NHS

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

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

2.00pm on Tuesday 16 January 2018 held at Durham County Cricket Club, Emirates Riverside, Park Road, Riverside, Chester-le-Street DH3 3QR

Present for DDES CCG:

Dr Jonathan Smith	JS	Clinical Chair
Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Operating Officer
Sarah Burns	SB	Director of Commissioning
Dr James Carlton	JCa	Medical Director
Joseph Chandy	JCh	Director of Primary Care, Partnerships and Engagement
Dr Stewart Findlay	SF	Chief Clinical Officer
Dr Rushi Mudalagiri	RM	GP Clinical Lead - Easington
Mark Pickering	MP	Chief Finance Officer
Dr Ian Spencer	IS	Secondary Care Clinician
David Taylor-Gooby	DTG	Lay Member, Patient and Public Involvement
John Whitehouse	JW	Lay Member, Audit and Governance

Present for North Durham CCG:

Andrew Atkin	AA	Governing Body Lay Member
Nicola Bailey	NB	Chief Operating Officer
Joseph Chandy	JC	Director of Primary Care Development and Innovation (non-clinical)
Dr Ian Davidson	ID	Director of Quality and Safety
Dr Angela Galloway	AG	Secondary Care Doctor
Richard Henderson	RH	Chief Finance Officer
Michael Houghton	MH	Director of Commissioning and Development
Dr Neil O'Brien	NO'B	Clinical Chief Officer
Dr David Smart	DS	Clinical Chair **(Chair)**
John Whitehouse	JW	Lay Member Governance and Audit
Karen Wood	KW	Practice Manager Representative

In Attendance for DDES CCG:

Margaret Coyle	MC	Executive Assistant (minutes)
Amanda Healey	AH	Director of Public Health, Durham County Council
Chris Shore	CS	Patient Reference Group Chair, Sedgefield Locality
Kirsty Roe	KR	Public Health Intelligence Specialist, Durham County Council
Dianne Woodall	DW	Public Health Portfolio Lead – Tobacco Control, Durham County Council

In Attendance for North Durham CCG:

Amanda Healey	AH	Director of Public Health, Durham County Council
Jill Matthewson	JM	Head of Corporate Services
Kirsty Roe	KR	Public Health Intelligence Specialist, Durham County Council
Dianne Woodall	DW	Public Health Portfolio Lead – Tobacco Control, Durham County Council

Apologies for DDES CCG:

David Craggs	DC	PRG Chair, Durham Dales Locality
Denise Elliott	DE	Interim Head of Commissioning – Adult and Health Services, Durham County Council
Gill Findley	GF	Director of Nursing
Dr Winny Jose	WJ	GP Clinical Lead, Sedgefield
Sue Mole	SM	PRG Chair, Easington Locality
Dr Dilys Waller	DW	GP Clinical Lead, Durham Dales

Apologies for North Durham CCG:

Mike Brierley	MB	Director of Corporate Programmes, Delivery and Operations
Denise Elliott	DE	Interim Head of Commissioning – Adult and Health Services, Durham County Council
Gill Findley	GF	Director of Nursing
Feisal Jassat	FJ	Lay Member – Patient and Public Involvement (Vice Chair)
Dr Patrick Ojechi	PO	GP Clinical Lead
Dr Jan Panke	JP	GP Clinical Lead
Dr Pat Wright	PW	GP Clinical Lead

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GBiC/ 18/1	**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 DDES CCG and North Durham CCG being held in common.	
GBiC/ 18/2	**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. 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.	

