North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

CONFIRMED
DURHAM DALES, EASINGTON AND SEDGEFIELD (DDES) CCG AND NORTH DURHAM CCG GOVERNING BODIES IN COMMON HELD IN PUBLIC

9.30am on Tuesday 26 November 2019 held at Durham Indoor Bowling Club, Abbey Road, Durham DH1 5GE

Present for DDES CCG:

Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Officer
Mike Brierley	MB	Director of Commissioning Strategy and Delivery
Sarah Burns	SB	Director of Commissioning Strategy and Delivery
Dr James Carlton	JCa	Medical Director
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Dr Stewart Findlay	SF	Chief Officer
Gill Findley	GF	Director of Nursing and Quality
Feisal Jassat	FJ	Lay Member – Patient and Public Involvement
Dr Neil O'Brien	NO'B	Accountable Officer/Clinical Chief Officer
Mark Pickering	MP	Chief Finance Officer
Alex Sinclair	AS	Director of Commissioning Strategy and Delivery
Dr Jonathan Smith	JS	Clinical Chair
Dr Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member, Audit and Governance

Present for North Durham CCG:

Andrew Atkin	AA	Governing Body Lay Member
Nicola Bailey	NB	Chief Officer
Mike Brierley	MB	Director of Commissioning Strategy and Delivery
Sarah Burns	SB	Director of Commissioning Strategy and Delivery
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Dr Stewart Findlay	SF	Chief Officer
Gill Findley	GF	Director of Nursing and Quality
Richard Henderson	RH	Chief Finance Officer
Feisal Jassat	FJ	Lay Member – Patient and Public Involvement
Dr Neil O'Brien	NO'B	Accountable Office/Clinical Chief Officer
Alex Sinclair	AS	Director of Commissioning Strategy and Delivery
Dr David Smart	DS	Clinical Chair **(Chair)**
Dr Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member Governance and Audit
Dr Pat Wright	PW	GP Clinical Lead

In Attendance for DDES CCG:

Chris Allan	CA	Consultant in Public Health, Durham County Council
Margaret Coyle	MC	Executive Assistant (minutes)
Chris Cunnington-Shore	CS	PRG Chair, Sedgefield Locality
Jacqui Keane	JK	Head of Governance, County Durham and Tees Valley CCGs
Jane Robinson	JR	Corporate Director – Adult and Health Services, Durham County Council

In Attendance for North Durham CCG:

Chris Allan	CA	Consultant in Public Health, Durham County Council
Jacqui Keane	JK	Head of Governance, County Durham and Tees Valley CCGs
Jane Robinson	JR	Corporate Director – Adult and Health Services, Durham County Council

Apologies for DDES CCG:

Denise Elliott	DE	Head of Commissioning – Adult and Health Services, Durham County Council
Amanda Healy	AH	Director of Public Health, Durham County Council
Dr Winny Jose	WJ	GP Clinical Lead, Sedgefield
Sue Mole	SM	PRG Chair, Easington Locality
Dr Rushi Mudalagiri	RM	GP Clinical Lead – Easington
Angela Seward	AS	Patient Reference Group (PRG) Chair, Durham Dales Locality
Dr Dilys Waller	DW	GP Clinical Lead, Durham Dales

Apologies for North Durham CCG:

Dr Ian Davidson	ID	Medical Director
Denise Elliott	DE	Head of Commissioning – Adult and Health Services, Durham County Council
Amanda Healy	AH	Director of Public Health, Durham County Council
Dr Jan Panke	JP	GP Clinical Lead

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GBiC/ 19/107	**APOLOGIES FOR ABSENCE** As recorded above. The Chair declared the meeting to be quorate. The Chair welcomed the members of the Governing Bodies and the public to the Governing Bodies of Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and North Durham Clinical Commissioning Group (CCG) meetings being held in common.	
GBiC/ 19/108	**DECLARATIONS OF CONFLICTS OF INTEREST** The Chair reminded members of the Governing Bodies of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of DDES CCG and/or North Durham CCG.	

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	Declarations made by members of the Governing Bodies are listed in the CCGs' Registers of Interests. The Registers are available either via the secretary to the Governing Bodies or the CCGs' websites at the following links: https://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/documents/declarations-conflict-interest http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/ There were no conflicts of interest declared.	
GBiC/ 19/109	**IDENTIFICATION OF ANY OTHER BUSINESS** The following item of other business was identified: ▪ Carbon footprint (John Whitehouse)	
GBiC/ 19/110	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON TUESDAY 27 AUGUST 2019** The minutes were agreed as a correct record of the meeting. There were no matters arising.	
GBiC/ 19/111	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON TUESDAY 24 SEPTEMBER 2019** The minutes were agreed as a correct record of the meeting. There were no matters arising.	
GBiC/ 19/112	**ACTION LOG** The action log was updated.	
ITEMS FOR DECISION		
GBiC/ 19/113	**COUNTY DURHAM HEALTH AND SOCIAL CARE PLAN – INTEGRATED STRATEGIC COMMISSIONING FUNCTION** *Chief Officer, County Durham and Tees Valley CCGs* *- Dr Stewart Findlay* *in attendance:* *Corporate Director, Adult and Health Services,* *Durham County Council* *- Jane Robinson* The purpose of the report was to provide an update on the current regional	

