

**Minutes of the NHS Greater Huddersfield CCG  
 Governing Body Meeting (Public Session)  
 (held as committees in common with the NHS North Kirklees CCG Governing Body)  
 held at 10.00 am on Wednesday 8 April 2020  
 via video conferencing**

**Governing Body Members Present:**

Dr Steve Ollerton	(SO)	CCG Clinical Leader (Chair)
Dr Razwan Ali	(RA)	GP Practice Representative
Jenny Cullearn	(JC)	Practice Representative
Ian Currell	(ICu)	Chief Finance Officer
Alix Ewen	(AE)	Advanced Nurse Practitioner Practice Representative
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Carol McKenna	(CM)	Chief Officer
Dr James Morton	(JM)	GP Practice Representative
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (Vice Chair)
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance

**In Attendance:**

Dr David Kelly	(DK)	NK Clinical Chair (Chair of meeting)
Rachel Carter	(RC)	Turnaround Director
Laura Ellis	(LE)	Head of Corporate Governance
Dr Nadeem Ghafoor	(NG)	NK GP Practice Representative
Lindsay Greenhalgh	(LG)	Head of Medicines Management
Dr Yasar Mahmood	(YM)	NK GP Practice Representative
Siobhan Jones	(SJ)	Head of Communications
Dr Khalid Naeem	(KN)	NK GP Practice Representative
Julie Pieske	(JP)	NK Advanced Nurse Practitioner Practice Representative
Martin Pursey	(MP)	Head of Contracting and Procurement
Marion Redford	(MR)	Transformation Manager (minute 6)
Helen Severns	(HSe)	Service Director: Integrated Commissioning
Sarah Sowden	(SS)	NK Advanced Nurse Practitioner Practice Representative
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning

**Apologies:**

Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council
Dr Chunda Sri-Chandana	(CS)	Secondary Care Advisor

**Minutes:**

Nick Lamper	(NL)	Governance Manager (Corporate Governance and Risk)
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## 1 Welcome and Introductions

DK, as chair of the meeting, welcomed everyone to the meeting. It was reported that, due to the impracticality of holding the meeting in public due to the current COVID-19 situation, and in line with national guidance, GH Procedural Standing Order 3.12.1 and NK Procedural Standing Order 3.14.6 (Admission of Public and the Press) had been suspended in accordance with GH Procedural Standing Order 3.9 and NK Procedural Standing Order 3.11 respectively.

## 2 Vision, Values and Behaviours

The GH Vision and Values and NK Values and Behaviours were submitted for reference.

## 3 Apologies and Declarations of Interest

Apologies were received as detailed above.

No interests were declared.

## 4 Accuracy of Minutes from 11 March 2020, Matters Arising and Action Log

### **Greater Huddersfield CCG**

#### Minutes

The minutes of the meeting held on 11 March 2020 were **APPROVED** as a correct record, subject to the addition of the lay members to the list of those declaring interests in minute 149.

#### Matters Arising

There were no matters arising.

#### Action Log

**150 – Chair’s and Chief Officer’s Report** – *CM to draft a formal letter to Locala for DK/SO to sign, acknowledging the latest CQC report and offering the CCG’s support for ongoing improvement.* CM reported that this action had not yet been completed but was in hand. **OPEN**

### **North Kirklees CCG**

#### Minutes

The minutes of the meeting held on 11 March 2020 were **APPROVED** as a correct record, subject to the addition of the lay members to the list of those declaring interests in minute 149.

#### Matters Arising

There were no matters arising.

## Action Log

**150 – Chair’s and Chief Officer’s Report – CM to draft a formal letter to Locala for DK/SO to sign, acknowledging the latest CQC report and offering the CCG’s support for ongoing improvement.** CM reported that this action had not yet been completed but was in hand. **OPEN**

### **5 Access to Infertility Treatment 2020-2023 (Revision of YH Fertility Policy)**

In VD’s absence, PW presented a report setting out how, in December 2017, Greater Huddersfield and North Kirklees CCGs had approved local adoption of the Access to Infertility Treatment Commissioning Policy jointly recommended following work by all CCGs in Yorkshire and Humber and the Yorkshire and Humber Expert Fertility Panel. In 2017, one CCG had faced a legal challenge in relation to the equity of the policy and further inequities had been identified in relation to emerging treatments. In October 2018, a Yorkshire and Humber revised Access to Infertility Treatment Commissioning Policy had been presented to Calderdale CCG Quality Committee. A number of changes and issues had been brought to the attention of the Quality Committee and escalated to Yorkshire and Humber. In July 2019 a further updated policy had been shared incorporating updates on the issues raised, these being in relation to eligibility but not the number of cycles, which remained unchanged at one.

Referring to section 2.8 of the policy, DK noted specific reference to NHS Bradford and District and Craven CCGs funding one full cycle of IVF treatment. PW suspected the specific CCGs were referenced in error.

