

Agenda **Part 1**
Meeting held in public

Meeting title: **Northern CCG Joint Committee**

Date: **Thursday 2 May 2019**

Time: **2.00pm – 2.30pm**

Location: **The Durham Centre, Belmont, Durham, DH1 1TN**

Item		Lead	Time	Paper
01	Welcome, apologies and declarations of conflicts of interest in relation to the agenda	Chair	2.00-2.05	Enclosure 01
02	Minutes and action log of previous meeting – 7 March 2019 02.1 Minutes 02.2 Actions	Chair	2.05-2.10	Enclosure 02
03	Matters arising from the previous meeting	Chair	2.10-2.15	Verbal
Items for information				
04	Northern CCG Joint Committee – Annual Report 2018/19	Chair	2.15-2.20	Enclosure 03
05	Questions from members of the public relating to specific items on the agenda	Chair	2.20-2.25	Verbal
06	Any other business	Chair	2.25-2.30	Verbal
<p><i>Date and time of next meeting: 4 July 2019</i> 2.00pm – 5.00pm The Durham Centre, Belmont, Durham DH1 1TN</p>				

Representatives of the press and other members of the public are excluded from part 2 of this 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

Northern CCG Joint Committee

Future meetings 2019

Date	Time	Venue
Thursday 4 July 2019	2.00 – 5.00pm	The Durham Centre
Thursday 5 September 2019	2.00 – 5.00pm	The Durham Centre
Thursday 7 November 2019	2.00 – 5.00pm	The Durham Centre


Register of Interests as at 16 April 2019

Name	Current position(s) held in the CCG(s)	Declared Interest (name of the organisation and nature of business)	Type of Interest					Nature of interest	Is the interest direct or indirect	Date declared	Action taken to mitigate risk
			Financial Interest	Non-financial Professional	Non-financial Personal	Indirect					
Mark Adams	Accountable Officer for Newcastle Gateshead CCG and North Tyneside CCG	Newcastle Gateshead CCG	ü				Accountable Officer	direct	Nov-17	Will declare at meetings as required	
		North Tyneside CCG	ü			Accountable Officer	direct	Will declare at meetings as required			
		Beverley Park Leisure Ltd	ü			Director	direct	Not relevant to CCG role			
		GLSKR.com Ltd	ü			Director	direct	Will declare at meetings as required			
Nicola Bailey	Chief Officer Durham, Darlington and Tees CCGs	Conflict of interest relating to Chief Officer role across five CCGs	ü				Chief Officer	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.	
Vanessa Bainbridge	Accountable Officer for Northumberland CCG	Northumbria Healthcare NHS Trust	ü				Accountable Officer Northumberland CCG/Northumbria Healthcare NHS Trust - Dual role with CCG Accountable Officer and Northumberland County Council as DASS – declarations and interest in Local Authority business Employment basis is with Northumbria Health Care NHS Foundation Trust	direct	Dec-17	Declaring an interest with current CCG role which is applicable for joint committee	
Amanda Bloor	Accountable Officer for Harrogate & Rural District CCG Hambleton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	Harrogate & Rural District CCG Hambleton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	ü				Accountable Officer	direct	Feb-19	Will declare at meetings as required	
Mark Dornan	Clinical Chair for Newcastle Gateshead CCG	Hambleton, Richmondshire and Scarborough and Rydale CCG	ü				Assistant Clinical Chair Governing Body member Executive Committee Chair	direct	Feb-18	Will be declared at meetings where relevant	
		Scarborough and Rydale CCG	ü			Partner and GP Trainer	direct				
		Academic Health Science Network		ü		Governing Body Member	direct				