ITEM NO		ACTION
GBiC/ 18/3	**IDENTIFICATION OF ANY OTHER BUSINESS** There were no items of other business.	
GBiC/ 18/4	**MINUTES AND MATTERS ARISING FROM MEETING HELD ON TUESDAY 21 NOVEMBER 2017** The minutes were agreed as a correct record of the meeting with the following amendments: **GBiC/17/51 Chief Clinical Officers' and Clinical Chairs' Report, DDES CCG and North Durham CCG** Page 11, bullet point 9, final sentence should read: It was felt the figures highlighted a good demonstration of leadership **from the CCG** staff. Page 13, third paragraph, first sentence should read: It was noted that CDDFT had only achieved 75% vaccination rate for staff, which it was felt was low compared to other local trusts **but was still the third best in the region**. Page 15, fourth paragraph, third sentence should read: Once triaged, a paramedic would only be **dispatched** to those people in life threatening situations. Page 15, fourth paragraph, fourth sentence should read: The target for that cohort of people was seven minutes, which it was noted, was a reduction **from** the previous eight minute target. There were no matters arising.	
GBiC/ 18/5	**ACTION LOG** The action log was updated.	
ITEMS FOR DISCUSSION		
GBiC/ 18/6	**CLINICAL CHAIRS' AND CHIEF CLINICAL OFFICERS' REPORT, DDES CCG AND NORTH DURHAM CCG** *Clinical Chair, DDES CCG* *- Dr Jonathan Smith* *Clinical Chair, North Durham CCG* *- Dr David Smart* *Chief Clinical Officer, DDES CCG* *- Dr Stewart Findlay* *Clinical Chief Officer, North Durham CCG* *- Dr Neil O'Brien* SF informed the members that DTG, Lay Member, Patient and Public Involvement, DDES CCG, would be ending his term of office slightly early in March 2018. DTG's term of office had begun with the CCG from its inception and SF acknowledged his many excellent years of service to the community, particularly in the Easington locality, and his significant role with the North East	

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	Combined Authority (NECA). DS informed the members that AG's term of office was due to end in March 2018 and that she would be standing down as Secondary Care Doctor for North Durham CCG. He looked forward to acknowledging the significant contribution AG had made to the work of the North Durham CCG at the March 2018 meeting of the Governing Bodies. The report provided an update on key issues affecting the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning and North Durham Clinical Commissioning Group (CCG). SF commented that the content of the report was self-evident and moved to take questions or points that required further clarification. He also asked members for their views on whether the current style of the report met their requirements. IS referred to paragraph 2.8 and asked what the approach would be to co-ordinating the start-up of the trusts' elective programme. SF responded that this intention was aspirational, it would be important to avoid problems developing through fully committing capacity. The existing system that included daily surge calls with trusts would be the mechanism for co-ordinating the start-up programme. IS sought clarification of the financial implications referred to in the second paragraph 3.1. NO'B responded that one of the CCGs had a block contract arrangement in place with the trust that included presumed savings, those savings would not now materialise but the trust would be bearing the costs. DTG thanked SF for his kind words on his contribution to DDES CCG adding that he would continue to take an interest in the NHS. Moving on to the report, he expressed a view that he valued this in its current format. He sought clarification on the draft repatriation policy referred to in paragraph 2.6, SF explained that this related to patients who in a time of surge had been taken to a different hospital and aimed to make sure the patient was repatriated as quickly as possible. DTG sought clarification of the new governance arrangements for strategic commissioning reported on in paragraph 3.4, NO'B commented that this would be covered in more detail later on in the agenda under item GBiC/18/16, he explained that this related to regional governance and highlighted the point that the CCGs would continue to have all of the statutory decision making powers. The intention was to strengthen the relationship between commissioners, providers and local authorities. NB spoke of the opportunity this presented to improve the integration of services and to avoid the duplication of provision across a number of providers and commissioners. AA commented that he found the current format of the report a helpful summary and overview of what was going on. The Governing Bodies: received the report and noted the progress made to date.	

