

County Durham and Darlington Primary Care Trusts Joint Board Meeting

Held on Thursday 3 April 2008
Darlington Football Club, Darlington

MINUTES

Present

Ken Greenfield	(Chair) Chairman, Darlington PCT
Ann Calman	Chair, County Durham PCT
Colin Morris	Chief Executive, Darlington PCT
Dr Tricia Cresswell	Director of Public Health, County Durham & Darlington PCTs
Dr Hilton Dixon	Medical Director, County Durham & Darlington PCTs
Carole Harder	Director of Service Provision, Darlington PCT
Pat Keane	Director of Nursing & AHPs, County Durham & Darlington PCTs
Amanda Hume	Director of Workforce & Corporate Development, County Durham & Darlington PCTs
Brian Key	Director of Performance & NE Offender Health Commissioning, County Durham & Darlington PCTs
Pat Taylor	Director of Finance and Estates, County Durham & Darlington PCTs
June Tulley	Director of Improvement, County Durham PCT
Cameron Ward	Director of Commissioning and Market Development
Brian Everett	Non Executive Director, Darlington PCT
John Flook	Non Executive Director, Darlington PCT
Linda Marks	Non Executive Director, Darlington PCT
Sandra Pollard	Non Executive Director, Darlington PCT
Melanie Pears	Non Executive Director, Darlington PCT
Annie Dolphin	Non Executive Director, County Durham PCT
Malcolm Cook	Non Executive Director, County Durham PCT
Brian Ebbatson	Non Executive Director, County Durham PCT
Jenny Flynn	Non Executive Director, County Durham PCT
Jim Smith	Non Executive Director, County Durham PCT
Keith Tallintire	Non Executive Director, County Durham PCT

PCT Officers

Carol Charlton	PBC Chair, Darlington PCT
Joe Chandy	PBC Chair, County Durham PCT
Miriam Davidson	Locality Director of Public Health, Darlington PCT
David Gallagher	Director of Strategic Projects and Partnerships
Jackie Kay	Associate Director of Allied Health Professionals
Anna Lynch	Locality Director of Public Health, County Durham PCT
Gillian Jones	(Minutes) Executive Assistant, Darlington PCT
Diane Richardson	Designated Nurse Child Protection, County Durham & Darlington PCTs
Helen Suddes	Assistant Director of Specialist Services
Linda Templey	Associate Director of Nursing

In Attendance

A Bailey	Novartis
Kenneth Frid	Whinbush Residents' Group
Chris Gordon	Wyeth
Maureen Horton	Chair, Independent Service Providers' Group
P Hutchinson	Aventis
Karen McCabe	Pfizer
Jean Thurkettle	Darlington Patient and Public Involvement Forum
Andrew Young	Member of the Public

		Action
CD&D JB08/01	<p>Declaration of Interests</p> <p>There were no interests declared.</p>	
CD&D JB08/02	<p>Apologies for Absence</p> <p>Yasmin Chaudhry, Rosemary Granger, Andrew Gray, Brian Everett, Melanie Pears and Dr John Nicholson.</p>	
CD&D JB08/03	<p>Minutes of the Previous Meetings</p> <p>i. The minutes of the Joint Trust Boards' meeting held on 20 November 2007 had already been approved by both PCTs. There were no matters arising.</p> <p>ii. The minutes of the Darlington PCT (DPCT) Board meeting held on 24 January 2008 were approved as a true and accurate record of the meeting. There were no matters arising.</p> <p>iii. The minutes of the County Durham PCT (CDPCT) Board meeting held on 22 January 2008 were approved as a true and accurate record of the meeting with the following amendments.</p> <ul style="list-style-type: none"> • <i>Page 1</i> – to include Hilton Dixon's name in the list of those present. • <i>Item CD08/10, final paragraph, first sentence</i> – to be amended to read 'Jim Smith commented that the Pharmacy Panel are looking.....' <p>iv. <i>Matters Arising</i></p> <ul style="list-style-type: none"> • <i>Item CD08/10</i> <p>Cameron Ward advised that the work on the Urgent Care Service report had been concluded and PCT staff would be contacting representatives of the newly established LINKs organisation to discuss the report further. Cameron thanked representatives of the Patient and Public Involvement Forum for the work on this report. It was noted that the PPIF had now ceased to operate and the Board thanked the members for their invaluable work</p>	