		Gateshead Community Based Care	ü			Teams Medical Practice is a member	direct	Sep-18	
		Branch End Practice, Stocksfield	ü			Wife is GP Partner	indirect		
Stewart Findlay	Chief Officer Durham, Darlington and Tees CCGs	Bishopgate Medical Practice, Bishop Auckland	ü			Part owner	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		NECS Shadow Customer Board		ü		Member	direct		The person declaring the non-financial professional interest will not take part in any decision making relating to the area of interest being declared, may take part in decision making if appropriate.
		North Durham CCG			ü	Daughter is employed as Commissioning and Development Lead	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Conflict of interest relating to Chief Officer role across five CCGs	ü			Chief Officer	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
David Gallagher	Accountable Officer for Sunderland CCG	Sunderland CCG	ü			Chief Officer	direct	May-18	Will declare at meetings as appropriate
		Specsavers Peterlee		ü		Daughter is Store Manager	indirect		
David Hambleton	Accountable Officer for South Tyneside CCG	South Tyneside CCG	ü			Chief Executive	direct	Nov-17	Will declare all interests within meetings as appropriate and exclude myself from
		North of England Commissioning Support		ü		Wife employed by NECS	indirect		
Neil O'Brien	Clinical Chief Officer Durham, Darlington and Tees CCGs	Cestria Health Centre, Chester-le-Street	ü			GP Partner	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Cestria Health Centre, Chester-le-Street	ü			Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpations in which I financially benefit from	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.

		Chester-le-Street Health Ltd (GP Federation)			ü	Cestria is a member of	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.	
		County Durham and Darlington NHS Foundation Trust (CDDFT)			ü	Wife employed at CDDFT	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.	
		Conflict in relation to being Accountable Officer across five CCGs	ü				direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.	
Charles Parker	Chair for Hambleton, Richmond and Whitby CCG	Conflict in relation to being Accountable Officer across five CCGs	ü			Chair	direct	Jan-18	Declare before discussion and exclude from decision voting	
		Topcliffe Surgery	ü			GP	direct			
		South Tees NHS Foundation Trust	ü			GP in A&E	direct			
Ian Pattison	Clinical Chair for Sunderland CCG	NHS Sunderland CCG	ü			Clinical Chair	direct	May-18	Will declare at meetings as appropriate	
		Southlands Medical Group	ü			GP Partner				
			ü			Practice is a member of the Sunderland GP Alliance				
		NHS England	ü			GP Appraiser				
				ü		Wife is a locum GP	indirect			
Boleslaw Posmyk	Chair for Hartlepool and Stockton CCG and Darlington CCG	NHS Hartlepool and Stockton CCG	ü			CCG Chair/salary	direct	Nov-17	Interests will be declared at meetings as required	
		NHS Darlington CCG Havelock Grange GP Practice	ü			CCG Chair/salary	direct	Sep-18		
			ü			Profit share	direct	Nov-17		
							Income from owned practice premises			
		HAST GP Federation Rockcliffe Court Surgery, Hurworth	ü				Interest via practice shareholding in federation	Indirect		
			ü				Salaried GP	direct		Sep-18
David Rogers	Medical Director / Interim Accountable Officer for North Cumbria CCG	NHS North Durham CCG	ü			Medical Director / Interim Accountable Officer	direct	Dec-17	Will declare at meetings as appropriate	

Jon Rush	Chair for North Cumbria CCG	NHS North Cumbria CCG	ü			Chair	direct	Jan-18	Where there is a relevant decision required at the Joint Committee that affects my role as Chair of the Safeguarding Board and could deem to be a potential conflict, I will declare it and then decide what role I take in the decision making. Bearing in mind I am at the meeting in 2 roles: 1. Chair of North Cumbria CCG – which does not affect my role in Redcar 2. Chair of the joint committee – which could impact on my role but not be particularly impactful as all the decisions need to be unanimous so the chair vote does not come into particular significance
		Redcar and Cleveland Safeguarding Children Board			ü	Independent Chair - role is to hold to account all relevant statutory	direct		
Richard Scott	Clinical Chair for North Tyneside CCG	North Tyneside CCG	ü			Clinical Chair	direct	Apr-18	Will comply with the Standards of Business Conduct and Declarations of
		Marine Avenue Medical Centre, Whitey Bay (GP Practice)	ü			GP Partner and GP trainer; member of CCG Council of Practices	direct		
		Tyne Health (North Tyneside GP Federation)	ü			that is a shareholder of TyneHealth. Practice Manager is a director of TyneHealth	direct		
		Northumbria Healthcare FT			ü	Wife works as a District Nurse for Northumbria Healthcare FT	indirect		
David Shovlin	Director	NHS Northumberland CCG	ü			West Locality Director & Director for Unplanned Care	direct	Feb-18	Will declare at meetings as appropriate
		Vocare, Provider of out of hours GP services	ü				direct		
		Northumbria Healthcare NHS Trust	ü			Hospital Practitioner in Cardiology	Direct		