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GBiC/ 18/7	***RM joined the meeting*** **WINTER UPDATE** *Chief Clinical Officer, DDES CCG* *- Dr Stewart Findlay* *Clinical Chief Officer, North Durham CCG* *- Dr Neil O'Brien* SF spoke to a presentation that provided an overview of the performance, activity and challenges faced during the winter period in the North East region. The slides provided an overview in the following areas: a) Operational Pressures Escalation Levels (OPEL) from 21 December 2017 to 3 January 2018. On average the OPEL level had slightly increased over the previous year and the North East Ambulance Service NHS Foundation Trust (NEASFT) had reached Resource Escalation Action Plan 4. It was noted that cases of flu had increased in early January. It was noted that The James Cook University Hospital had maintained lower OPEL levels and it would need to be understood if this was due to demand or the way that it had been managed. b) Performance in the Accident and Emergency (A&E) departments and a breakdown by type 1 and type 2 attendances. A factor in performance may be the way in which trusts were supported by primary care. It was noted that there had been a reduction over the previous year in inappropriate attendances at A&E departments. SB commented that the performance of emergency departments had been worse compared to the previous year. Whilst it was too early to fully understand the reasons, there had been a lack of bed availability and it was thought that this was due to the acuity of patients requiring a longer stay. The consequence of this placed increased pressure on A&E, ambulance and community services. c) An overview was provided of local trusts' performance for the period October to December 2017 compared to the same period in 2016, it was noted that this compared well to the national performance. d) An outline of the additional winter monies invested in the system with acute trusts, primary care, ambulance services and a range of local authority services. e) Deterioration in the performance of ambulance handover times and attention was drawn to the deterioration in December 2017, it was noted that there may be lessons to be learnt from those trusts that had performed better than others. f) There had been a significant increase in demand for primary care services. Whilst those services historically expanded to cope with the increase in demand it was noted that many GPs had worked excessively late into the evenings to manage the surge. It was noted that not all of the GP extended hours appointments available in the system had been taken up. g) It was too early to quantify the impact of the flu virus. Trusts were close to achieving the staff immunisation target but to date the uptake at NEASFT had been disappointing. h) NHS Improvement (NHSI) had this year taken over the management of the winter room from the CCGs up to 5pm when it was handed over to the CCGs. The views of providers on this change of arrangement had yet to be assessed. i) Attention was drawn to the summary of the key points on demand and performance, the areas where winter plans had been successfully delivered and next steps.	

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	JCa joined the meeting JW asked if the acute trusts had a consistent approach to assessing their OPEL level. SF explained that certain triggers had to be met before the level could be escalated but acknowledged within that there would be variation in the interpretation of some of those figures. JW asked how severe a situation would have to be to escalate to OPEL 4 and clarification on arrangements to manage this. SF responded that this was the decision of the senior clinical lead and based on the clinical risk, this was taken after discussions with neighbouring trusts as this would result in ambulance diverts. The surge team would be involved in working through a checklist to challenge the decision to escalate to OPEL 4 and to ensure this was a collective decision because of the impact on other services. In extreme cases where this was wide-spread this would be escalated to NHSE to seek support from other regions. SF commented on the investment to increase the availability of services, staff and efficiency, and the continued focus to improve the use of those resources and to increase efficiency. IS acknowledged SF's commitment to this area and thought that would be a factor in the focus on performance in this area and achieving improvements. AH reported that the local authority had put in place an immunisation programme for front line staff and ancillary care staff. As NHSE had also put in place a programme it would not be possible to fully evaluate the success of the local authority scheme. The scheme would be repeated in the future and monitored, there was an intention for plans to be more ambitious to increase the uptake and planning work was already underway for future years. She thought the CCGs had set a clear example as an employer. DS noted the view of the Governing Bodies that in spite of the considerable pressure on systems, individual members of the healthcare professions had worked hard to keep the systems operational. The Governing Bodies: ▪ received the presentation which provided an update with regard to the winter period to date.	
GBiC/ 18/8	***JS joined the meeting*** **RISK MANAGEMENT UPDATE** *Chief Finance Officer, DDES CCG* *- Mark Pickering* *Chief Finance Officer, North Durham CCG* *- Richard Henderson* MP presented the report that provided a summary of the corporate risks facing Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group and North Durham Clinical Commissioning Group (CCG). It provided a full copy of the latest risk register position and drew attention to the in-month changes. Attention was drawn to: ▪ The one red risk for both DDES CCG and North Durham CCG relating to	

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<tr><th>ITEM NO</th><th></th><th>ACTION</th></tr>
<tr><td></td><td>constitutional standards which linked to the winter pressures previously reported on as it related to Accident and Emergency waiting times and ambulance response times.
▪ One new risk had been added to both the DDES CCG and North Durham CCG risk registers that related to the potential legal challenge of commissioning decisions, for example, those decisions that related to drugs.
▪ No risks had been closed since the previous report.
▪ As discussed at the previous Governing Bodies meeting, the Assurance Framework would be brought to the meeting to be held in March 2018.

IS noted that many of the risks were linked to one CCG but queried whether they should be common across both. Also, on page 8, risk 1716, relating to the Sustainability and Transformation Plan (STP), he did not think the risk had been identified; MP agreed to clarify. MP commented that there was consistency between the DDES CCG and North Durham CCG and whilst more work could be done to look at the differences, there were some individual issues that did not apply in the same way. However, as this was an in-common report he accepted that it would be helpful to draw those differences out.
Action: MP agreed to clarify what the risk was in '1716: delivery of operational plan and Sustainability Transformation Plan (STP) in 2017/18 and 2018/19.