	<p>with the PCT.</p> <ul style="list-style-type: none"> • <i>Item CD08/13</i> - With reference to the question raised by Andrew Gray about whether a Non-Executive director (NED) should sit on the North East Offender Health Commissioning Board, Brian Key reported that this issue had been discussed by the respective Chief Executives at the Board inaugural meeting. It had been concluded that due to a lack of any clear precedent around NED involvement and from which Primary Care Organisation a NED would be drawn, that this was not recommended at this point. Brian also advised that all of the changes to the draft proposals that were suggested by the Board had been incorporated into the document and approved by the Board. • <i>Item CD08/17</i> <p>Pat Keane was pleased to report that CDPCT and DPCT had achieved the February and March milestones set by the Department of Health (DH) for <i>Information Governance and Transfers of Data</i>.</p>	
CD&D JB08/04	<p>Questions from the Public</p> <p>Ken Greenfield advised that the Board would accept questions from members of the public throughout the meeting as long as they were relevant to the item being discussed.</p>	
CD&D JB08/05	<p>Workforce Strategy Update</p> <p>i. Amanda Hume, Director of Workforce and Corporate Development advised that the paper set out the overarching Workforce Strategy which had been considered and supported by the Joint HR Committee. It was purposely high level, recognising that the separation of commissioning and provision would require specific strategies to support the development of both World Class Commissioning and World Class Provision.</p> <p>ii. Amanda reported that Improving Working Lives (IWL) was now a mainstream strand of both PCTs' business. A number of Healthy Lifestyle events were taking place across both County Durham and Darlington that week which so far had been well attended. A report on the events would be drafted and shared with both Boards in due course.</p> <p>iii. The Boards supported the overarching Strategy, noted the need to progress specific strategies and plans for both World Class Commissioning and World Class Provision, and recommended the Strategy was communicated to staff.</p>	
CD&D JB08/06	<p>Nursing and Allied Health Professionals Strategy – 2008/11</p> <p>i. Pat Keane, Director of Nursing and Allied Health Professionals</p>	

	<p>presented the strategy which described a framework within which nurses and allied health professionals would develop their capacity and capability to deliver health improvement and safe and high quality services over the following three years, reflecting the vision of CDPCT and DPCT.</p> <p>ii. The vision statement '<i>Releasing time to care – delivering safety and quality</i>' had been developed in consultation with nurses and allied health professionals over the previous nine months. Every individual nurse and allied health professional was required to understand how they would contribute to, and be affected by the seven themes identified within the strategy.</p> <p>iii. The detailed action plan outlined in Appendix 1 would be implemented over the following three years as part of the new ways of working across provider services. A populated version of the Action Plan would be brought back to the Boards in due course.</p> <p>iv. The competency framework had been based on the Knowledge and Skills Framework (KSF) which would help in future workforce planning to maximise skill mix. The provision of training and education was a critical element of the strategy and staff would be supported in their personal development wherever possible. Discussions were underway with Teesside University about training and course content and 'Training Champions' were being developed.</p> <p>v. Colin Morris commented that this was a critical piece of work which had been exceptionally well received and thanked all those involved in its development.</p> <p>vi. John Flook acknowledged that implementing the strategy would be a significant amount of work and asked that progress reports were frequent, and phrased in a way which reflected measurable and deliverable outcomes, rather than aspirational.</p> <p>vii. Ann Calman congratulated Pat Keane and his staff on the development of the strategy and in particular, on the work with Teesside University.</p> <p>viii. The Board are noted the themes outlined within the strategy and supported the associated outcomes.</p>	
CD&D JB08/07	Information Management and Technology (IM&T) Operation Plan – 2008/09	
i.	Pat Keane, Director of Nursing and Allied Health Professionals presented the IM&T Operation Plan which outlined the strategic objectives and all current IM&T planning in accordance with the 2008/09 Operating Framework guidance.	
ii.	In response to questions raised by Keith Tallentire, Pat advised that two locations (one in Derwentside and one in Durham and Chester-	