SO noted that, at section 6.3, the provision regarding existing children included those who were adopted but not those who were fostered. He also queried the age criteria at section 6.4 and expressed surprise that it was permissible to continue to smoke and receive IVF treatment.

PW explained that the reference to fostered children was unchanged and undertook to check the age criteria. It was noted that carbon monoxide testing was undertaken following referral into Maternity Services, whereas the draft policy had proposed that this be done in Primary Care.

**ACTION: PW to check the age criteria referenced in section 6.4 of the Policy to confirm its accuracy.**

The Greater Huddersfield and North Kirklees Governing Bodies **APPROVED** the revised Access to Infertility Treatment Commissioning Policy, including the updates and revisions.

*MR joined the meeting.*

### **6 North Kirklees Walk-in Centre Business Case (NK only)**

MR presented a report detailing the delivery by Locala of a Walk-in Centre service in Dewsbury to North Kirklees and its local population. The Walk-in Centre contract was due to end on 30 September 2020. The contract stated that the Commissioner (North Kirklees CCG) may opt to extend the contract term by 12 months.

Senior Management Team had agreed in February that a Walk-in Centre business case should be developed and presented to the Finance, Performance and Contracting Committee for consideration and subsequently to the Governing Body for approval.

The Finance, Performance and Contracting Committee had recommended the option to extend the Walk-in Centre contract until 30 September 2021, and the business case was now presented detailing this proposal.

DK queried whether an extension of one year would be enough, given the current COVID-19 situation, and JP asked why the Walk-in Centre referred issues such as breast lumps back to Primary Care.

KN queried the additional triage tariff in addition to the cost of £660k per annum, and was advised this was £12.00 per patient.

NG suggested that the COVID-19 situation should not prevent the making of a decision as the process was already well under way. He referred to the planned Urgent Care Summit which would consider integrating Primary Care Services and a different approach to the Walk-in Centre, and saw a need to review the specification in preference to extending the current one. CM noted that a similar discussion had taken place at Senior Management Team, but it had been acknowledged that there had been some difficulties in engaging and there was now more of an appetite for that conversation. She suggested that an extension could be agreed but a review of the specification could also be set up with system partners, with a view to an integrated urgent care model.

MP advised that an extension could be subject to a variation process to meet the requirements of the pathway.

The North Kirklees Governing Body **APPROVED** the extension of the Walk-in Centre contract by 12 months from 1 October 2020 to 30 September 2021, subject to further discussions with Locala, and the consideration of an Integrated Urgent Care model at the planned summit when it was possible for this to take place.

*MR left the meeting.*

## **7 West Yorkshire and Harrogate Health and Care Partnership – Memorandum of Understanding for Collaborative Commissioning**

CM presented a report seeking the agreement of the West Yorkshire CCGs to a revised Memorandum of Understanding for Collaborative Commissioning between CCGs ('the MoU'). The main changes reflected:-

- Changes in the configuration of the CCGs in West Yorkshire and Harrogate and in the membership of the Joint Committee and its voting arrangements;
- The proposal that North Yorkshire CCG would become an associate member of the Joint Committee, with no voting rights;
- Proposals that new commissioning decisions – both service and non-service specific – would be delegated to the Joint Committee; and
- The Partnership's changing priorities and agreed ways of working, as set out in the draft Five Year Plan and Memorandum of Understanding.

In response to a question from RA, CM explained that Harrogate was now part of North Yorkshire CCG, whose financial position would now be included in the financial control targets for the Humber Coast and Vale ICS. However, due to patient flows from the Harrogate area in Leeds, it made sense for the North Yorkshire CCG to retain a connection with the West Yorkshire ICS, hence the associate member proposal.

In response to a question from KN, she added that all the CCGs other than North Yorkshire (which was an Associate Member) had full membership status, but noted that it

was likely at a point in the future that arrangements would move forward to one per place (ie one Kirklees vote across GH and NK CCGs).

PW noted that in the appendix setting out decisions delegated to the Joint Committee by the CCGs, there was a variable level of detail. CM explained that there was more detail in those areas previously delegated, whereas the Joint Committee would be expected to develop the detail in the newly-delegated areas.

In response to a question from DK, CM explained that action to seek approval from the CCGs' memberships would be delayed until later in May to allow for the impact of COVID-19 on Primary Care to reduce. At this point, approval would be sought in the usual way from GH membership (via voting forms) and, if it were not possible to hold a Council of Members in NK, then a similar approach would be adopted, subject to agreement with the Council of Members Chair.

A small number of minor errors were identified in the MOU, and LE was asked to share these with the Governance Lead for the Joint Committee.

**ACTION: LE to notify the Joint Committee's Governance Lead of the identified minor errors within the MOU, prior to seeking membership approval.**

The Greater Huddersfield and North Kirklees Governing Bodies **RECOMMENDED** the following to the memberships **FOR APPROVAL**:-

- Approve the revised MoU and Joint Committee work plan;
- Ensure that all matters in the work plan are properly and lawfully delegated to the Joint Committee; and
- Authorise the Accountable Officer to sign the MoU.