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	and local context, along with options for consideration of an Integrated Strategic Commissioning function. As the detailed report had been made available in advance of the meeting, SF focussed his presentation of the report by drawing attention to the following key areas to note: a) The report that updated on the development of this function had been received and agreed by Durham County Council Cabinet on 16 October 2019. b) The developments were in-line with the NHS Long Term Plan (LTP) and would build on the good working relationships that already existed in County Durham across health and social care services. The development was rooted in the work that set out the direction of travel to develop a Health and Social Care Plan for County Durham that was approved in April 2018 and would take that process forward through the proposed model for an integrated strategic commissioning function. An integrated model approach was already operating within the Primary Care Networks (PCNs) in County Durham. c) Paragraphs 15 to 25 provided an outline of the benefits that would be derived from the proposals by improving the efficiency of the services provided and building closer working relationships across the agencies. Through an integrated performance framework it would be possible to look at the efficiency of the system as a whole. PCNs were now well established and provided a good example of the benefits of health and social care services working together to meet the needs of the local population. d) Paragraphs 26 to 31 demonstrated that the proposal was aligned to the national strategic direction to reduce the use of acute and emergency care and improve service efficiencies. e) Paragraphs 32 and 33 explained the options for integrated commissioning models and it was noted that those models would be evaluated to determine what would be the best fit for County Durham. f) Paragraphs 34 to 42 provided a summary of the local context including the developments of an Integrated Care System (ICS) and the geographical working relationships being encouraged within the Central Integrated Care Partnership (ICP). g) Paragraph 43 set out the options with a recommendation to adopt option 4 on the basis that it was the best fit for the current way of working. Paragraph 44 set out the potential impact for each of the options and attention was drawn to the benefits detailed in the report under option 4. h) Paragraph 48 examined the potential risks. i) Paragraphs 49 to 58 set out the recommendations for approval, the approach to the implementation plan and provided a brief summary of pertinent points to note from the report. JR added that the proposal had been developed in-line with the key principles previously approved by the Governing Bodies and had been used to establish the model recommended in option 4.	

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	A discussion followed in which the following points were raised and considered. NO'B expressed his support of the work underway but suggested the following areas required further consideration: a) The scope of the services that would sit under the integrated commissioning function, the scope and membership of the Integrated Commissioning Board and how those arrangements would fit with existing governance structures. b) Referring to paragraph 43 (d), option 4 (ii), line 4, change the word 'should' to 'could' to read 'in the Community and so the model for Durham **could** in time include all acute, community and mental health services that relate to Durham'. That would ensure Governing Bodies have the opportunity to discuss any further developments in light of changes within the ICS. c) Remit and over-sight for quality and performance assurance. d) If the integrated commissioning model extended into acute services, the implications for the executive function would need to be considered along with reporting arrangements and understanding how the CCGs' governance arrangements would fit into that. SF and JR responded to the points raised as follows: a) Option 4 as it was worded would not preclude the larger transformation of hospital based services in the ICS. SF did not think the wording change suggested by NO'B would impinge on the Governing Bodies ability to discuss further changes, emphasising that a focus of the model was protecting the Durham Pound for the local population and having the ability to work across clinical networks rather than delegating to another body across the wider geography to make choices on behalf of the population. b) There was a danger that ring-fencing the acute budget would negate the ability to develop community services, whereas the proposal as it was presented supported the shift in focus from acute to community services. c) Work was underway to develop an integrated performance framework, it would take time to put it in place and would require changing the structure in Durham to have all services focussed on the same targets. d) JR drew attention to the diagrams in the Appendices to the report that set out the underpinning blocks of the proposal and confirmed that quality assurance would be part of the implementation phase. There was a significant amount of further work to be undertaken and governance arrangements would be an element of that. e) SF indicated that the proposal would be developed in-line with what was thought to be the best fit for the local population and that current governance arrangements would have to adapt to avoid duplication. That would be worked through to ensure a streamlined, new way of managing governance arrangements in Durham.	

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	The following points were put forward by those present at the meeting. a) SB cited cardiology and cardio rehabilitative services as an example where services had been developed both regionally and at a local level. b) AA agreed that clarification of the wording in option 4 was required to ensure that Governing Bodies retained a degree of flexibility. He spoke further about the need to retain the ability to understand the changes made and a degree of flexibility but also expressed some uncertainty as to whether the wording in the report would make a tangible difference to that. DS did not think that the wording in the report would be restrictive. c) MB assumed that the development would link into the Mental Health and Learning Disability (MHLD) Partnership and its governance structure whilst not impinging on that partnership's decision making arrangements. JR agreed that it would be important to develop the pathway between the integrated commissioning function and mental health, confirming that it would be part of the implementation phase to work out those connections, avoid duplication and clarify working arrangements. d) NB supported the need for clarity in relation to the governance arrangements in place for the MHLD partnership and recognition that this structure takes decisions on behalf of the patients in County Durham. e) In response to IS, SF explained that it was the right direction to continue to build on the success of the integrated work achieved to date and thought that separating acute out of further developments would be the wrong decision. For example, the work already being undertaken in the area of 'frailty' was being managed outside of the hospital setting through working in a more integrated way. DS summarised that the debate had identified some views that aspects of the development required further clarity and understanding. However, it was acknowledged that there was significant detail to be worked through in taking forward the recommended option 4. SF reminded those present that the report presented had already been agreed in public by Durham County Council Cabinet and thought the change suggested to the wording in option 4 was immaterial. He highlighted that the direction of travel was in-line with the NHS '5 Year Forward View'. JR confirmed that the further work to be undertaken would be taken through the same Durham County Council process. NO'B thought that the debate had been useful in that it had highlighted the potential complexity of the model in development. He thought that his suggested change to the wording in option 4 would have changed the emphasis away from would to could happen. He thought that there were many aspects to consider in relation to the structure and governance for the new arrangement. The Governing Bodies: ▪ noted the progress made since the previous report presented to the meeting held on 19 March 2019, ▪ noted that this report had previously been shared in the confidential section of the meeting held on 27 August 2019 and had been agreed by Durham County Council Cabinet on 16 October 2019; it was agreed to	