	<p>le-Street area) had been identified as pilot sites for the Document Management System. The outstanding issue of recruiting to the Information Security Officer was a high risk area and Pat advised that the post was proving difficult to recruit nationally as well as locally. However, there were short-term arrangements in place to cover this post and function.</p>	
iii.	Pat acknowledged that delivery of the Plan would be challenging but significant progress had already been made.	
iv.	Tricia Cresswell advised that there were some increasing problems in Easington with the child health system and recommended this received a higher priority.	
v.	The Boards noted and supported the actions proposed within the IM&T plan for 2008/09.	
CD&D JB08/08	An update on Alcohol Strategies in County Durham and Darlington	
i.	Miriam Davidson, Locality Director of Public Health (Darlington) presented the update which covered the work being undertaken to develop alcohol intervention and treatment services in County Durham and Darlington. It did not cover the wider prevention and control agenda. Miriam advised that alcohol misuse caused harm to individuals, families and communities and the overall increase in alcohol consumption was a major national concern. In both Darlington and County Durham the multi agency Drug and Alcohol Action Teams (DAATs) coordinate action on substance misuse, linking to the Crime and Disorder Reduction Partnerships (CDRPs).	
ii.	County Durham and Darlington experienced more alcohol related harm than the national average but there was a deficit in intervention and treatment services. The key priority for the local NHS was to develop standardised, multi-disciplinary alcohol treatment services which were equitable and accessible across County Durham and Darlington. Significant work was underway which included improving data collection, developing wider harm minimisation and working with Government Office North East to establish a regional Office for the Safe Consumption of Alcohol (OSCA).	
iii.	Linda Marks commented that the figures for emergency admissions to hospital were concerning and asked whether admissions were followed up with a routine referral to alcohol services. Tricia Cresswell said that unfortunately there was not the capacity in the current services to do this.	
iv.	John Flook asked what dedicated resources were available across County Durham and Darlington and whether figures were available for the numbers of those with alcohol induced chronic illness. Miriam advised that there was a dedicated resource available in the Annual Operating Plan through the DAATs. Figures were available on the	

v.	<p>number of admitted with alcohol related liver disease but not other chronic illnesses.</p> <p>The Boards;</p> <ul style="list-style-type: none"> • noted the major health issues posed by alcohol misuse in County Durham and Darlington, • advocated multi-agency action to reduce the harm caused by alcohol, and • endorsed the development of standardised multi-disciplinary alcohol treatment services which were equitable and accessible across County Durham and Darlington. 	
<p>CD&D JB08/09</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p> <p>v.</p>	<p>Update on Tobacco Control and Smoking Cessation</p> <p>Anna Lynch, Locality, Director of Public Health (County Durham) presented the update which provided assurance to both Boards on progress in relation to reducing the harm from tobacco in County Durham and Darlington. The report described developments in the Stop Smoking Service, tobacco control issues and recent performance outcomes. CDPCT and DPCT both had an excellent record in helping people to stop smoking. However, stop smoking services alone could not reduce smoking prevalence.</p> <p>With the implementation of Smokefree legislation on 1 July 2007, the service saw an increase of 72% in smokers accessing the service in quarter 2. This resulted in an additional 886 quitters in the quarter compared to the same quarter last year. In addition to smokefree legislation, a new stop smoking drug was licensed in England in December 2006 called Varenicline (Champix), a non nicotine replacement drug. The drug has been very popular with smokers accessing the service and quit rates from this drug have exceeded quit rates from nicotine replacement therapy (NRT) and Zyban. The quit rate achieved with Champix was 61%; the quit rate with NRT was 42%.</p> <p>County Durham and Darlington had already established tobacco control alliances; however, since smokefree legislation was implemented there had been a reduction in attendance at alliance meetings. In an effort to reinvigorate the alliances, in January 2008, a conference was held for key representatives from a range of organisations in County Durham and Darlington which was attended by over sixty delegates who also participated in workshops to discuss how they could contribute. The feedback from these workshops had been shared with local tobacco alliances.</p> <p>Ann Calman congratulated everyone involved in the service for the continued success. She was concerned about the SHA imposing a further target, but Tricia Cresswell assured the Boards that she was comfortable with the target that had been negotiated.</p> <p>Discussion followed which focused on the difficulty of obtaining</p>	

