary school cohort have the biggest impact on elderly admissions, rather than the teenage cohort<br>• It was noted that the Critical Care Network oversees how capacity is balanced across the system. For example, the Whittington Health Intensive Therapy Unit (ITU) has recently been at full capacity and the Network has developed a series of triggers for the instigation of system support that link to intelligent conveyancing by ambulances |

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| | • The importance of staff resilience was noted. All staff were encouraged to take annual leave over the summer and the elective recovery programme was profiled on this basis. A specific ICS Workforce workstream is also looking systematically at staff resilience<br>• Staff should be encouraged to speak up when they feel under pressure as maintaining morale is crucial<br>• It was acknowledged that undertaking system reform at a time when the system is likely to be under pressure adds another layer of challenge but it is imperative that the focus remains on day-to-day performance. |
| 2.4.3 | The Governing Body **NOTED** the winter planning preparation and progress to date. |
| 2.4.4 | Action: Paul Sinden to speak to Kirsten Watters outside the meeting about Public Health support for childhood immunisations. |
| **2.5** | **Health Inequalities: Update on the Work of the CCG Communities Team and Work With Local Partners** |
| 2.5.1 | Sarah McDonnell-Davies and Ruth Donaldson provided an overview of the paper, highlighting the following points:<br>• The Communities Team was established as part of the CCG's commitment at borough level and across NCL in the following key areas: reducing inequalities, supporting complex populations (including the homeless and refugees and asylum seekers), delivering services in culturally competent ways and pursuing important emerging agendas, such as the 'green' agenda and how that affects health outcomes across the patch<br>• The Health Inequalities Fund provides direct investment from the CCG and its partners into 'bottom up' initiatives to tackle health inequalities. Bringing together stakeholders to address entrenched issues has been an extremely productive process and so far 26 schemes have been approved at a borough level, as well as four NCL-wide schemes. The supported schemes have been wide-ranging, with a focus on lived experience and co-production with local communities. It is ultimately intended for this work to form part of a wider health needs assessment which feeds into the ICS<br>• The CCG has secured £1m from the Shared Outcomes Fund to support the health of people experiencing homelessness and their discharge from hospital in NCL. |
| 2.5.2 | The Governing Body then discussed the report, making the following comments:<br>• The increasing attention given to health outcomes and the wider determinants behind them was welcomed but it was noted that there is often a sense of powerlessness about the influence that the NHS can bring to bear on the wider causes such as poverty and housing issues which in turn often lead to poor lifestyle choices. Going forward, an important challenge for the ICS will be how prevention work can be more targeted and differential in terms of outcomes<br>• The impact that using the right language when defining issues and challenges can have on producing innovative solutions was highlighted<br>• Assurance was given that the CCG has been undertaking research into what local communities think will make a difference and how they would measure success, rather than the CCG simply coming up with solutions. The CCG is also committed to achieving 'good reach' within communities. |
| 2.5.3 | The Governing Body **NOTED** the report. |
| **2.6** | **Integrated Care System (ICS) Update** |
| 2.6.1 | Richard Dale provided an overview of the paper, highlighting the following points:<br>• The core purpose of moving to an ICS is to improve health outcomes, tackle inequalities, enhance productivity and value for money and to support the NHS in broader work around social and economic development – this builds on the current goals of the CCG<br>• The paper contained an update on the guidance that has been published, including the due diligence around the close down of the CCG functions before they transfer to the |