		Burn Brae Medical Group	ü				GP Partner	direct		
		HPCA, provider of extended hours GP access	ü				Member practice	direct		
Jonathan Smith	Clinical Chair for Durham Dales, Easington and	Durham Dales, Easington and Sedgefield CCG	ü				Clinical Chair	direct	Dec-17	All interests will be declared at meetings as appropriate
		Silverdale Family Practice, South Hetton	ü				GP Partner	direct		
		Council of Members, Durham Dales, Easington and Sedgefield CCG	ü				Representative for Silverdale Family Practice	direct		
		Academic Health Science Network		ü			Director	direct		
		South Durham Health Federation	ü				Member	direct		
Janet Walker	Clinical Chair for South Tees CCG	CCG Clinical Chair	ü				Clinical Chair	direct	Jan-18	Declaration recorded in CCG DoI and GB members aware for internal and external related business and discussions.
		Manor House Surgery, Normanby, Middlesbrough	ü				GP Partner (Practice business partnership , provider of primary care services)	direct		
Matthew Walmsley	Chair for South Tyneside CCG	Chair	ü				Chair	direct	Feb-18	Declaration and withdrawal
		Health and Wellbeing Board		ü			Vice Chair	direct		
		Marsden Road Health Centre	ü				Partner	direct		
		Houghton Medical Group	ü		ü		Wife is a Partner	indirect		
Non voting members										
Stephen Childs, Managing	 C:\Users\gillian.stanger\Desktop\DOI									Non-voting member
Ken Readshaw, Lay member		Hambleton Richmondshire Whitby CCG	ü				Governing Body member	direct	Jan-18	Non-voting member
		Scarborough and Ryedale CCG	ü				Governing Body member	direct		
		The Wensleydale School and sixth form			ü		Governing Body member	direct		

		Charlton Highdale Parish meeting			ü		Responsible financial officer	direct			
		University of York	ü				Spouse is project manager for TB and tobacco	indirect			
Feisal Jassat	Governing Body lay member	North Durham CCG	ü				Governing Body lay member	direct	Jan-18	Non-voting member	
		Durham Dales, Easington and Sedgefield CCG	ü				Governing Body lay member	direct	Aug-18		
		Wheels 2 Work Project - supporting people into work with transport option-motorbikes				ü		Trustee	direct		Aug-18
		Investing in Children County Durham				ü		Trustee	direct		Sep-18
Jon Connolly	Chief Finance Officer for North Tyneside CCG and Northumberland CCG	North Tyneside CCG	ü				Chief Finance Officer	direct	Feb-19	Non-voting member	
		Northumberland CCG	ü				Chief Finance Officer	direct			



Northern CCG Joint Committee

7 March 2019 /2.00 – 3.00pm / The Durham Centre

Part 1 - Meeting held in public

Present

CCG members		
Mark Adams	MA	NHS Newcastle Gateshead CCG and NHS North Tyneside CCG
Nicola Bailey	NB	NHS Darlington CCG NHS Hartlepool and Stockton on Tees CCG NHS North Durham CCG NHS Durham Dales, Easington and Sedgefield CCG NHS South Tees CCG
Vanessa Bainbridge	VB	NHS Northumberland CCG
Amanda Bloor	AB	NHS Hambleton, Richmond and Whitby CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Sunderland CCG
David Hambleton	DH	NHS South Tyneside
Neil O'Brien	NO'B	NHS Darlington CCG NHS Hartlepool and Stockton on Tees CCG NHS North Durham CCG NHS Durham Dales, Easington and Sedgefield CCG NHS South Tees CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Richard Scott	RS	NHS North Tyneside CCG
Jonathan Smith	JS	NHS Durham Dales, Easington and Sedgefield CCG
Janet Walker	JW	NHS South Tees CCG

