NHS
North Durham
Clinical Commissioning Group

NHS NORTH DURHAM
CLINICAL COMMISSIONING GROUP

COUNCIL OF MEMBERS MEETING
ANNUAL GENERAL MEETING 2013-14

Tuesday 10 June 2014

Conference Room Rivergreen Centre, Aykley Heads
Durham, DH1 5TS

CONFIRMED MINUTES

Present:	See attached list.	
In attendance:	Amanda Coates	Corporate Administrator (Minutes)
	Barbara Harker	Finance and Performance Manager (item 9)
	Liz Herring	Director of Nursing, Quality and Development (item 7)

	Items	Action
CM/AGM/14/01	**Apologies for absence** The apologies are recorded on the attached attendance list.	
CM/AGM/14/02	**Welcome and Introduction** *Chair* *- Dr Kate Bidwell (KB)* KB welcomed the Council of Members to its inaugural annual general meeting and outlined the content of the programme.	
CM/AGM/14/03	**Minutes and matters arising of the Council of Members meeting held on 4 February 2014** The minutes were agreed as a correct record of the meeting.	

CM/AGM/14/04 Appointment of Clinical Chair

Chief Operating Officer
- Nicola Bailey (NB)

NB announced that the CCG would be required to appoint a new Clinical Chair as KB would be retiring and as a result stepping down from the Clinical Chair role in September 2014. Expressions of interest had been sought for a new Clinical Chair and one had been received from Dr David Smart. NB explained the national recruitment process for chairs of CCGs which Dr Smart would need to go through as the CCG's nomination for chair. A recruitment panel had been arranged for 12 June 2014 and if successful, Dr Smart would undertake the national chair's development programme with other CCG chairs.

Dr Smart addressed the Council of Members and explained that he would be grateful for support from all practices.

NB asked each practice to confirm whether or not they supported Dr Smart's nomination by completing the approval form prior to leaving the meeting. NB explained that the signing of that form was an important part of the process and the forms would need to be presented by the CCG to NHS England as part of the recruitment process.

NB agreed to report the recruitment outcome back to Council of Members via email or newsletter. It would also be formally recorded at the next meeting.

Action: NB to inform the Council of Members of the outcome of the Clinical Chair recruitment process. **NB**

CM/AGM/14/05 Constitution Amendments

Chief Operating Officer
- Nicola Bailey (NB)

The report outlined the most recent changes suggested to the CCG's Constitution. The Council of Members was reminded that the CCG was given the opportunity to amend its Constitution twice per year.

NB explained that it had been agreed that the terms of reference of the CCGs committees and sub-committees of the CCG would be removed from the Constitution and would be managed separately to enable them to be amended without having to submit those to NHS

England for approval each time.

One of the proposed amendments was to reflect the establishment of a new committee of the Governing Body, the Patient, Public and Carer Engagement Committee which would include representatives from community groups and patients.

Practices were asked to confirm their approval of the amendments by signing a proforma to be handed in at the end of the meeting.

NB suggested that if anyone had any queries they could contact her directly.

The Council of Members:

- approved the submission of an application to NHS England to make changes to the Constitution of NHS North Durham CCG as summarised in appendix 1of the paper considered,
- noted the revised suite of terms of reference for the CCG's governance structure as agreed at the Governing Body held on 26 February 2014, attached as appendix 2.

CM/AGM/14/06 **Reflection on 2013/14**

Clinical Chief Officer
- Dr Neil O'Brien (NO'B)

NO'B presented a reflection of the CCG's achievements over the previous year. He confirmed that the year had been the first year for the CCG and it was felt that the CCG had performed well. The main challenges were highlighted as unscheduled care and winter pressures. The CCG had invested heavily with local acute providers, primary care and social care to implement schemes to alleviate the pressure in the system such as queuing ambulances and poor accident and emergency (A&E) four hour wait performance at the local acute trusts.