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| | ICS as the new statutory organisation. A Transition Board has been established to oversee this work<br>• The report also highlights some of the key formative work that the CCG will need to do with its partners. It was clarified that although NCL is not one of the national pilots for proactive care, it is developing a significant piece of work around this which will be delivered at borough level<br>• The report has distilled the main requirements into a critical path for convenience – a considerable amount of detail sits behind this<br>• A proposed process of system planning to agree the key ICS objectives for 2022/23 has been developed to ensure that 'form follows function'<br>• Work is continuing with partners on key system development areas such as population health and work at place<br>• It is recognised that the fact that the transition is taking place at a time when the system is already under significant pressure is a significant risk. Where possible, the changes will seek to consolidate the new ways of working that have resulted from the pandemic response. There is also a potential risk of losing continuity and professional/clinical relationships during and after the transition<br>• Resident voice will be important at all levels during the changeover. As part of this commitment, the inaugural meeting of the NCL Community Partnership Forum will be taking place on 1 October 2021, chaired by Mike Cooke<br>• NCL is currently well-placed against the success criteria defined by NHS England (London). |
| 2.6.2 | The Governing Body then discussed the paper, making the following comments:<br>• The challenge of retaining strategic consistency as a system across the five place-based partnerships was highlighted<br>• It was acknowledged that maximising the benefits of working at scale where the system can plan at a larger population level to tackle inequalities while also retaining the ability to act at the most local level possible in order to tailor services around communities. One good example of this is the vaccination programme where there was a broad London strategy in place but the implementation was carried out at borough level in collaboration with partners<br>• The importance of the ICS developing partnerships with Public Health, primary care and the voluntary sector to share learning and collaborate was highlighted<br>• It is important to be clear about what changes need to be in place by 1 April 2022 as part of the transition of statutory functions and which things will change over time in collaboration with partners. Where this has happened successfully in other parts of the country, it has been a long-term endeavor<br>• NCL is participating in a national programme about involving the voluntary sector and it is hoped that this will produce practical benefits for future interaction<br>• It was agreed that clear communications are needed to articulate to the general public why these changes are being made at this time and what the anticipated benefits are. This need had been previously discussed with Healthwatch leads and needs to be revisited. This would be picked up by Richard Dale, Jo Sauvage and Frances O'Callaghan outside the meeting<br>• Although it is easily to feel swamped by the amount of guidance being published, the development of the ICS also some provides some real opportunities for the system<br>• Prior to the expected parliamentary approval of the legislation, the system should be looking to formalise some of the excellent work that took place during the pandemic when organisational boundaries were lowered in the interests of a common cause. For example, building elective capacity can only be achieved by organisations working together in a way that builds on the informal collaboration to provide the necessary breadth of service across NCL<br>• It was agreed that it would be helpful for the system to communicate the benefits of creating an ICS, including enabling compassionate care, workforce development, population health management at different levels and ensuring that there is a sustainable health and care system going forward |

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| | • The feedback on communicating the purpose and benefits of the ICS was welcomed. It was noted that the guidance is deliberately permissive in many areas, so this is an opportunity for the system to shape services to best meet the needs of their users. |
| 2.6.3 | The Governing Body **NOTED** the ICS transition update, the guidance available, the NCL critical path and key risks associated with the CCG's transition to an ICS. |
| 2.6.4 | Action: Richard Dale, Jo Sauvage and Frances O'Callaghan to discuss communications about the timing and purpose of the transition to an ICS. |
| **2.7** | **NCL Digital Programme Update** |
| 2.7.1 | John-Jo Campbell introduced the paper, which he took as read. He highlighted the following points:<br>• The core Digital Programme is being funded for 2021/22. Future funding of the broader strategy is currently under discussion<br>• In August 2021, the NHS Executive published proposals for measuring the development of digital services and the level of infrastructure across ICSs moving forward. There is an expectation that local initiatives will be funded locally, which is a change from the historic arrangements<br>• The core Digital Programme is being implemented collaboratively across NCL, with the involvement of NHS organisations and local authorities. There are three core programmes:<br>o Shared Care Records<br>o Development of primary care infrastructure<br>o Development of a Population Health management information platform<br>• It is recognised that the governance of the Digital Programmes will need to be 'matured' as they are developed and inter-relate with other priorities across NCL. Mechanisms will need to be developed to make formal decisions and set priorities across NCL as a whole. |