vi.	<p>accurate quit rates, and the work that was being undertaken to ensure payments to practices and pharmacist across the cluster were equal.</p> <p>The Boards;</p> <ul style="list-style-type: none"> • noted the progress and excellent performance achieved by the stop smoking service in: <ul style="list-style-type: none"> - achieving/surpassing local delivery plan (LDP) targets and LAA targets, and - achieving some of the highest quit rates nationally per 100,000 population, • noted that the service would be under pressure over the following three years to achieve new targets and perform on all the core quality outcomes stipulated by the DH, and • agreed to be advocates for tobacco control by maintaining the high profile of tobacco control and encouraging and supporting the continuation of the effective delivery of tobacco control alliance work. 	
<p>CD&D JB08/10</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>	<p>County Durham and Darlington Local Area Agreement (LAA) Updates</p> <p>Anna Lynch, Locality, Director of Public Health (County Durham) presented the report on progress and priorities identified by the two respective Local Area Agreements (LAAs) 2008/11 for both CDPCT and DPCT. The LAAs was the delivery programme for the Sustainable Community Strategy (SCS) which aimed to improve local services and increase economic prosperity for local people. It was a three year rolling agreement with the most pressing priorities agreed via the respective Local Strategic Partnerships (LSPs).</p> <p>A prioritised set of performance indicators would be the only measures on which central government would performance manage the LAAs. All indicators (up to 35 negotiated indicators and 16 statutory education and early years indicators, and local indicators) would be considered as a single suite of targets which drive improvements to local services and the local economy.</p> <p>Tricia Cresswell advised that DPCT's Board had already received information on the Darlington LAA and Miriam Davidson would be leading on the Health theme in Darlington. There had been a timing issue as the LAAs were due for ministerial sign off at the end of June and the Annual Operating Plan had to be agreed sooner. However, work had been undertaken to ensure that the LAA had been considered under each of the AOP themes.</p> <p>The Boards;</p> <ul style="list-style-type: none"> • noted the detailed priorities of their respective Local Area Agreements as detailed in the appendices, subject to some further minor amendments, 	

	<ul style="list-style-type: none"> noted the requirement to ensure that the PCTs' joint Annual Operating Plan clearly took account of the priorities and targets of the respective Local Area Agreements, and noted the potential to attract additional funding from the respective Area Based Grants. 	
<p>CD&D JB08/11</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p> <p>v.</p> <p>vi.</p>	<p>Safeguarding Children in County Durham and Darlington in 2007/08</p> <p>Diane Richardson, Designated Nurse Child Protection presented the annual report which provided assurance in relation to the current safeguarding children arrangements across County Durham and Darlington. Safeguarding children was potentially a high risk area for the PCTs during the reconfiguration process and therefore it was essential that safeguarding children systems remained robust during that time.</p> <p>The workload of the safeguarding children service remained high and continued to increase. The monitoring of the action plans from the serious case reviews would continue, ensuring that the recommendations were implemented. Diane explained the process and timescales involved in the reviews. Diane was pleased to report that the Looked After Children service was highlighted within the recent Joint Area Review (JAR) of County Durham as an outstanding service.</p> <p>Tricia Cresswell advised that the number of serious case reviews remained relatively consistent in terms of the numbers killed, but because of the changes in criteria, more case reviews were undertaken. In terms of fatal child abuse, the numbers were consistent both regionally and nationally year on year.</p> <p>Sandra Pollard commented that the report had been timely given that both Boards had attended a seminar earlier that day on Corporate Manslaughter delivered by Jeffrey Keeble from Wardhadaway.</p> <p>Ann Calman expressed her congratulations on the results of the County Durham JAR and thanked all staff and partner agencies involved.</p> <p>The Boards;</p> <ul style="list-style-type: none"> received the Annual Report, noted the additional workload created by expanding public protection arrangements, Assessment, Intervention and Moving on (AIM) and Multi-Agency Risk Assessment Conferencing (MARAC) meetings, noted the progress on implementation of action plans following serious case reviews (detail provided in the private section), noted the progress on the work programme for 2007/08, and endorsed the work programme for 2008/09. 	