The Governing Bodies:

▪ received the report and appendices,
▪ noted the current risks facing DDES CCG and North Durham CCG,
▪ received assurance that mitigating actions were in place to ensure all of the DDES CCG and North Durham CCG risks were being appropriately managed.</td><td>MP</td></tr>
<tr><td>GBiC/ 18/9</td><td>PERFORMANCE SUMMARY REPORT – DECEMBER 2017
Chief Finance Officer, DDES CCG
- Mark Pickering
Chief Finance Officer, North Durham CCG
- Richard Henderson

MP presented the report that provided an update on the performance of the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group and North Durham Clinical Commissioning Group (CCG) 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. It was noted that performance against the cancer targets would be reported on in detail later on the agenda.

It was noted that:

▪ Referral to Treatment: both DDES CCG and North Durham CCG were rated as green.
▪ Over 52 week waits: one patient had been identified as failing to meet the 52 weeks target at North Durham CCG, as this target had a zero tolerance it would continue to be reflected in the performance reported for the remainder of the year.</td><td></td></tr>
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	▪ Accident and Emergency 4 hour wait: the trusts were struggling against this target. In County Durham and Darlington NHS Foundation Trust (CDDFT) this could impact on their ability to draw down Sustainability and Transformation Plan (STP) monies. City Hospitals Sunderland NHS Foundation Trust (CHSFT) also had their A&E target linked to an STP trajectory. North Tees and Hartlepool NHS Foundation Trust (NTHFT) had met the target in quarter three but had come under pressure over the winter period. ▪ Ambulance Cat A: national changes in the measurement were due to come into effect from 1 April 2018. ▪ Clostridium difficile: both trusts' performance was within the trajectory although there had been cases at both CHSFT and NTHFT. ▪ The main issues related to performance against the cancer targets and that would be covered in detail later in the agenda. IS sought clarification of the difference reported in performance against the 62 day wait cancer target between the North and South of the area covered by the CCGs. MP explained that the patient numbers involved were very small, he thought the 31 days view was pessimistic and that North Durham CCG's performance would turn green going forward. A detailed breakdown had been undertaken of why the delays had occurred in the pathway. JW queried the financial implications for the CCGs associated with this relating to the quality premium. RH responded that it was too early to assess how the position in January 2018 would impact. The Governing Bodies: noted the current performance position.	
GBiC/ 18/10	**FINANCE REPORTS FOR THE EIGHT MONTHS ENDING 30 NOVEMBER 2017** *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 and North Durham Clinical Commissioning Group (CCG) for the eight months ending 30 November 2017. Both DDES CCG and North Durham CCG were forecasting a breakeven position in-line with plans. There were some pressures and potential risks but overall there were sufficient resources to manage those risks and to achieve the forecast year end position. Attention was drawn to table 3 in the report that provided a summary of the budget lines. Both CCGs were under some pressure on the acute services but this was lower compared to the previous year. Activity was broadly in-line with plan, although there were pressures on non-elective and critical care in particular. Both CCGs had seen pressures within mental health budgets relating to s117 packages. This was a continuing theme through the years and reflected across other CCGs, it was hoped that the work to develop and accountable care partnership with Tees, Esk and Wear Valleys NHS	

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	Foundation Trust would assist in managing this position going forward. Although there was a potential risk from national supply issues, overall this was a forecast underspend on prescribing budgets. A key note was the significant forecast overspend in DDES CCG on individual care packages, North Durham CCG was within budget with regard to that. There no were known factors to explain this as similar assumptions had been made and the area was managed by the same teams. There were no significant risks in the position reported. The Governing Bodies: ▪ considered the report, ▪ noted the current and forecast financial position, ▪ considered the key financial issues identified and supported the action taken to address them.	
GBiC/ 18/11	**QUALITY ASSURANCE REPORT** *Medical Director, DDES CCG* *- Dr James Carlton* *Medical Director, North Durham CCG* *- Dr Ian Davidson* *Director of Nursing, DDES CCG and North Durham CCG* *- Gill Findley* ID presented the report that provided information and assurance on the quality of services that were either commissioned by Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group (CCG), or that the CCGs had a legal duty to support with regard to quality improvement. 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) It was noted that since the report had been issued, CDDFT had reported a further 'Never Event' relating to the intravenous administration of a morphine preparation which was supposed to be for oral administration. It was reported that no actual harm to the patient resulted from this occurrence. This had occurred when CDDFT were subject to winter pressures but nevertheless reflect a failure in their systems. AG queried why CDDFT had waited until December 2017 and January 2018 to undertake deep cleaning of the wards linked to the outbreak of Vancomycin Resistant Enterococci (VRE). It was thought that the deep cleaning had been scheduled once the issue had been identified, ID assured the Governing Bodies that the position was under continued monitoring. JCa commented on the	