| 2.7.2 | Richard Dale assured the Governing Body that the findings and recommendations of the recently-commissioned report on digital exclusion are informing the detailed work taking place across the programme, as well as partnership working at borough level. |
| 2.7.3 | The Governing Body then discussed the paper, making the following comments:<br>• It was noted that the ICS will need to determine how the future costs of the programme are shared around the system from 2022/23 onwards, so this will need to be added to the list of cost pressures which the Finance Committee is monitoring<br>• Effective communications is needed to ensure that staff and the public are suitably inspired in order to engage with this work<br>• It was acknowledged that communications need to be strengthened, alongside work to develop and maintain public trust around data protection. As part of this, the CCG is working with partners to look at how it can increase patients' access to the information that is held about them and enable patients to see who is accessing their data on their behalf. |
| 2.7.4 | The Governing Body **NOTED** the report. |
| **2.8** | **Update on NCL Community and Mental Health Strategic Service Reviews** |
| 2.8.1 | Sarah Mansuralli introduced the paper, highlighting the following points:<br>• The paper set out the approach to co-producing the 'core offer' with residents, clinicians and wider partners across the system and the subsequent gap analysis to determine what components of the 'core offer' are currently in place<br>• The significant input of system partners over the summer months into both aspects of the paper was commended<br>• Thanks to this input, the CCG now has a more accurate baseline for moving into the next phase of the work, which will be around the impact assessment |

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| | • As the work moves into the next phase, it is likely that there will be workforce and resource challenges to delivering the core offer and therefore a range of options will need to be considered in the context of transition planning, some of which were touched on in the paper<br>• These options will be used to determine how best to deliver the aim of the core offer, underpinned by resources allocated in a way that is proportionate to need but also provides equitable access to provision across NCL |
| 2.8.2 | The Governing Body:<br>• **NOTED** the progress of the reviews of community and mental health services, including the current work on refining the core offer and signing off a gap analysis<br>• **NOTED** that it is anticipated that a paper setting out recommendations and next steps will be presented to the next Governing Body meeting in December. |
| **3.** | **FINANCE** |
| **3.1** | **Finance Report – Month 5** |
| 3.1.1 | Simon Goodwin presented the paper, highlighting the following points:<br>• The Governing Body is being asked to delegate to Simon Goodwin, Arnold Palmer and Karen Trew the authority to agree this particular set of recommended changes to the delegated financial approval limits in the Standing Financial Instructions (SFIs) outside the meeting<br>• The CCG is on track to break even at month 5<br>• The planning guidance, allocations and financial framework for months 7-12 have not yet been published so the CCG is unable to make any assessment at this point on its year-end position. However, informal discussions with NHS England have suggested that the second half of the year is likely to be tighter than the first half for CCGs and providers. It is hoped that more details will be available by the time of the meeting of the Finance Committee the following week. |
| 3.1.2 | The Governing Body<br>• **NOTED** the Finance Report<br>• **AGREED** to delegate to Simon Goodwin, Karen Trew and Arnold Palmer final approval of changes to the SFIs. |
| **4.** | **GOVERNANCE** |
| **4.1** | **See ME First Campaign** |
| 4.1.1 | Ian Porter introduced the paper, making the following points:<br>• The See ME First campaign is part of a package of work over the past year embracing equality, diversity and inclusion across the CCG<br>• The heart of the campaign is about seeing colleagues for who they are and the skills they bring to the organisation<br>• There was a terrific response from staff following the recent launch event. |
| 4.1.2 | Stacey Kennedy noted that in addition to being the Chair of the CCG BAME Staff Network, she was also representing all of the other staff networks. She made the following comments:<br>• Over 100 staff attended the launch event on 8 July 2021 and has been well received across the organisation<br>• The campaign was originally conceived by Whittington Health during Black History Month before being adopted by the CCG. It is hoped that it will now be adopted more widely across the NCL system<br>• The campaign is linked to the CCG's core values<br>• Joining the campaign involves a commitment to take a personal responsibility to model good behaviours and treat colleagues with dignity and respect, recognising that everyone is different with their own beliefs and values, and a commitment to 'call it out' if a colleague is treated with disrespect, discriminated against, bullied or harassed |