Lay members (non-voting)	
Ken Readshaw	KR

In attendance		
Dan Jackson	DJ	NHS Sunderland CCG
Amanda Hume	AH	Executive Lead for System Transformation and Strategic Commissioning Development North East and North Cumbria
Michelle McGuigan	MMcG	North of England Commissioning Support (NECS)
Gavin Mankin (item 04)	GM	Northern Treatment Advisory Group (NTAG)
Gillian Stanger	GS	North of England Commissioning Support (NECS)

Members of the public	
A Bailey	Ranbaxy
C Gordon	Pfizer

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
The Chair welcomed everyone to the meeting and introduced Amanda Bloor, Accountable Officer for the three North Yorkshire CCGs.	
Apologies were received from Stephen Childs (North of England Commissioning Support), Jon Connolly (North Tyneside CCG), Stewart Findlay (NHS Darlington, NHS Hartlepool and Stockton on Tees, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS South Tees CCGs), Feisal Jassat (Lay member), Charles Parker (NHS Hambleton,	

<p>Richmondshire and Whitby CCG), Ian Pattison (NHS Sunderland CCG), Boleslaw Posymyk (NHS Hartlepool and Stockton and Darlington CCGs), David Rogers (NHS North Cumbria CCG), David Shovlin (NHS Northumberland CCG).</p> <p>The Committee's register of Interests was received.</p>	
<p>02 Minutes and action log of previous meeting (10 January 2019)</p>	
<p>The minutes of the meeting held on 10 January 2019 were accepted as an accurate record,</p> <p>The action log was updated.</p>	
<p>03 Matters arising from the previous meeting (and action log)</p>	
<p>03.1 Specialised Services Place Based Commissioning It was noted that discussions were on-going and the action notes from a recent meeting would be circulated to members.</p> <p>03.2 Collaboration with the Academic Health Science Network (AHSN) North East North Cumbria MD noted the AHSN had advised that the vacant places on its Board were for CCG members only; they had therefore not accepted the nomination for a NECS representative to become a member.</p> <p>Decision: David Gallagher volunteered to be a member of the Board, alongside Janet Walker who had been nominated at the last meeting and this was agreed.</p>	<p>GS</p>
<p>04 Review of Northern Treatment Advisory Group (NTAG) Terms of Reference / receive Annual Report</p>	
<p>Gavin Mankin (GM) introduced the report and highlighted the proposed changes to the NTAG Terms of Reference. NTAG was also seeking confirmation and clarity on its accountability arrangements in the light of changing NHS structures and accountability/decision making processes within the region; whether there was still a place and role for NTAG in light of the creation of Regional Medicines Optimisation Committees and, if so, some clarity on the remit of NTAG.</p> <p>MA asked whether, as NTAG was increasingly being asked to issue recommendations on prescribable devices, there might be the opportunity to review patient representation on the group. The difficulties in supporting patient representatives on clinical groups were recognised and the gap existed as there was no longer a Healthwatch representative on NTAG.</p> <p>Action: GM would contact Heathwatch to see if a replacement could be identified However, it was noted that information and patient views on relevant items were obtained in advance of meetings. RS noted patient representatives could also be recruited from existing GP Practice and CCG patient participation groups.</p> <p>Decisions :The Joint Committee decided the following:</p> <ul style="list-style-type: none"> - Confirmed there was still a place and role for NTAG in light of changing NHS structures and accountability/decision making processes within the region - Confirmed that NTAG would continue to be accountable to the Northern CCG Joint Committee - Approved the updated NTAG Terms of Reference - Received the NTAG Annual Report 2018 	

05 Governance update – remit of the Joint Committee

The Chair noted a small group had met on 11/2/19 and 29/2/19 to consider the proposed matrix and flowchart which could potentially expand from medical pathways to policies and procedures. Albeit, whilst the group accepted the need for pathways, there had not been the appetite to progress the proposed matrix to policies and procedures proposal.

The Committee discussed its remit which covered learning from elsewhere. AB expanded on the remit of the West Yorkshire and Harrogate ICS Joint CCG Committee, the decision-making process, infrastructure and workplan, and noted that decisions were now starting to be made across the patch.