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	significant focus CDDFT had on antimicrobial prescribing and dealing with issues through their prescribing policy. He also highlighted that CDDFT had a competing focus on monitoring of SEPSIS. *Action: it was agreed that NO'B would take any further questions relating to infection prevention and control quality standards relating to CDDFT, to GF to be dealt within the Joint Quality Committee.* IS asked when the cancer treatment centre referred to in page 10 of the report would be open. NO'B responded that there remained a lack of clarity about the services to be provided and how that would affect the cancer pathway, as soon as the information was available this would be brought back to the Governing Bodies. *Action: when available, NO'B to bring information to the Governing Bodies on the new cancer treatment centre.* The Governing Bodies: ▪ received and considered the report, ▪ agreed that necessary actions were being taken forward with the respective organisations to improve quality and the experience for patients.	**NO'B** **NO'B**
GBiC/ 18/12	**CANCER DEEP DIVE REPORT** *Director of Nursing, DDES CCG and North Durham CCG - Gill Findley* JCa presented the report that provided an update on the latest position against the cancer indicators within the Improvement and Assessment Framework (IAF), local, regional and national developments affecting the services commissioned by Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG. JCa underlined that this was a critical report for both the CCGs and their patient populations. He spoke to the detail of the report and drew attention to the key highlights set out in the areas of compliance, investment in resources, service developments and on-going work to support survivorship and patient experience. He spoke of the initiatives underway in the Northern Cancer Alliance and increased resources to improve early diagnosis. There had been investment in resources to improve the 62 day performance. The focus would be on two particular tumour sites, lung and lower and upper Gastro-Intestinal (GI), to improve pathways. It was acknowledged that urology performance was also impacting on the performance target. The work to support survivorship and patient experience would be a key development area in the community service. DS commented that the report was useful and answered questions in more detail. DTG sought clarification of the differences in Macmillan services where in some areas it was voluntary and in others an NHS provision. JCa responded that in the previous 18 months in DDES CCG a Macmillan nurse had been employed by one of the GP Federations but funded by the CCG. This was currently under evaluation. He spoke of the increased focus on standardising the holistic approach and continuing support offered to patients and outlined events that would be available to patients in North and South Durham who were at the end of treatment or up to a year past treatment to look at the issues faced when leaving cancer behind.	

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	AH commented that the work with Macmillan was reaching an exciting stage and spoke about the programme developed to ensure the journey was smooth and that patients received the social support and benefits they were entitled to. This work alongside smaller local services and charities would also help to take advantage of the extensive directory of services available. There would be external review of this to ensure the focus was on the right areas and that nothing was excluded. IS sought clarification of the information reported on page 4 relating to survival outcomes. JCa responded that the staging data was used as a tool and whilst the accuracy was not particularly consistent this was improving, in terms of early diagnosis and from the CCGs' point of view any specifics had been picked up in the report. IS asked if there would be any change in different focus between men and women. MP commented that the quality premium data from NHS England would feed into the CCGs' calculations and that may provide more depth. DS referred to pages 13 and 14 that set out a patient story which gave a powerful account of their experience of the system, he conveyed the Governing Bodies' thanks to the patient who allowed their story to be shared. The Governing Bodies: ▪ considered the content of the report, ▪ noted the current Improvement and Assessment Framework (IAF) position and actions taken to improve the delivery of cancer services.	
GBiC/ 18/13	**JOINT HEALTH AND WELLBEING STRATEGY (JHWS) 2017/18 QUARTER 2, PERFORMANCE/DELIVERY PLAN MONITORING** *Director of Commissioning, DDES CCG* *- Sarah Burns* *presenting with:* *Public Health Intelligence Specialist, Durham County Council* *- Kirsty Roe* *Public Health Portfolio Lead – Tobacco Control, Durham County Council* *- Dianne Woodall* The purpose of the report was to update on the progress made against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-2019. SB reminded the Governing Bodies of their previous discussions for an update on this plan and also a deep dive on one of the priority areas. The report set out the areas for improvement and areas that had improved. Attention was drawn to the six themes for the 2018-2021 JHWS Performance Management Framework and linked to those would be the actions and priority areas. The focus area for the deep dive was 'mothers smoking at time of delivery (SATOD)'. It was noted that the North of Durham County had a better performance than in the area covered by DDES CCG which had received funding as one of the worst performers in this area. There had been long-standing cultural issues in Durham and work had been going on for a long time to address	