NO'B confirmed that the CCG had been successful in achieving the financial targets for 2013/14, which had been a good achievement for an organisation in its first year. The CCG would be moving into 2014/15 in a stable financial position.

Clinical engagement was highlighted as a key area of focus for the CCG, enabling meaningful involvement of clinicians in decision making. The Clinical Programme Board (CPB) of County Durham and Darlington had been established to address any issues within the system that might prevent developments. The CPB was being

supported by clinicians and management of local NHS organisations and had an aspiration to become more active in making cross county changes to health care.

The main provider of commissioning support to the CCG was provided by North of England Commissioning Support (NECS) and NO'B said that a good service had been received in some areas but that there was the need to improve some areas of service that was being provided to CCGs.

The key successes of the CCG were outlined and included development of good internal quality assurance frameworks with good clinical leadership. A primary care outcomes scheme had been developed which allowed every practice the opportunity to receive investment to deliver projects that would result in improved outcomes for patients. The first quarterly assurance meetings of those schemes would be held in June/July 2014 and if the desired outcomes were not being achieved the practices would be asked to consider alternative ways to improve outcomes. The CCG was anticipating extensive quality improvement in primary care over the next two years and the scheme allowed GPs the freedom to decide how to achieve that. NO'B said there was some nervousness about handing over that control to primary care about whether primary care could deliver on that challenge.

Other areas of work were highlighted including the development of the end of life and palliative care strategy and the GP weekend opening scheme which had enabled 26,000 more appointments to be offered to patients in North Durham over the winter period. Due to the success of the scheme, a summer model of weekend opening had been implemented.

NO'B explained that for the previous year, the CCG had held a risk share arrangement for nearly all of its major contracts. However, there had been some difficulty agreeing contracts for 2014/15 with some providers and work was ongoing to secure agreed contracts as soon as possible. It was noted that the risk share contracts had given the CCG some element of security in 2013/14 which would not be in place in the current year. As a result of that, practices were asked to consider how they could work with the CCG and County Durham and Darlington NHS Foundation Trust (CDDFT) to manage acute demand. The CCG was developing closer working relationships with local CCGs to consider how to invest in innovative ways of working within the current financial controls.

NO'B reported that stakeholder feedback had indicated that clinical engagement in the CCG was good and work would continue to ensure practices felt that they were part of the CCG.

Work on patient and public engagement was developing well and an infrastructure had been established whereby patients were invited to be involved in the work of the CCG. That work would be supported via the development of the Patient, Public and Carer Engagement Committee of the Governing Body.

The Council of Members received the update.

CM/AGM/14/07 Clinical Quality review 2013/14

Director of Nursing, Quality and Development - Liz Herring (LH)

LH presented an update on the work regarding clinical quality which had been undertaken in the previous year. She said the CCG had invested a significant amount of time in strengthening the assurance framework and ensuring there was learning from issues such as those that had been highlighted at Mid Staffordshire NHS Foundation Trust. A systematic system had been implemented but it was acknowledged that there was further work to do.

LH explained that the Governing Body, Management Executive and Quality, Research and Innovation (QRI) Committee all receive monthly updates with regard to clinical quality. A forward plan had been developed that had been approved by the QRI Committee and was an essential part of the major steps in seeking assurance.

The clinical quality team within NECS was an essential part of the team as the CCG currently employed only three members of staff in that area. NECS currently provided clinical quality support via the medicines optimisation team, the patient experience team and the clinical quality team.

The key quality developments were highlighted and LH explained that those were outlined in the Clinical Quality Annual Report 2013/14 which had been circulated with the papers of the meeting. As a result of the improvement work there had been an increasing trend of incident reporting in primary care and work was underway about how to use that data more effectively in the future.

The clinical quality team worked closely with the commissioning team in the CCG to ensure services were being designed that would meet with quality requirements.

A Quality Surveillance Group (QSG) had been established between the CCG and the NHS England Area Team (AT) where discussions took place about areas of concern regarding providers. An additional forum was being established for independent sector providers including care homes.