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	approve the report, ▪ approved the progression of the joint management arrangements and associated delivery model as outlined in option 4, ▪ recognised that there is detail to work through before implementation and agreed to the model being implemented from April 2020, ▪ agreed to receive further reports on the Integrated Strategic Commissioning Function once operational. ***JCh joined the meeting*** ***JR left the meeting***	
GBiC/ 19/114	**PROPOSALS FOR THE DRAFT CONSTITUTION AND ACHIEVEMENT OF GOOD GOVERNANCE FOR THE PROPOSED NHS COUNTY DURHAM CCG** *Accountable Officer/Clinical Chief Officer, County Durham and Tees Valley CCGs* *- Dr Neil O'Brien* The purpose of the report was to present the Constitution and supporting documents for the new merged CCG of Durham Dales, Easington and Sedgefield CCG and North Durham CCG. NO'B explained the approach to develop the draft Constitution that included discussions with the Council of Members and had been progressed through a steering group. Attention was drawn to Appendix 1, paragraph 3, that set out the key principles that had informed the development of the Constitution and in particular sub-paragraph (h) concerning the 5 'elected' Member Practice Clinicians on the Governing Body. Paragraph 4 outlined the next steps and timescales for submission to NHS England/Improvement (NHSE/I) by 12 December 2019 and final submission of the membership approved draft on 31 January 2020. DS reported that there were no significant reservations expressed in the discussion at the North Durham Council of Members meeting held on 21 November 2019. Some recruitment related aspects of the proposal to appoint 5 clinician Members to the Governing Body were discussed. It had been recognised that the new draft Constitution had not significantly changed from the current version and that the focus of those changes had been to address the move to a new merged CCG whilst retaining the benefits provided by a smaller CCG. NO'B drew attention to Appendix 6 'Scheme of Reservation and Delegation' for consideration and approval. The following points were raised in the discussion that followed: a) In response to a question from SF, JK indicated that only one of the 5 elected healthcare professional Members has to be in attendance to achieve quoracy. Noting that those Members would be funded for 2	

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	sessions per month, SF asked how their attendance would be managed. NO'B explained that oversight arrangements would be in place for their development and contribution to the Governing Body. b) In response to MB, NB explained that the list of sub-committees in the Constitution was not exhaustive as its focus was to deal with the requirement to confirm that statutory committees were in place. c) JK clarified that there was no requirement for NHSE/I to approve the proposed 'Scheme of Reservation and Delegation' to NHSE/I. d) RH explained that Appendix 5 'Financial Limits (current)' was not the final version and highlighted a correction in paragraph 3, sub-paragraph 3.2, concerning the financial limit 'up to £3m' that should read 'Accountable Officer **and** Chief Officer …'. e) RH referred to Appendix 6 'Scheme of delegation', page 9, row 28, column 'Accountable Officer', the text should be in the column titled 'other' and should be amended to add 'or high cost case panel' at the end. f) JK explained that following discussion with Council of Members no additional feedback had been received. Feedback received from other areas had been actioned including some helpful comments from AA relating to quoracy. The position in paragraph 3.6 did not at the moment make provision for the Governing Body to achieve quoracy without lay members, which would be required if the Governing Body needed to discuss/approve the remuneration of Lay Members. Members agreed with JK's proposal that a further alternative quoracy would be included for this purpose that did not require Lay Member involvement. g) JK explained that the Accountable Officer would be responsible for the appraisal of the Chair and a report on that would be submitted to the Remuneration Committee. h) JK reported that Council of Members' feedback had been positive, in relation to meetings comments ranged from being content with the current arrangements, a preference for less meetings and a preference for increased involvement through more meetings. i) JK confirmed that the draft Constitution had been shared with Darlington and County Durham Local Medical Committee, to date no comments had been received. The Governing Bodies: ▪ considered the draft Constitution and Standing Orders and provided their recommendation for approval to the Council of Members, ▪ considered and approved the draft Scheme of Delegation and Terms of Reference for the Audit Committee, Remuneration Committee and Primary Care Commissioning Committee, ▪ confirmed that the Constitution and related documents could be submitted to NHSE/I for approval following approval of the Councils of Members, ▪ provided delegated authority to the Accountable Officer to make any immaterial amendments as requested by the Councils of Members in order that the Constitution would meet the needs of the Members and could be submitted to NHS England within the required timescales,	