CD&D JB08/12	Performance Report	
i.	Brian Key, Director of Performance and North East Offender Health Commissioning presented the Performance Report and highlighted the following areas.	
ii.	<p><i>Performance Scorecard</i></p> <p>Brian advised that of the 56 indicators, 51 related to the Healthcare Commission's Annual Healthcheck and he was pleased to report the following, encouraging position with 39 'greens' and 3 'ambers' for DPCT and 34 for 'greens' and 5 'ambers' for CD PCT. More recent data was indicating a greater number of 'greens' for both organisations. Of the nine key target areas that had been identified as requiring remedial action (with the exception of the targets on Choose and Book and MRSA) it was forecast that these would be achieved.</p>	
iii.	<p><i>Performance Exception Report including 'Vital Signs'</i></p> <ul style="list-style-type: none"> • A&E - Brian advised that the target for patients to be seen within four hours in Accident and Emergency was an ongoing challenge, but the latest information for County Durham and Darlington Foundation Trust was that this was back on track. • 18 weeks from referral to treatment target – both organisations were expected to achieve the March milestone target and Brian congratulated Ian Makinson and his team for their exceptional effort in validating the data underpinning this target. • MRSA – both organisations had failed on this target earlier in the year but over the previous two months, the rate for both organisations had been the best in the region. • Audiology – significant progress had been made in this area reducing the waiting list from approximately 2,500 patients to almost zero. • Vital Signs – these were the measures with which to demonstrate how well the PCT's were performing. The new NHS Operating Framework introduced this new approach to planning and managing the National priorities and those the PCT classed as local imperatives. Approval on the draft proposals by the SHA was awaited. 	
iv.	<p><i>Update on Fitness for Purpose</i></p> <p>The update detailed the work undertaken by CDPCT and DPCT to address the top ten priority areas as identified in the fitness for purpose review carried out during 2006. It was unclear whether this would continue to be a requirement with the introduction of World Class Commissioning, but the position, which was very positive, would continue to be monitored until further guidance was received.</p>	
v.	Colin Morris stated that the PCT owed a debt to Brian for his successful management approach to performance and in particular,	

	the achievement of the 18 week target.	
vi.	The Board noted the current performance and the forecast out-turn.	
CD&D JB08/13	Annual Operating Plan (AOP) including Financial Schedules	
i.	Cameron Ward, Director of Commissioning and Market Development presented a report on progress in the development of the CDPCT and DPCT 2008-2009 Operational Plan. The plan incorporates the recommendations of the North East Specialised Commissioning Group (NESCAG) for investment in specialised services in 2008/09. Cameron explained in detail the process that had been undertaken in the development of the AOP.	
ii.	Also attached to the report were the draft DPCT prospectus and the draft CDPCT prospectus. The documents' purpose was to summarise the AOP as an explanation to members of the public and also signalled to a range of providers the range of new services providers might like to provide in the future.	
iii.	Colin Morris commended Cameron and his team for the work undertaken in the development of the AOP. There had been some concerns expressed about the level of input by Darlington staff into the AOP but Colin reassured the Board that there had been significant input by Darlington staff and this would continue to be the case. Indeed, the Strategic Health Authority (SHA) had regarded the process undertaken by CDPCT and DPCT as the most robust across the SHA area.	
iv.	Pat Taylor reported that the SHA had requested that Deloitte, external auditors, worked with all PCTs to review their AOP in terms of the financial implications and this should provide further assurance to both Boards on the process undertaken.	
v.	There was some discussion about how the prospectuses would be distributed. It was suggested that if they were to be delivered to every household, then the opportunity should be taken to include some additional information and key messages such as access to emergency care. Cameron requested any further suggestions on the content of the prospectuses be forwarded by the following Monday.	
vi.	The Boards; <ul style="list-style-type: none"> • approved the AOP for County Durham PCT and Darlington PCT. • noted the next steps in producing programme specific delivery plans for each PCT, • noted the content of the PCT prospectuses, and • noted the specialised service investments. 	
CD&D JB08/14	Financial Performance as at 29 February 2008	
i.	Pat Taylor, Director of Finance presented the financial position at the	