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	this. There had been problems in obtaining the information to understand the problem. SB explained that the presentation about to be given would provide an update on the progress to date and the engagement required to help understand the issues further. The slides presented by DW and KR provided an overview of the following areas: ▪ Comparative data of SATOD locally, regionally and nationally along with projected targets. ▪ An analysis of data demonstrating the links between SATOD and deprivation, broken down by localities. ▪ An analysis of data showing an increasing trend in certain localities and the need to focus on those areas to understand what was changing. ▪ An explanation of the smoking in pregnancy cessation scheme operating in DDES CCG area along with the activity and outcomes achieved. It was noted that there was a good success rate once women engaged with the scheme. ▪ An outline of the approach to engagement undertaken with Healthwatch County Durham, Key Performance Indicators (KPIs) for maternity services, the research undertaken, key themes and recommendations drawn from this to focus on addressing the issues. ID asked why there was a trend of children smoking in the area, DW thought that this was linked to environmental influences. JS asked what could be done to dissuade mothers from resuming smoking post-pregnancy. DW commented that they should continue to be offered interventions as they came into contact with health professionals. In response to a query from SF, DW indicated that the cessation scheme offered mothers a £10 reward for every week they complied up to a limit of £260, that increased to £300 if they were supported by a significant other. Discussion considered vaping as the alternative to smoking, whilst there was evidence to suggest that vaping led to smoking it remained the advice to switch to vaping as this achieved a reduction in harm. The Governing Bodies: ▪ noted the performance highlights and areas for improvement identified in the report, ▪ noted the actions being taken to improve performance, ▪ agreed that the presentation was informative and noted the continued work between Durham County Council and the CCGs.	
GBiC/ 18/14	**CHANGES TO URGENT CARE SERVICES IN DDES – UPDATE REPORT** *Director of Commissioning, DDES CCG* *- Sarah Burns* The report provided an update on the impact of the implementation of new urgent care services in the DDES CCG area. SB explained that following engagement with patients on urgent care services and a full patient public consultation the new service had been launched. Attention was drawn to paragraph 2 that set out the options considered and the details of the services implemented were set out in the preferred option 3. The	

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	implementation phase was successful and some initial issues related to the Easter opening and other service changes implemented in the North East were addressed. Attention was drawn to the impact of the service change set out in pages 5 and 6 and the reduction in Type 1 Accident and Emergency attendance although Type 3 attendance had varied across the sites. The financial impact it had delivered was £1.4m in savings that had been re-invested through health services in the area. Feedback from patients who had accessed the service had been positive. Attention was drawn to page 7 that set out the impact of the changes in the localities that demonstrated they were not fully utilised, it was highlighted that this could lead to staff retention difficulties. This did not equate to a value for money service. In summary SB commented that the change had happened smoothly through the efforts of DDES CCG, general practices, the North East Ambulance Service NHS Foundation Trust (NEASFT) and County Durham and Darlington NHS Foundation Trust (CDDFT) to work through the issues. Following the winter period, the performance data would be reviewed along with looking at why patients use the service they were accessing. Value for money and sustainability would need to be considered, there remained a commitment to provide enhanced primary access but it would need to be determined if this was being delivered in the right way. DTG suggested that some routes to the location of services may provide easier travelling than others and that may be a factor. He suggested that any proposed changes to services would have to be handled carefully. SB assured the Governing Bodies that discussions had taken place with councillors in all areas who were supportive of developing a public engagement plan. SB agreed that the Area Action Partnerships would be included in that exercise. IS sought clarification on what would be deemed to be an adequate level of utilisation and the action to be taken on services that were not delivering value for money. SB commented that it was important to consult with the public to understand the reasons why services were not being fully utilised and there was a duty on CCGs to engage. The Overview and Scrutiny Committee was keen to understand why the services were not being utilised. The Governing Bodies: ▪ noted and discussed the content of the report.	
FOR INFORMATION		
GBiC/ 18/15	**SENIOR INFORMATION RISK OFFICER UPDATE – INFORMATION RISK MANAGEMENT** *Chief Operating Officer, DDES CCG and North Durham CCG - Nicola Bailey* NB explained that the report brought to the Governing Bodies attention provided an update from the Senior Information Risk Officer (SIRO) for the DDES CCG and North Durham CCG in relation to information risk management. It also confirmed that MB would be the Data Protection Officer (DPO) across both CCGs. The Governing Bodies: ▪ received the report.	