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	▪ provided delegated authority to the Accountable Officer to make any immaterial amendments as requested by NHS England. ***JK left the meeting***	
ITEMS FOR DISCUSSION		
GBiC/ 19/115	**CLINICAL CHAIRS' AND CHIEF CLINICAL OFFICERS' REPORT: NOVEMBER 2019** *Chief Officer, County Durham and Tees Valley CCGs* *- Nicola Bailey* *Chief Officer, County Durham and Tees Valley CCGs* *- Dr Stewart Findlay* *Accountable Officer/Clinical Chief Officer, County Durham and Tees Valley CCGs* *- Dr Neil O'Brien* *Clinical Chair, DDES CCG* *- Dr Jonathan Smith* *Clinical Chair, North Durham CCG* *- Dr David Smart* The report provided an update on key issues affecting Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and North Durham Clinical Commissioning Group (CCG). NO'B drew attention to paragraph 8 concerning 'Stroke and Ward 6 consultations' that had been paused in-line with Purdah guidance. Paragraph 11 reported the good progress achieved towards the merger of the CCGs due to take effect from 1 April 2020. IS sought further detail concerning the meeting between primary care leads and County Durham and Darlington NHS Foundation Trust (CDDFT) clinical leads reported in paragraph 7. It was explained that this had been an initial meeting to develop engagement between those clinicians. IS suggested this may be a useful opportunity for him to raise awareness of the role of the CCGs' Secondary Care Clinician. *Action: JCa to arrange for IS to receive an invite to future meetings of primary care leads and CDDFT clinical leads.* GF referred to paragraph 5, sub-paragraph 5.2, and sought clarification of the actions relating to Emergency Preparedness, Resilience and Response (EPRR) arrangements along with the reference to identify a Subject Matter Expert (SME). SF explained that the CCGs' on-call arrangements currently in place would meet the requirements to support the EPRR. He highlighted that the CCGs would have to meet the requirement to provide trained loggists. Those actions outlined in the report would be taken forward on a regional basis. FJ reported that he found the Health and Wellbeing Board Development	**JCa**

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	Session held on Thursday 14 November 2019 to be a useful and informative event covering strategic links and developments. He thought that both SF's and SB's contributions had been well received. The Governing Bodies: ▪ received the report and noted the progress made to date with regard to the range of work being undertaken.	
GBiC/ 19/116	**FINANCE REPORT FOR THE SIX MONTHS ENDING 30 SEPTEMBER 2019** *Chief Finance Officer, DDES CCG* *- Mark Pickering* *Chief Finance Officer, North Durham CCG* *- Richard Henderson* RH presented the report that provided information on the financial position for Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and North Durham CCG for the six months ending 30 September 2019. RH reported that all key financial indicators were rated as 'green' for both CCGs and it was expected that they would deliver the planned control totals. The running costs budgets underspend would be reinvested in health care services. The level of risk in relation to the delivery of the Quality, Innovation, Productivity and Prevention (QIPP) target for acute services was reduced by the block contract arrangements in place. It was reported that the CCGs had little control over the increased cost of drug prices driving the overspend in prescribing budgets, a position replicated across the region and nationally. It was noted that the prescribing forecast was based on the relatively limited data available. However, the overspend would be offset against contingency reserves and the underspend in Continuing Healthcare (CHC). Whilst the prescribing budget pressure was being managed it was noted as the main area of concern. There was a small over delivery of QIPP related to the medicines optimisation target that had been achieved despite the overspend in the prescribing budget, without that position the level overspend would have been worse than that reported. The Governing Bodies: ▪ considered the report, ▪ noted the current and forecast financial position, ▪ considered the key financial issues identified and supported action taken to address these.	

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GBiC/ 19/117	**COMBINED RISK MANAGEMENT REPORT** *Chief Finance Officer, DDES CCG* *- Mark Pickering* *Chief Finance Officer, North Durham CCG* *- Richard Henderson* MP presented the report that provided a risk management update, including a summary of the corporate risks facing Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group and North Durham Clinical Commissioning Group (CCG) together with a full copy of the latest risk register position. ▪ there was one corporate risk for each CCG relating to the delivery of Constitutional Standards, it was noted that those areas were reported on within the performance report, ▪ all risks had been grouped based on the committee linked to the risk, ▪ no new risks had been added to either of the CCGs' risk registers, ▪ the report provided the detail relating to the two risks that had been closed off in each of the CCGs' risk registers: ▪ DDES CCG: Risk 2036 and Risk 1715. ▪ North Durham CCG: Risk 2037 and Risk 1543. MP explained that the format of the Business Assurance Framework (BAF) set out the high level risks, the controls in place and the assurance that they provided. He drew attention to table 3 that identified 'amber' risks with the potential to escalate to 'red', table 4 that detailed any movements within risks and table 5 setting out the description and rationale applied to closing those risks detailed in the report. Attention was drawn to DDES CCG's Risk 2036 and North Durham CCG's Risk 2037 in table 5 and the actions that had been taken to improve the sustainability of service provision. Appendices one and two provided the full risk registers of both CCGs. DS and IS thought the content and format of the report provided a helpful explanation and fully justified the actions that had been taken. The Governing Bodies: ▪ received the report and appendices, ▪ noted the current risks facing the CCGs, ▪ received assurance that mitigating actions were in place to ensure that all of the CCGs' risks were being appropriately managed.	