The Committee then discussed the potential flowchart to identify ICS-level commissioning issues in the North East and North Cumbria, together with the associated scoring criteria, and noted the following points:

- Whether the potential flowchart might be used to set the annual workplan
- A point of clarity on the flowchart which DJ would correct and to change the work 'issues' to 'decisions'
- 'servant and place' model – starting with 'can this be done at place?' and only progressing to the pyramid model (shown in the presentation) where this would add value
- On what grounds should the question 'is this an area of service vulnerability that affects more than one ICP?' be answered
- Taking account of the work done as a system pre-ICS (STP workstreams)
- Noting the areas which the ICS is progressing e.g. urgent and emergency care, learning disabilities
- The use of the matrix for policy work e.g. taking account of the work already underway to align contracts

The proposed governance flowchart for issues delegated to ICS-level was also considered. AB noted in West Yorkshire and Humber, the Joint Committee developed its work programme as commissioners (endorsed by Governing Bodies/Council of Members) and did not engage with providers (who have their own work programme) on this. This differed to the Joint Committee's remit which would only consider items referred to it by the Health Strategy Group (HSG) with more focus on partnership working.

There was general agreement for the proposed approach which could now be built into the Committee's Terms of Reference which would also be reviewed and would reflect primacy of 'place' and desire to work as a system.

Decision: to utilise the matrix, with small amendments, as the basis for the topics/areas that the Committee would consider and build this into the revised Terms of Reference.

However, this did not provide the Committee with an annual work programme and it would therefore meet bi-monthly when there was a decision to be made (recognising that the work previously undertaken by the Northern CCG Forum was now being picked up by the ICPs and Health Strategy Group).

06 Feedback from 'Integrated governance regional meeting'

The Chair noted that the event had been hosted by Sir John Burn, Chair of Newcastle Hospitals, who provided an update for Chairs, CCG lay members and Foundation Trust non-executive directors on progress within the system, and Alan Foster, ICS Executive Lead, North East and North Cumbria ICS. The keynote address was from The Rt Hon Alan Milburn who noted that dealing with ambiguity made it hard to turn that into execution. He highlighted things to change – mindset and behaviours' legislation won't be until 2022, new capabilities – sharing of data analytics; tackling health inequalities; changing relationships with citizens, advising and supporting them to be active and take care of themselves. A legal update was provided by Robert McGough.

There followed a governance discussion which noted the need to set up a Partnership Board for the ICS. The Chair would be working with Neil Mundy of South Tyneside Foundation Trust and

<p>others to develop some proposals around this. This 'board' could be more of an assembly as it would have no statutory powers.</p> <p>Brendan Foster closed the event, highlighting the use of 'Great North' as brand to be used going forward and his vision to get citizens more active.</p>	
<p>07 Questions from members of the public relating to specific items on the agenda</p>	
<p>A member of the public asked how the Committee might share some of the complex discussions which took place with the public. He noted a meeting of Sunderland CCG which had been live-streamed on Facebook. DG noted that there had been a lot of public interest in that particular meeting; some analysis of number of viewings had been undertaken but not in detail. It was noted that a number of local authorities also live-streamed their public meetings, as did NHS England.</p> <p>Action: DG to circulate basic details of Livestream costs/logistics to Committee members</p>	DG
<p>08 Any Other Business</p>	
<p>There was no other business.</p>	

Representatives of the press and other members of the public were excluded from part 2 of this 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

Date and time of next meeting:

**Thursday 2 May 2019
2.00pm
The Durham Centre**

Joint CCG Committee for Cumbria and the North East – Action log (completed actions shown in be greyed out section)

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
1	6.9.18	Specialised Commissioning Strategy Group Provide supporting information seeking volunteers for CCG representatives from each ICP area. RC to review what out-of-hospital provider representative role might involve and circulate information to members to consider nominations. RC to link in with CCG PPI members across the region to seek a representative	Robert Cornall/ all to respond	14.9.18	Update provided by Robert Cornall 13.12.18 – There is a meeting with the Trusts and Commissioners involved on 17 December which will agree next steps and these actions will then be finalised. Meeting had taken place and a note of the key points would be obtained. Notes on agenda 07.03.19	Notes circulated outwith meeting 8.3.19 - complete
2	7.3.19	Review of Northern Treatment Advisory Group Terms of Reference Contact Heathwatch to see if a replacement could be identified	Gavin Mankin	Not specified		
3	7.3.18	Live-streaming of public meetings Circulate basic details of Livestream costs/logistics to Committee members	David Gallagher	asap	Circulated 13.3.19	Complete