## 8 Finance Update

ICu presented a report providing an overview of the financial plans for financial year 2020/21 for both Greater Huddersfield and North Kirklees CCGs, along with an updated position in respect of the financial regimes for 2020/21, to reflect national directions and guidance for the impact of COVID-19.

The Governing Bodies were being asked to approve the budgets for April to June and those for August to September would be brought back in June.

ICu led the Governing Bodies through the detail of the Financial Plans set out in Appendix 2, drawing their attention in particular to the respective QIPP positions, with £2.4M of unidentified QIPP in NK (against a contingency of only £1.522M) and £477k in GH (against a contingency of £1.862M).

The budget did not contain an indication of COVID-19-related costs, but these would be reimbursed.

To ensure reasonable financial control and governance in relation to COVID-19, financial reports were being considered weekly by the Senior Management Team/Gold Call and a report on the financial governance arrangements would be presented to the Audit Committees the following week.

RA believed that this was a pragmatic plan, with many unknowns. He suggested it was important to reiterate to practices the need for them to ensure the maximisation of patient care and safety. The pressures on the healthcare system would not subside, including

the large backlog from the previous year in respect of the overtrading of the acute and other providers. He asked whether the GMS/PMS inequity had been accounted for and ICu advised that the equitable funding review had been paused temporarily to enable focus on the COVID-19 response. He added that the underlying financial problems in NK would require some challenging decisions, and a Recovery Plan for NK would be brought back in June.

In response to questions, ICu offered to talk NG and KN through the NK position in detail before the June meeting of the Governing Bodies.

**ACTION: ICu to arrange discussion with NG and KN in relation to detailed NK financial position.**

The Greater Huddersfield and North Kirklees Governing Bodies:-

- **NOTED** the overall financial plan for 2020/21;
- **APPROVED** the financial plan for April 2020 to July 2020, this being based on the overall financial plan updated for the specific factors outlined in section 4 of the report;
- **NOTED** that the financial plan for August 2020 to March 2021 would be brought back to the Governing Bodies in June for approval; and
- **NOTED** that a review would be undertaken of the financial governance arrangements operating for the first four months of the financial year and this would be presented to the Audit Committees on the 15 April.

## 9 **COVID-19 Update – CCG Response**

CM undertook a presentation on the CCGs' response to the current COVID-19 situation. The presentation can be viewed [here](#).

KN noted that there was some amazing work being undertaken and a great deal of learning was emerging from it. He asked about the latest position on the provision of ventilators and noted that Primary Care had some concerns over Personal Protective Equipment and self-testing in the community.

CM advised that the number of ventilators was planned to increase at each acute trust, and the number of ventilated patients could increase or decrease on a daily basis. Further updates on this would be provided separately to practice representatives. DK added that he had been assured the previous day that Mid-Yorks had sufficient capacity to deal with the patients in the system.

**ACTION: CM to provide an update to practice representatives on ventilator capacity in established briefing meetings.**

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the information provided and the latest position.

## 10 **High Level Risk Report: Cycle 6 2019/20 (February – April 2020)**

LE submitted, for information, a report setting out the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 6 2019/20).

She explained that a separate programme-level COVID-19 Risk Register was under development, and this was being considered weekly by the Senior Management Team/Gold Call.

Various suggestions were made in relation to the inclusion of risks on this register, including, GP online consultations (BH), staffing capacity post-COVID-19 (HT), vaccinations (cold chain issues/storage/fridges/cool boxes, identification of mass vaccination areas, supplies of sharps boxes, needles etc, Patient Group Directives, staffing) (JP).

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the report submitted for information and the latest position in respect of the management of COVID-19-related risks.

## 11 **Any Other Business**

Noting that this would be his last meeting as Chair, CM led the Governing Bodies in thanking DK for his hard work and commitment in the role. In addition, a member of the public (who regularly attended meetings) had intended to present him with a cake but, due to the coronavirus restrictions, had only been able to provide a photograph of the cake.

## 12 **Date and Time of Next Meeting**

It was **NOTED** that the next meeting of the Governing Bodies was scheduled for 10.30 am on Wednesday 10 June 2020, and further details would be confirmed in due course.

The first part of the meeting, in which public reports had been considered, concluded at 11.50 am.

**Chair's Signature:** ..... **Date:** .....

### ***The following items had been provided to the Governing Bodies for information:-***

- **Finance, Contracting and QIPP Reports**
- **Quality and Safety Report and Dashboard**
- **Performance Report against Key Performance Indicators for 2019/20**
- **Receipt of Minutes**
  - GH Primary Care Commissioning Committee – 5 February 2020
  - NK Primary Care Commissioning Committee – 19 February 2020
  - GH Quality Committee – 29 January 2020
  - NK Quality Committee – 29 January 2020
  - GH Finance, Performance and Contracting Committee – 26 February 2020
  - NK Finance, Performance and Contracting Committee – 26 February 2020