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GBiC/ 19/118	**DDES CCG AND NORTH DURHAM CCG PERFORMANCE MONITORING REPORT** *Chief Finance Officer, DDES CCG* *- Mark Pickering* *Chief Finance Officer, North Durham CCG* *- Richard Henderson* The purpose of the report was to provide an update on Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group's (CCG) and North Durham CCG's performance against the constitutional standards and other performance targets. Attention was drawn to the table on page three of the report that gave an at a glance look at DDES CCG's and North Durham CCG's achievement against the key NHS Constitutional Indicators. MP explained that the report included data for the period April to August 2019 and drew attention to the following areas that were experiencing pressure on performance: ▪ Referral to Treatment: both CCGs were below the standard. Page 5 detailed the specialities, risks and issues showing a continuation of what had previously been reported. MP explained that these problems were not limited to local providers and were linked to other Trusts as well. Attention was drawn to the actions being taken and to the area of ophthalmology that had seen an increase in capacity. The single point of contact (SPOC) arrangement for musculoskeletal (MSK) went live in June 2019, the full impact of that had yet to be seen. ▪ Over 52 week wait: one case had been identified at County Durham and Darlington NHS Foundation Trust (CDDFT) and one case had been identified in North Durham CCG. MP had been notified that there was a potential for a further case in North Durham CCG that was linked to 'patient choice' to defer the treatment; the outcome of that would be captured in the next report. ▪ Diagnostic waits: both CCGs were below the target. CDDFT was meeting the target in Durham, attention was drawn to the issues at both North Tees Hospitals NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) relating to equipment failure and capacity. Mitigating actions were detailed in the report that included recruitment in the area of obstetrics. ▪ Cancer: although local performance against the 62 days target at CDDFT was positive, there were pressures relating to non-tertiary services or where patients were moving from local services to the cancer centres. Attention was drawn to the 'red' areas of performance relating to other providers. ▪ Urgent and Emergency Care: the pressures experienced in Accident and Emergency (A&E) services had been well publicised. It was noted that NTHFT's performance was not included as the Trust was taking part in a pilot looking at alternative ways of capturing the data. ▪ Mental Health: paragraph 3 set out performance data for these services.	

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	Improving Access to Psychological Therapies (IAPT) performance in DDES CCG was just under the target but the target had been met in North Durham CCG. Performance against the 50% target for patients completing treatment who move to recovery showed a decline in August, year-to-date North Durham CCG had met the target but DDES CCG had not. Mitigating actions to improve performance were detailed in the report. ▪ Attention was drawn to Appendix 1, page 2 that provided an overview of performance across the Integrated Care Partnership. DS asked if by improving performance in access to IAPT that had created a pressure on the completion and recovery target. MB explained that the data in the report was 3 months out of date, there was a focus on those patients classified as long waits for treatment and waiting list initiatives had been deployed. These actions had impacted on the completion and recovery performance but MB indicated the expectation was that it would improve in quarter 4. He explained that the dip in performance in August 2019 was due to a spike in demand through the Single Point of Contact (SPOC) arrangement and assured those present that there was a focus on improving performance. DS noted that in addressing the efficacy of the process it should enable demand to be met more effectively. MB explained that work was underway with the Talking Changes service to provide a more detailed report to inform practices and help them to understand the process i.e. although a patient may have a long wait to move to Step 3 they would have received treatment at Step 2; although he agreed that the number of patients waiting for intensive treatment was too high. The Governing Bodies: ▪ noted the report that provided assurance, identified risks to the CCGs and outlined issues with regard to all commissioned services, ▪ noted Constitutional Standards and key performance metrics for 2019/20, ▪ noted the mitigating actions both in train and planned to address performance concerns.	
GBiC/ 19/119	**QUALITY ASSURANCE REPORT: NOVEMBER 2019** *Medical Director, DDES CCG* *- Dr James Carlton* *Medical Director, North Durham CCG* *- Dr Ian Davidson* *Director of Nursing and Quality, DDES CCG and North Durham CCG* *- Gill Findley* GF presented the report that provided information and assurance on the quality of services that were either commissioned by Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and North Durham CCG, or that the CCGs had a legal duty to support with regard to quality improvement.	