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	11.1.19	Review Terms of Reference Establish working group to review ToR – email CCGs for representatives to join group.	DJ	Not specified	On agenda 07.03.19	Complete

Northern CCG Joint Committee

Date of meeting: 2 May 2019

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Northern CCG joint Committee – Annual report 2018/19

Purpose of report (brief description):

To receive the Joint Committee's Annual report for 2018/19.

Recommendations:

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee:

To receive the report.

Sponsor: Jon Rush

Report Author: Gillian Stanger

Job Title: Business Support Manager, North of England Commissioning Support (NECS)

Date: 8 April 2019

Chair's foreword

The Northern CCG Joint Committee (hereafter referred to as 'the Joint Committee'), established in October 2017, has continued to meet regularly during 2018/19 and is guided by the following principles:

- Securing continuous improvement to the quality of commissioned services to improve outcomes for patients with regard to clinical effectiveness, safety and patient experience
- Promoting innovation and seeking out and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice within its commissioned services, which add value in relation to quality and productivity.
- Developing strong working relationships with clear aims and a shared vision putting the needs of the people we serve over and above organisational interests
- Avoiding unnecessary costs through better co-ordinated and proactive services which keep people well enough to need less acute and long term care.

The Joint Committee's Terms of Reference state it will 'make decisions on subjects recommended to it by the Northern CCG Forum which will develop an annual work plan for the Joint Committee to be approved by each of the CCGs as part of the annual review of the Terms of Reference. These will be confined to issues that pertain to all CCG areas in Cumbria and the North East (and, where appropriate, Hambleton, Richmondshire and Whitby) namely the commissioning of:

- Specialist acute services
- 111 services'

However, in May 2018 the Northern CCG Forum agreed that it should be stood down and that its business should be transferred to the Joint Committee with a recommendation that it meets more frequently (bi-monthly). The Joint Committee agreed to integrate the Forum's work at its meeting in May 2018 and it has continued to evolve since that time.

Throughout the year, the Joint Committee routinely discussed governance proposals to support the shared ambition of the NHS organisations in Cumbria and the North East (CNE) to become an Integrated Care System (ICS).

Jon Rush
Chair

1. Membership

Membership of the Joint Committee comprises the following Clinical Commissioning Groups (CCGs):

NHS Darlington CCG	NHS Durham Dales, Easington & Sedgefield CCG
NHS Newcastle Gateshead CCG	NHS Hambleton, Richmondshire & Whitby CCG
NHS North Cumbria CCG	NHS Hartlepool and Stockton-on-Tees CCG
NHS North Durham CCG	NHS Northumberland CCG
NHS North Tyneside CCG	NHS South Tees CCG
NHS South Tyneside CCG	NHS Sunderland CCG

Voting membership of the Joint Committee comprises the Chair and Chief Officer from each member CCG (or a nominated deputy) and each CCG is entitled to exercise one vote as required.

There are also two (non-voting) lay members of CCGs on the Joint Committee, one of whom is also the Vice-Chair.

The Managing Director of North of England Commissioning Support (NECS), Chair of the Cumbria and North East CCG Chief Finance Officers' Group and Head of Strategic CCG Development also attend meetings of the Joint Committee in a non-voting capacity.

Meetings

Public meetings of the Joint Committee were held in May, July and September 2018 and January and March 2019. The meeting scheduled for November 2018 was cancelled as it was felt there was insufficient relevant business to be dealt with.

Activity and approvals 2018/19

May 2018

NHS111 and Integrated Urgent Care regional procurement

The Joint Committee noted that the North East Ambulance Service Foundation Trust would operate the new service under a five-year contract to start in October 2018. This was linked to the decision taken by the Joint Committee on 1 March 2018. (May 2018)

Terms of Reference

The Joint Committee's Terms of Reference were approved.

Appointment of Vice-Chair

The Joint Committee agreed to appoint Feisal Jassat (one of the two lay members) as Vice-Chair.