LH reported that the CCG was fulfilling its responsibilities with regard to safeguarding adults and children and a named GP had been appointed to lead on pro-active work with practices. She said that the CCG was aware of the impact of that work on practices.
The forward plan for 2014/15 was explained, with work ongoing to consider how to share the many lessons learned from incidents across the region.

The Council of Members received the update.

CM/AGM/14/08 NHS North Durham CCG Annual Report and Annual Accounts 2013/14

Clinical Chief Officer
- Dr Neil O'Brien (N'OB)

The North Durham CCG Annual Report 2013/14 was presented by NO'B. It was noted that the report and annual accounts had been signed off by NHS England on 6 June 2014 and provided a summary of activity in the CCG and a review of the finance and performance position during that year.

NO'B highlighted that the governance statement in the report had been audited and no significant concerns had been highlighted.

The Council of Members received the Annual Report and annual accounts 2013/14.

CM/AGM/14/09 Financial Performance review 2013/14

Chief Finance Officer
- Richard Henderson
In attendance to present the item:
Finance and Performance Manager
- Barbara Harker (BH)

A presentation was given by BH in the absence of RH. She explained that the CCG had been given a set of resource limits that it had to retain resource expenditure within. The CCG had achieved financial balance for 2013/14 within revenue and running costs and capital.

BH highlighted some of the financial targets which had been achieved including the better payment practice code and quality, innovation, productivity and prevention (QIPP), which had been over achieved in 2013/14.

It was noted that the CCG's external auditors, Deloitte, had been asked to give an opinion on the truth and fairness of the CCG's accounts and an unqualified opinion had been given with no significant concerns. An unqualified opinion had also been given with regard to value for money (VFM).

The plan for 2014/15 was outlined.

The Council of Members received the update.

CM/AGM/14/10 **Look forward 2014/15**
Clinical Chief Officer
- Dr Neil O'Brien (NO'B)s

NO'B presented the forthcoming plans for the CCG including the potential development of co-commissioning of primary care. He explained that there had been an announcement from NHS England that CCGs would be asked to give expressions of interest as to whether they wished to co-commission primary care with the AT in the future. The CCGs had been asked to respond by 20 June 2014 and North Durham CCG wished to express an interest, with the support of member practices, to get more information on what that would mean. Member practices were asked if they supported the CCG expressing an interest in the CCG becoming significantly more involved with NHS England in co-commissioning primary care.

The benefits to patients of co-commissioning were considered and it was acknowledged that the scope of the work was not yet known. It was felt the CCG needed to consider what neighbouring partners intended to do, especially with regard to the fact that there was a single Local Medical Committee for County Durham and Darlington. It was noted that co-commissioning did not include dental or pharmacy services.

The Council of Members supported this approach and no objections were raised.

NO'B highlighted what he felt would be the key risks to the CCG in 2014/15. Those included urgent/emergency care performance and the better care fund (BCF) as a result of the lack of clarity about how that would work and if it would deliver the required outcomes. It was felt the CCG should consider the alignment of commissioning intentions with primary care and specialised commissioning and whether that could be done more effectively.

NO'B highlighted the impending general election in May 2015 and reminded the Council of Members that that was a risk for all NHS organisations.

The lack of signed contracts from 2014/15 with major providers was a risk for the CCG, along with increasing prescribing costs and the escalating costs of continuing health care (CHC) packages.

The following priorities for 2014/15 were highlighted:

1. Demand and activity management – the CCG was trying to be more innovative, using clinicians to influence a better way to manage conditions.
2. Urgent/emergency care strategy – work was ongoing with this and practices had been consulted about the possibility of transferring some urgent care to Gateshead Health NHS Foundation Trust (GH). The CCG had been informed by (GH) that it was developing a new emergency care centre and consideration was being given to the benefits for patients of transferring care to GH. It was felt the work could assist CDDFT to perform better with regard to urgent/emergency care.
3. Seven day working was being directly commissioned from primary care and work was ongoing with social care to improve performance.
4. Work was continuing with regard to the BCF and further guidance was expected.
5. Frail/elderly had been highlighted as a key area for development nationally due to the changing demographics of the population. Plans were based on managing patients with multiple co-morbidities at home and a workshop had been arranged for 19 June 2014 to present a proposed model of care to local clinicians.