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	Attention was drawn to the summary of the key points to note set out in the report for the following trusts: ▪ County Durham and Darlington NHS Foundation Trust (CDDFT) ▪ City Hospitals Sunderland NHS Foundation Trust (CHSFT) ▪ North Tees and Hartlepool NHS Foundation Trust (NTHFT) ▪ Gateshead Healthcare NHS Foundation Trust (GHFT) ▪ North East Ambulance Services NHS Foundation Trust (NEASFT) ▪ South Tees Hospitals NHS Foundation Trust (STHFT) ▪ Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT) a) The factual accuracy report out of the Care Quality Commission's (CQC) announced visit to CDDFT between 7 to 9 August 2019, had yet to be received. When available the report would be brought to Governing Bodies, GF indicated that no immediate concerns had been identified. A Commissioner Assurance visit had taken place at University Hospital North Durham (UHND) in the areas of maternity, paediatrics, adult wards, ophthalmology and the emergency department. b) The rate of Healthcare Acquired Infections (HCAI) was an upward trend across the region, work was underway with Public Health colleagues to understand the contributory factors. County Durham was meeting its targets apart from MRSA (methicillin-resistant Staphylococcus aureus) that had a zero tolerance target. c) The CQC inspection at TEWVFT's West Lane site had resulted in bed closures, whilst the facility was not located in the CCGs' area, as there would be an impact through these bed closures, the CCGs had been included in the Terms of Reference of the investigation. d) Good progress had been achieved in relation to work with care homes that was reported on in the quality deep dive report into enhanced health in care homes listed later in the agenda. Through the work led by Rob Milner and his team, 100% of care homes were now using the capacity tracker tool that identified where the capacity was in the system and would contribute to the reduction in delayed discharges out of hospital. e) The training for safeguarding of adults was under development with a focus on mental health capacity. The safeguarding of children summit had been a success. Due to the number of Serious Case Reviews that were being investigated, it was suggested that the best approach to reporting this to Governing Bodies would be to focus on the themes out of these investigations. It was noted that the Joint Quality Committee would look at the reports in detail and that the Governing Bodies would be advised if any particular issues had been identified. FJ asked for an update of immunisation and infection rates in relation to flu. GF reported that providers and the CCGs were on track to achieve their immunisation targets. Public Health monitor the rate of flu like illnesses and report to the CCGs, at the moment the trend was slightly ahead of the norm. Although he did not have the data to hand, CA did not think that there were any particular issues to bring to Governing Bodies attention. JCa reminded	

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	those present that County Durham had implemented a Flu Board that he jointly Chaired with CA, that had a focus on monitoring this area and identifying and co-ordinating local actions to achieve the best rates of immunisation. He explained that campaigns against immunisation did create some challenges for that work. Discussion took place regarding viral outbreaks in local schools and the measures taken under the advice of Public Health to manage those outbreaks. The Governing Bodies: ▪ received and considered the report, ▪ agreed that the necessary actions were being taken forward with the respective organisations to improve quality and the experience for patients. ▪ agreed to receive a summary of the themes and learning out of the Serious Case Reviews underway.	
GBiC/ 19/120	**DEEP DIVE REPORT INTO DELIVERY OF REFORMS FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)** *Director of Commissioning Strategy and Delivery, County Durham and Tees Valley CCGs* *- Alex Sinclair* The purpose of the report was to update Governing Bodies on the progress to date against the 'Written Statement of Action' (WSOA) that had come out of the Care Quality Commission's (CQC) and Office for Standards in Education, Children's Services and Skills' (OFSTED) inspection of the Durham Local Area that had taken place in November 2017. AS spoke to the detail contained in the report drawing attention to the following areas: a) A re-visit from the inspection team was imminent. b) The WSOA had been jointly progressed with Local Authorities. The report highlighted the range of improvements made with respect to health related actions and where further work continued. c) The actions related to governance were highlighted in the report as an area that had resulted in improved leadership across the CCG and Local Authority in relation to the SEND reforms. AS also drew attention to the other areas of progress detailed in paragraph 2 of the report and the significant improvements made in the area of using performance data to improve and focus service delivery on patient need and also development of the Designated Clinical Officer (DCO) role. d) AS also reported a significant reduction in the autism diagnostic waiting list and waiting times and improvements in the Education Health and Care Plan (EHCP) quality assurance process and training with providers in relation to SEND.	

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	In response to DS, AS indicated that the re-visit would focus on the areas identified as requiring improvement from the initial inspection. FJ referred to paragraph 4.5 'service user feedback' and thought that it included some excellent examples of integrated working. He agreed that it would be critical to service improvement to have robust systems in place to obtain patient feedback. AS responded that feedback received to date was ad hoc and agreed that the work to develop systematic feedback was an important development that would be taken forward by the DCO. SF thought it was frustrating that it was taking as long as it was to put that system in place. MB reported that the Children's Advisory Board involved children and carers in the development of services and captured feedback. DS summarised that the report had detailed the range of improvements that had been made particularly in the area of autism services and noted the considerable work that had been undertaken and would continue to bring about further improvements in relation to commissioning of services for children and young people with SEND. The Governing Bodies: ▪ discussed and noted the content of the report.	
GBiC/ 19/121	**QUALITY DEEP DIVE REPORT: ENHANCED HEALTH IN CARE HOMES** *Director of Nursing and Quality, DDES CCG and North Durham CCG - Gill Findley* The purpose of the report was to provide an update on progress against the five national priorities identified within the NHS England Framework for Enhanced Health in Care Homes (EHCH). GF explained that this was designed to improve the quality of life, healthcare and planning for people living in care homes and where possible avoid the need for hospital admission. GF explained that the work had been led by Rob Milner and his team and drew attention to the following areas to note from the detail contained in the report: a) Paragraph 3 reported compliance with the 'React to Red' initiative designed to increase knowledge amongst care home staff and domiciliary care providers of pressure ulcer prevention. b) Paragraph 4 reported compliance with the 'Red Bag Scheme' to support the transfer of clinical care. c) Paragraph 5 reported partial compliance with the 'Trusted Assessor Model' aimed at reducing delays to transfer of care. d) Paragraph 6 reported compliance with 'NHSE's Capacity Tracker' to put in place an electronic system to identify where there was capacity in the	