July 2018

Breast Symptomatic Services

The Joint Committee discussed the proposed model for future delivery of breast symptomatic services and agreed that appropriate engagement work, with local charities/patient groups, should take place via the Cancer Alliance on the review of breast screening services. The communications workstream to consider more general messages in relation to workforce challenges across multiple specialties. It also agreed to task the Cancer Alliance with developing a timetable for the formal review of breast screening services.

Accountability for the work would go to the Health Strategy Group and discussions would take place there prior to any recommendations coming to the Joint Committee for decision-making.

North East and Cumbria Pathology Programme

The Joint Committee noted the current position and issues for commissioners in the planning and implementation of the potential new pathology arrangements. It was supportive of finding an ICS-level solution.

September 2018

Specialised commissioning within our emerging Integrated Care System (ICS)

The Joint Committee noted the place based commissioning approach and the development of a specialised strategy group within the ICS governance framework; confirmed, in principle, nominations for the refreshed Specialised Commissioning Strategy Group; confirmed the approach of using the cardiology pathway as an exemplar project to explore opportunities and benefits of place based commissioning; agreed to consider CCG representatives to participate in scoping for the cardiology workstream at the Large Scale Change Programme and agreed for a scoping report to come back to the Joint Committee.

Sustaining quality clinical services across Cumbria and the North East (CNE)

There was a presentation 'preparing for a clinical strategy for our aspirant ICS – challenges, workforce expectations and high level themes from clinical leaders discussions 2017-18. It noted next steps to widen clinical and care conversation to understand population health needs and local priorities that underpin local and regional CNE strategy.

North of England Commissioning Support (NECS) Annual review 2017/18

The Joint Committee noted commissioning quality services and improving health outcomes; social purpose and social value, NECS as a sustainable organisation; making a difference for patients e.g. urgent and emergency care and care home bed capacity tracker; re-investment of surplus into CNE and IT infrastructure.

January 2019

Collaboration with the Academic Health Science Network (AHSN)

The Joint Committee agreed to nominate Janet Walker and a NECS representative to be members of the AHSN Board (it was subsequently agreed at the March meeting that David Gallagher would be the second CCG representative). The Joint Committee also noted the key work programmes in the AHSN and to explore opportunities for greater engagement. CCGs would also consider accessing the Technology Transfer Funding.

Local non-executive community networks

CNE had been successful in its application for funding to develop a local Integrated Care System (ICS) network for lay members and non-executive directors. Match-funding had been secured and a project team had been established to develop a co-ordinated approach to a Lay Member Network and avoid duplication.

New Accountable Officer arrangements for the South CCGs

The Joint Committee noted the new arrangements and acknowledged that its Terms of Reference would need to change to take account of the changes to membership, ICS governance and the lack of any legislation, the need for clarity around delegated decision-making, the need for a workplan and the recently publicised Long Term Plan. A small working group would be established to take this forward.

March 2019

Northern Treatment Advisory Group (NTAG)

The Joint Committee confirmed there was still a place and role for NTAG in light of changing NHS structures and accountability/decision making processes within the region. It also confirmed that NTAG would continue to be accountable to the Joint Committee, approved its updated Terms of Reference and received its Annual Report 2018.

Remit of the Joint Committee

The Committee discussed its remit and a potential flowchart to identify ICS-level commissioning issues in the North East and North Cumbria and agreed a proposed approach to be built into its Terms of Reference which would also be reviewed and would reflect primary of 'place' and desire to work as a system.

Development sessions and other key areas of discussion

These included:

- Discussions on the future focus of the Committee
- Regular reports and minutes of the NECS Shadow Customer Board
- A report on the Regional Back Pain Pathway
- Updates on the use of Avastin for patients with wet age-related macular degeneration (AMD)
- Health and Justice secondary care – proposed revised arrangements for the commissioning of healthcare for all those detained in custody within Her Majesty's Prisons.
- Breast Screening Services
- Future commissioning of Cancer Services
- Primary Care Research Strategy (all CCGs confirmed their support for the Strategy outwith meetings)
- Review of Individual Funding Requests (IFRs)
- Value Based Commissioning (VBC)