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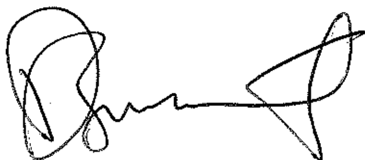
PUBLIC INTEREST PRESENTATION		
GBiC/ 18/16	**SUSTAINABILITY TRANSFORMATION PROGRAMME** *Chief Operating Officer, DDES CCG and North Durham CCG* *- Nicola Bailey* *Chief Clinical Officer, DDES CCG* *- Dr Stewart Findlay* *Clinical Chief Officer, North Durham CCG* *- Dr Neil O'Brien* As Chair of the Northern Clinical Commissioning Groups' (CCGs) Forum, NO'B spoke to a presentation that provided an update on the developments within the Sustainability and Transformation Programme (STP). The slides provided an overview in the following areas: ▪ It had been agreed to move away from the structure of the Northern CCGs Forum in the Cumbria and North East (CNE) Leadership Forum to form a Health Strategy Group. This would join commissioners and providers with Public Health, Health Education North East (HENE) and the Academic Health Strategic Network (AHSN) to set the strategic direction for healthcare in the CNE. ▪ It set out the structure, headed up by the Health Strategy Group, that would provide system leadership and oversee the 14 workstreams, through to the structure for statutory decision making. ▪ An update on how the CCGs were mobilising to deliver the work of the STP and the benefits of collaboration. It also outlined the benefits in retaining local clinical leadership and accountability. ▪ It provided an overview of the types of workstreams and the role of the Senior Responsible Officers (SROs) to ensure the CCGs' interests were fed into those workstreams. The CCGs were looking to find efficiencies to release staff and time to resource this work. DTG commented on the concerns that an Accountable Care Organisation (ACO) may lead to privatisation. NO'B responded that the principle was population health management on the budgeting principles of an ACO but acknowledged that this had not been fully defined as being within the NHS. The Governing Bodies: ▪ noted the content of the presentation.	
QUESTIONS FROM THE PUBLIC		
GBiC/ 18/17	There were no questions received from members of the public.	

GBiC/ 18/18	**MINUTES RECEIVED PRIOR TO THE MEETING**
	
	▪ Audit Committees in Common
	    ▪ 14.09.17
	▪ Primary Care Commissioning Committees in Common
	    ▪ 19.09.17
	▪ Durham County Council – Health and Wellbeing Board
	    ▪ 25.09.17	

ITEM NO		ACTION

	▪ Executives in Common
	  ▪ 24.10.17
	  ▪ 28.11.17
	▪ Executives in Common Extended
	  ▪ 10.10.17
	  ▪ 14.11.17
	▪ Joint CCG Committee for Cumbria and the North East
	  ▪ 05.10.17
	▪ Joint Quality Committee
	  ▪ 03.10.17
	  ▪ 07.11.17
	▪ Quality, Finance and Performance
	  ▪ 04.07.17	

GBiC/ 18/19	**OTHER BUSINESS** There were no items of other business for discussion.	
GBiC/ 18/20	**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 4.45pm. The next meeting would be held on Tuesday 20 March 2017.	
	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).	
	Contact for the meeting: Margaret Coyle, Executive Assistant Tel: 0191 371 3220 margaret.coyle@nhs.net	

Signed: 

Chair: Dr David Smart

Date: 17. 4. 2018.