6. The CCG was improving partnership working with primary care via the development of a primary care strategy and ensuring the primary care outcomes schemes were delivered.
7. Two and five year plans were being considered in relation to the development of GP practice federations which would prepare primary care for the future. It was acknowledged that practices had an extensive workload and that the planned move of care from secondary to primary care would impact further on that. The CCG was considering how to develop primary care by working closely with primary care. Several meetings had been held with the North Durham Primary Care Alliance and further consideration would be given to joint working in the future.
8. A mental health crisis service review was underway along with a child and adolescent mental health service (CAMHS) review.
9. It was felt the CCG would be financially stable for the next couple of years but there was a need to innovate and change because of the significant financial challenge facing the CCG in the future.
10. Member practices and clinicians were encouraged to get involved with the CCG with regard to organisational development (OD) to ensure the CCG had clinicians in senior leadership roles in the CCG. NO'B asked for expressions of interest from clinicians who wished to develop into a role at the CCG and also asked for comments about how the CCG communicates with practices.
11. 600 patients had signed up to the patient, public and carer engagement membership scheme. The first patient congress had been held in May 2014 and had been successful. A further congress would be held in the summer 2014 with children and young people.
12. A unit of planning had been established between North Durham CCG and Durham Dales, Easington and Sedgefield CCG. An extended unit of planning included membership from major providers and would ensure a joined up strategic direction across the health economy.

A question and answer session was held:

Q Dr Jon Levick asked if the finance charts for primary care included prescribing and out of hours. It was confirmed that they did and KB explained that the figures were based on the CCG's aspect of primary care spend, not the overall primary care spend.

NO'B asked the Council of Members if they found the meetings, newsletters and other communication from the CCG useful and asked for comments on how the CCG could improve. It was noted that communication from the CCG had been discussed at a recent practice managers' meeting and it was felt that communication from the CCG was better than that from the AT. MK felt that the practices in North Durham would welcome co-commissioning as they felt relationships were more effective with the CCG than the AT at present. She felt the CCG should develop a more succinct communication strategy and consider how to avoiding sending lots of emails to practices. NB confirmed that the local CCGs were considering the service that was being received by the NECS communications team to ensure a good service was being delivered. It was noted that the CCG currently managed its own internal communication. NB suggested the practice managers work with the CCG to consider the most effective forms of communication.

Action: Practice managers to work with the CCG to consider the most effective forms of communication. **PMs and CCG**

Q – Dr Jon Levick asked what impact the CCG thought a payment by results (PbR) contract with CDDFT would have on the financial stability of the CCG. NO'B said that based on the previous year's activity, the CCG would over spend on the contract. He acknowledged that there would be a cost implication for the CCG even assuming no further growth in activity. The need for practices and the CCG to manage demand was highlighted as it was not currently an affordable state. NB highlighted that it was important for the CCG to understand the activity in order to manage a shift. It was noted that the BCF would remove funding from acute services and put it into community services.

Q – Dr Patrick Ojechi asked how the potential shift of urgent care to GH from CDDFT would work in practise as he felt a lot of patients could be transferred to GH. NO'B confirmed that work was ongoing to understand the impact of that for patients, primary care, CDDFT and GH. It was felt there should be a pilot project with a practice in Chester-le-Street initially to identify any issues.

The Council of Members received the presentation.

RECEIVED FOR INFORMATION

CM/AGM/14/11 Director of Public Health Annual Report 2012/13

The Council of Members received the report.