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	care home system. It had been suggested that the system should be extended to include domiciliary service providers e) Paragraph 7 reported compliance with the 'Falls Strategy' to establish early intervention in relation to the risk of fall. GF reported that both CCGs were rated as 'green' against this area reflecting the progress made by Rob Milner and the team. GF drew attention to paragraph 8 reporting the further initiatives underway including the significant involvement with the County Durham Care Academy to provide training to care home staff. The work in relation to data security and protection toolkit (DSPT) to enable care home staff to access NHSmail providing the benefits outlined in paragraph 8.6. Attention was also drawn to the developments taking place in relation to the HealthCall system to roll that out across County Durham. DS concluded that the report set out a sensible approach to improve care and continuity of care and demonstrated a high level of compliance. The Governing Bodies: ▪ noted the compliance with NHS England's monitoring.	
GBiC/ 19/122	**HEALTH AND WELLBEING BOARD ANNUAL REPORT 2018/19** *Chief Officer, County Durham and Tees Valley CCGs* *- Dr Stewart Findlay* *presented by:* *Consultant in Public Health, Durham County Council* *- Chris Allan* The purpose of the report was to present the Health and Wellbeing Board (HWBB) Annual Report for 2018/19. CA drew attention to the content of the report summary and spoke to that detail which covered the progress made against the 6 strategic priorities and provided examples of areas of activity and improvements in the following areas: Priority 1: children and young people make healthy choices and have the best start in life. Priority 2: reduce health inequalities and early deaths. Priority 3: improve the quality of life, independence and care and support for people with long term conditions. Priority 4: improve the mental and physical wellbeing of the population. Priority 5: protect vulnerable people from harm. Priority 6: support people to die in the place of their choice with the care and support that they need. SF added that the summary provided in the report to address future challenges and inform the vision for County Durham had taken account of	

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	the Joint Strategic Needs Assessment (JSNA). That would set the strategy for the HWBB and provide an opportunity for joined up plans to be developed in areas such as mental health, community services and integrated planning. He thought that there were few areas in the country with that level of integrated planning in place to deliver health and social care services. SB added that NHS commissioners, providers, local authorities and community teams were all involved in the development of an integrated plan to cover health and social care requirements. That joint approach to planning would also bring joint responsibility for delivery. AA thought the report was helpful in clarifying the impact of what had been achieved and that it picked up on earlier discussions in the meeting related to a performance framework. SF agreed that it was important to see the outcomes and he thought it demonstrated that improvements were being seen in areas such as cessation of smoking and increased life expectancy. He thought that it was disappointing to see that the level of deprivation in County Durham had worsened when compared to the rest of England, whilst it was improving that was not at the same rate as other parts of the country. IS expressed a view that he did not think representing some of the information through the medium of what was thought to represent the average family was appropriate and questioned whether in reality the level of improvement reported was being experienced. CA responded that this was a genuine attempt to illustrate the challenges and actions taken to address them in a way that was meaningful to the population. FJ thought the format was a welcome move away from the usual reporting documents produced. He thought that consideration of health issues and inequalities would involve a range of departments in the council and that the real challenge would be to address the root cause through early interventions in order to achieve a significant difference. SF suggested that point linked to the earlier discussions that had taken place in relation to acute and community services and the work required to tackle those issues. The Governing Bodies: ▪ received and considered the report.	
GBiC/ 19/123	**ORAL HEALTH STRATEGY** *Chief Officer, County Durham and Tees Valley CCGs - Dr Stewart Findlay presented by: Consultant in Public Health, Durham County Council - Chris Allan* The purpose of the report was to provide an update on the progress made with the County Durham Oral Health Strategy and provide an overview of activity to date to tackle oral health inequalities across County Durham. CA drew attention to the detail contained in the executive summary of the report that set out the approach for the proposal to expand the County	

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	Durham Community Water Fluoridation Scheme. Following the technical appraisal completed by Northumbrian Water the next steps in the legislative process were outlined in paragraph 2.8. CA explained that timescales had been adjusted to take account of Purdah guidance but the expectation was that the local authority would be able to proceed as planned by October 2020. IS sought clarification of the clinical effectiveness versus cost. SF highlighted a local example between Bishop Auckland and Easington where there was a natural level of fluoridation, Bishop Auckland had higher levels of tooth decay. *Action: CA agreed to circulate to Governing Bodies a brief resume of the evidence demonstrating the clinical effectiveness versus cost of fluoridation schemes.* The Governing Bodies: ▪ noted the content of the report, ▪ noted that an update would be presented to a future meeting.	**CA**
GBiC/ 19/124	**PRIMARY CARE COMMISSIONING COMMITTEE UPDATE** *Chair of the PCCC, DDES CCG and North Durham CCG - Feisal Jassat* FJ reported that at the PCCCs meeting held on Tuesday 19 November 2019, the standard update reports had been received covering the areas of risk, finance, primary care resilience and primary care quality. He outlined the key areas for note as: ▪ Primary Care budgets were expected to breakeven at the end of the year. ▪ Primary Care strategy was being refreshed based on the NHS long term plan. ▪ The Winter letter had been sent out to practices as a reminder of actions that need to be taken. ▪ The workforce sustainability paper provided a good summary of the wide range of initiatives in place to support practices and address issues, it demonstrated evidence of the work that had taken place and plans to improve resilience. ▪ Special Allocations Scheme (formerly violent patients) – it had been agreed to extend arrangements with current providers for 3 years. The Governing Bodies: ▪ noted the verbal update.	