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| | • To date, there have been 62 pledges across the organisation. See Me First badges are being distributed to help to raise the visibility of the campaign<br>• The Governing Body is being asked to endorse the campaign and act as advocates. |
| 4.1.3 | Arnold Palmer, Chair of the CCG's Diversity and Inclusion Steering Group, commended the work of Stacey and her colleagues. He then made the following points:<br>• The workforce is the most important resource that the CCG has and See ME First will make a valuable contribution towards supporting staff and making them feel positive about their workplace<br>• The focus on individuals, both in terms of valuing each person and taking individual responsibility when necessary, is integral to the initiative<br>• Although the CCG has made excellent progress in terms of diversity and inclusion, further progress still needs to be made. The leadership that the Governing Body can bring to bear will be an important factor in this<br>• The actual pledge encourages staff to reflect on the personal contribution that they can make in their roles<br>• If an organisation is kind to its staff, they will be kind to patients and the public in turn. |
| 4.1.4 | The Governing Body then discussed the paper, making the following points:<br>• Assurance was given that the CCG has stepped up its approach to whistleblowing and freedom to speak up across the organisation, including refreshing the Whistleblowing Policy. Ian Porter is the Freedom to Speak Up Guardian for staffing issues and Kay Matthews is the Guardian for clinical issues. A number of Speak Up Ambassadors have also been recruited to foster a culture where staff are encouraged and support to speaking up against wrongdoing.<br>• It was suggested that Governing Body members should add the See ME First pledge beneath the CCG 'banner' in their email signatures in order to highlight their commitment to the initiative<br>• The CCG is currently focusing on the roll-out of the campaign within the organisation but going forward it would be keen to encourage the adoption of the pledge more widely across other organisations, potentially as part of the transition to an ICS. |
| 4.1.5 | The Governing Body **ENDORSED** the See ME First campaign. |
| **4.2** | **Board Assurance Framework (BAF)** |
| 4.2.1 | Ian Porter provided an overview of the paper, highlighting the following points:<br>• There are currently 10 risks on the BAF<br>• Five new risks now meet the BAF threshold since the previous meeting in June, including risks relating to primary care workforce development and failing to achieve NHS Constitutional targets around Urgent and Emergency Care<br>• As the result of excellent work by the Continuing Healthcare (CHC) team, two CHC-related risks have been removed from the BAF as their scores no longer meet the threshold<br>• Although it does not meet the BAF threshold, the risk relating to ICS transition has been included to ensure that the Governing Body are sighted on it<br>• Primary care access should be considered for inclusion on the BAF before the next meeting of the Governing Body. |
| 4.2.2 | Governing Body members made the following points:<br>• There was support for the proposal to add a risk around primary care access to the BAF as part of the next review cycle<br>• The work of the CHC team was commended. It was further noted that the progress being made will continue to be reviewed by the Audit Committee. |
| 4.2.3 | The Governing Body **NOTED** the BAF highlight report. |
| 4.2.4 | Action: Ian Porter and Paul Sinden to discuss opening a new risk relating to primary care access. |

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| **5.** | **ITEMS FOR INFORMATION AND ASSURANCE** |
| **5.1** | **Minutes of the Finance Committee on 3 June, 1 July and 29 July 2021** |
| 5.1.1 | The Governing Body **NOTED** the minutes. |
| **5.2** | **Minutes of the Patient and Public Engagement and Equalities Committee on 10 June 2021** |
| 5.2.1 | The Governing Body **NOTED** the minutes. |
| **5.3** | **Minutes of the Primary Care Commissioning Committee on 17 June 2021** |
| 5.3.1 | The Governing Body **NOTED** the minutes. |
| **5.4** | **Minutes of the Quality and Safety Committee on 10 June 2021** |
| 5.4.1 | The Governing Body **NOTED** the minutes. |
| **5.5** | **Minutes of the Strategy and Commissioning Committee on 13 May and 15 July 2021** |
| 5.5.1 | The Governing Body **NOTED** the minutes. |
| **6.** | **ANY OTHER BUSINESS** |
| 6.1 | There was no other business. |
| **7.** | **DATE OF NEXT MEETING** |
| 7.1 | Thursday 9 December 2021 between 2.30pm and 5pm. |