CM/AGM/14/12 Clinical Quality Annual Report 2013/14

The Council of Members received the report.

CM/AGM/14/13 Closing remarks

Chair
- Dr Kate Bidwell (KB)

KB thanked the members of the public and member practices present at the meeting for attending and commended the CCG executives for the successes of the first year of the CCG.

In light of this being Dr Kate Bidwell's last Council of Members meeting the member practices wished to formally record their thanks for Kate's, enthusiasm, hard work, leadership and commitment to improving the health of people of North Durham and in leading the CCG so effectively in its early development and first year of operation.

Contact for the meeting:
Amanda Coates, Corporate Administrator
amandacoates1@nhs.net
Tel: 0191 6053244

Signed……

Chair: Dr Kate Bidwell

Date……..

COUNCIL OF MEMBERS
ANNUAL GENERAL MEETING

10 June 2014

SIGNING IN SHEET

Please Print Name	**Title/Role**	**Organisation/Practice**
Pat Nairn	Practice Manager	Craghead Medical Practice
Angela Cain	Practice Manager	Craghead Medical Practice
Michelle Gooding	GP	Great Lumley Surgery
Calum Porter	Practice Manager	Queens Road Surgery
Niraj Singh	GP	Coxhoe Medical Practice
Patrick Ojechi	GP	Middle Chare Medical Group
Philip Le Dune	GP	Annfield Plain Surgery
Gim Ong	GP	Consett Medical Centre
Gayle Thorpe	GP	Tanfield View Medical Centre
Carole Lee	Practice Manager	Pelton and Fellrose Medical Practice
Vikki Reed	Practice Manager	Chastleton Medical Group
Karen Wood	Practice Manager	Brandon Lane
Paul Dodds	Practice Manager	Bridge End Surgery
Lesley Hunter	Practice Manager	The Medical Group
Paul Weddle	Practice Manager	Middle Chare Medical Group
Terry Blair	Practice Manager	Park House Surgery
Caren Purvis	Practice Manager	Cedars Medical Group
Chandra Anand	GP	Cedars Medical Group
Jan Panke	GP	Claypath and University Medical Group
Kim Mecalfe	Practice Manager	Belmont and Sherburn Medical Group

Elizabeth Simpson	Practice Manager	Great Lumley Surgery
Maureen Kersley	Practice Manager	Bowburn Medical Centre
Denise Hunter	Practice Manager	Cestria Health Centre
Gillian Bevan	Practice Manager	Claypath and University Medical Centre
Audrey Allan	Practice Manager	West Road Surgery
Linda Gorman	Practice Manager	Consett Medical Centre
Rob Wheatley	GP	Pelton Fellrose Medical Group
David Smart	GP	Dunelm Medical Practice
David Clifford	GP	Chastleton Medical Group
Cliff Khan	GP	Brandon Lane Surgery
Caroline Jeffery	GP	Cheveley Park Medical Centre
Heather Crampton	Practice Manager	Cheveley Park Medical Centre
Verna Fee	Lay member	North Durham CCG
Sue Elsbury	Practice Manager	Stanley Medical Group
R. Dhuny	GP	Craghead Medical Centre
A Williams	GP	Sacriston Surgery
Robert Hand	GP	The Medical Group
John Bisson	GP	Stanley Medical Group
Rina Miah	GP	The Haven Surgery
Richard Lilly	GP	Bridge End Surgery

Apologies		
Angela Galloway	Secondary Care Clinician	NHS North Durham CCG
Richard Henderson	Chief Finance Officer	NHS North Durham CCG
Tom Stevenson	Lay Member – Risk and Governance	NHS North Durham CCG
Julia Haswell	Practice Manager	Sacriston Surgery
Dr Nagi	GP	Browney House Surgery
Andrew Nagi	Practice Manager	Browney House Surgery
Anna Lynch - Mike Lavender attending	Director of Public Health, County Durham	Durham County Council
Lesley Jeavons	Head of Adult Care	Durham County Council