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GBiC/ 19/125	**AUDIT COMMITTEES UPDATE** *Chair of the Audit Committees, DDES CCG and North Durham CCG - John Whitehouse* JW reminded those present that the Secretary of State had instigated a review of investment in mental health services to demonstrate that the additional funding had been invested to meet the new standards. It was explained that the external auditors had taken the decision that this work could not be undertaken by the local team based on their assessment of its expectations and the extent of the scope of that audit. The view was that this was not an unreasonable decision since this requirement was not known at the outset. It was clarified that this was not a reflection of the CCGs' ability to meet the new standards. The Governing Bodies: ▪ noted the verbal update.	
FOR INFORMATION		
GBiC/ 19/126	**DDES CCG AND NORTH DURHAM CCG QUARTERLY ENGAGEMENT ACTIVITY REPORT JULY-SEPTEMBER (QUARTER TWO) 2019-20** *Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG* *- Sarah Burns* The Governing Bodies: ▪ received the report for information purposes.	
GBiC/ 19/127	**STANDARDS OF BUSINESS CONDUCT AND CONFLICTS OF INTEREST POLICY** *Chief Officer, County Durham and Tees Valley CCGs* *- Nicola Bailey* The Governing Bodies: ▪ received the report for information purposes.	
PUBLIC INTEREST PRESENTATION		
GBiC/ 19/128	**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019** **A TIME TO TALK …. ABOUT MENTAL HEALTH AND WELLBEING** *Chief Officer, County Durham and Tees Valley CCGs* *- Dr Stewart Findlay* *presented by:* *Consultant in Public Health, Durham County Council* *- Chris Allan* CA spoke to a presentation that provided an overview of the Director of Public Health's Annual Report 2019. The presentation covered the following areas:	

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	a) How the priorities are shaped by Joint Strategic Needs Assessment (JSNA) and informed through Durham Insight. b) Provided an outline of the assets that existed in County Durham and were built on. c) An outline of the priority areas. d) Priority area actions and progress towards achieving them. e) An illustration of an average family and how these actions had impacted on their lives. f) At scale work in the area of mental health services. g) Healthy workforce initiatives. h) A further illustration of how these actions may have impacted on the lives of an average family. i) An outline of the recommendations for future developments. MB explained that whilst work was underway to increase access and improve mental health services it also recognised that it was important to take account of the support available in the community rather than solely focussing on a clinical model.	
GBiC/ 19/129	**QUESTIONS FROM THE PUBLIC** Whilst it was noted that no questions had been received from members of the public, members of the public present at the meeting were asked if they required any areas of the discussion to be clarified. They expressed an interest in the points covered under the presentation of the 'Director of Public Health's Annual Report 2019' particularly relating to the 'Better Health at Work Award'. *Action: CA to provide information related to the 'Better Health at Work Award' to representatives of the 'Durham Deafened Support'.*	**CA**

GBiC/ 19/130	**MINUTES RECEIVED PRIOR TO THE MEETING**
	
	▪ Audit Committee in Common
	  ▪ 17.05.2019
	▪ Combined Management Group
	  ▪ 09.07.2019
	  ▪ 13.08.2019
	▪ Executives in Common
	  ▪ 21.05.2019
	  ▪ 16.07.2019
	  ▪ 20.08.2019
	  ▪ 17.09.2019
	▪ Executives in Common Extended Membership
	  ▪ 09.07.2019
	  ▪ 13.08.2019
	  ▪ 10.09.2019
	▪ Health and Wellbeing Board
	  ▪ 30.07.2019	

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	▪ Joint Quality Committee ▪ 04.06.2019 ▪ 02.07.2019 ▪ 06.08.2019 ▪ Northern CCG Joint Committee ▪ 04.07.2019 ▪ Primary Care Commissioning Committee ▪ 16.07.2019	
GBiC/ 19/131	**OTHER BUSINESS** **GBiC/19/131-1 Carbon footprint** JW suggested that consideration should be given to the CCGs' commitment to reduce its carbon footprint and inform its decisions going forward. It was noted that SB was the CCGs' director lead for sustainability and that a policy under development covering this area would be brought to a future Governing Bodies meeting. SF explained the areas that the CCGs were currently focussing on i.e. avoiding travel to meetings through the use of tele-conferencing and reducing the use of plastic. The North East Commissioning Support Unit had undertaken significant work and it was thought that the CCGs would adopt their policies. NO'B confirmed that the Integrated Care System had established a lead to take forward work across organisations in Cumbria and the North East to reduce their carbon footprint. *Action: a more detailed update in relation to work to reduce the CCGs' carbon footprint to be brought to a future Governing Bodies Development Session for consideration.*	
GBiC/ 19/132	**RISK ROUND UP** There were no new risks identified from the discussion to add to the CCGs' corporate risk registers.	
	NEXT MEETING The meeting concluded at 12.10pm. The next meeting would be held on Tuesday 24 March 2020.	
	Resolution to Exclude the Public and Press That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1(2) Public Bodies Admission to Meetings Act 1960).	

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	Contact for the meeting: Margaret Coyle, Executive Assistant Tel: 0191 371 3220 margaret.coyle@nhs.net	

Signed: 

Chair: Dr David Smart

Date: 24.3.20