	<p>end of month eleven (29 February 2008) in the current financial year, and the forecast outturn position for the year for both organisations, which was that control totals set by the SHA would be achieved.</p> <p>ii. It was noted that within the CDPCT report, the PCT would under-spend on the Capital Resource Limit due to delays with the purchase of the two community hospitals. However, this would not result in a breach of the control totals.</p> <p>iii. DPCT Board noted its financial position at the end of month eleven which was an under-spend of £120k on an annual budget of approximately £151m, with a forecast outturn of £200k under-spend.</p> <p>iv. CDPCT Board noted its financial position at the end of month eleven, which was an under-spend of £870k on an annual budget of £775.8m and a forecast outturn of £950k under-spend.</p>	
<p>CD&D JB08/15</p> <p>i.</p> <p>ii.</p>	<p>Standards for Better Health Declarations Update</p> <p>Amanda Hume, Director of Workforce & Corporate Development advised that progress was continuing to be made on the declarations for both organisations.</p> <p>The final drafts would be discussed at the next meeting of each of the respective Boards before the final submission of the declaration by 30 April 2008.</p>	
<p>CD&D JB08/16</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p> <p>v.</p>	<p>Governance Issues</p> <p>The Commissioning Committee minutes from the meetings held on 9 January 2008 & 13 February 2008 were received.</p> <p>The Estates & Capital Committee minutes from the meeting held on 23 November 2007 were received.</p> <p>The Joint HR Committee minutes from the meeting held on 21 November 2007 were received.</p> <p>The Provider Committee minutes from the meeting held on 21 December 2007 were received.</p> <p>The minutes from the North East Specialised Commissioning Group Minutes from the meetings held on 14 December 2007 and 7 February 2008 were received.</p>	
<p>CD&D JB08/17</p> <p>i.</p>	<p>Other Business</p> <p><i>Home Enteral Feeding Virement Tender and Improvements to Support Services</i></p> <p>Helen Suddes, Assistant Director of Specialist Services was in attendance for this item.</p>	

<p>ii.</p> <p>iii.</p> <p>iv.</p>	<p>Pat Taylor advised that when a contract value exceeds £1m, Board approval was required before the contract could be tendered. The contract for home enteral feeding would be let for a four year period at a total value of approximately £3.3m for the life of the contract. This exceeded the standing order requirement of £1m, hence the requirement for Board approval. It was proposed to offer the contract to Nutricia which had offered the lowest tender price, in addition to having been the supplier for the previous three years and had provided an extremely satisfactory service.</p> <p>Pat advised that some confusion with the process was the reason why the document had been tabled, hence the deadline to award the tender was very tight.</p> <p>The Boards approved the award of the contract to Nutricia for a period of four years with an option to extend by a further year.</p>	
<p>CD&D JB08/18</p>	<p>Date and time of next meeting:</p> <p>The next meeting of the individual Boards were scheduled to take place as follows.</p> <p>Darlington PCT Extraordinary Board meeting – 1.00pm, Thursday 17 April 2008, Conference Room A, Morton Business Park, Darlington.</p> <p>County Durham PCT Board meeting – 2.00pm, Tuesday 22 April 2008, Penthouse A&B, Collingwood College, Durham University.</p>	

Signed

Dated