

## Northern CCG Joint Committee

6 September 2018 / 1.30 – 2.50pm / The Durham Centre

### Part 1 - Meeting held in public

#### Present

<b>CCG members</b>		
Mark Adams	MA	NHS Newcastle Gateshead CCG and NHS North Tyneside CCG
Nicola Bailey	NB	NHS North Durham CCG and NHS Durham Dales, Easington and Sedgefield CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
Stewart Findlay	SF	NHS Durham Dales, Easington and Sedgefield CCG
David Gallagher	DG	NHS Sunderland CCG
David Hambleton	DH	NHS South Tyneside
Andrea Jones	AJ	NHS Darlington CCG and NHS Hartlepool and Stockton on Tees CCG
Neil O'Brien	NO'B	NHS North Durham CCG
Charles Parker	CP	NHS Hambleton, Richmond and Whitby CCG
Ian Pattison	IP	NHS Sunderland CCG
Boleslaw Posmyk	BP	NHS Hartlepool and Stockton CCG and NHS Darlington CCG
Janet Probert	JP	NHS Hambleton, Richmondshire and Whitby CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Richard Scott	RS	NHS North Tyneside CCG
David Shovlin	DS	NHS Northumberland CCG
Jonathan Smith	JS	NHS Durham Dales, Easington and Sedgefield CCG
Janet Walker	JW	NHS South Tees CCG
Ali Wilson	AW	NHS Darlington CCG and NHS Hartlepool and Stockton on Tees CCG

<b>Lay members (non-voting)</b>		
Feisal Jassat	FJ	
Ken Readshaw	KR	

#### In attendance

Mary Bewley	MB	North of England Commissioning Support (NECS)
Stephen Childs	SC	North of England Commissioning Support (NECS)
Robert Cornall	RC	NHS England
Chris Gray	CG	NHS England
Dan Jackson	DJ	NHS Sunderland CCG
Mark Pickering	MP	NHS Durham Dales, Easington and Sedgefield CCG
Gillian Stanger	GS	North of England Commissioning Support (NECS)

#### Members of the public

Amy Fishburn	DAC Beachcroft LLP
Chris Gordon	Pfizer
James Heels	EMIS Health
Richard McMann	Learning and Wellbeing CIC
Angus McCall	Pfizer
Carolyn Smith	Pfizer

Minutes	Action
<b>01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda</b>	
<p>Welcome and introductions were carried out.</p> <p>Apologies were received from Amanda Hume (South Tees CCG), David Rogers (North Cumbria CCG) and Matthew Walmsley (South Tyneside CCG).</p> <p>The Committee's register of Interests was received.</p> <p>BP declared an additional interest as Clinical Chair of Darlington CCG and a salaried GP in a Darlington practice.</p> <p>MD and FJ also had additional interests which would be added to the register.</p>	
<b>02 Minutes and action log of previous meeting (5 July 2018)</b>	
<p>The minutes of the meeting held on 5 July 2018 were accepted as an accurate record.</p> <p>The action log was updated as follows:</p>	
<b>03 Matters arising from the previous meeting</b>	
<p>There were no matters arising from the previous meeting.</p>	
<b>04 Specialised Commissioning within our emerging ICS</b>	
<p>Robert Cornall (RC) gave a presentation which gave an overview of place based planning (pbp); services and the potential for pbp; commissioning options; proposed arrangements within the Integrated Care System (ICS); proposed membership of the Specialised Commissioning Strategy Group; cardiology pathway as an 'exemplar' project' and next steps.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>- Discussion at the Health Strategy Group (HSG) had noted providers were to have more of a leadership role in specialised commissioning;</li> <li>- Cardiology project – to sit within strategy board as decision-making across the whole pathway is currently lacking; a working group would review certain aspects due to the complexities involved;</li> <li>- The need for a whole system view and to recognise the impact of each end of the system</li> <li>- A suggestion to review of the National Service Frameworks (NSFs) to identify what may not need to change, and</li> <li>- The Oversight Group should be viewed as any of the other workstreams within the ICS</li> </ul> <p>The proposed membership of the Specialised Commissioning Strategy group was discussed and was agreed in principle subject to the following:</p> <ul style="list-style-type: none"> <li>- There should be one commissioning representative from each ICP area - RC to provide supporting information to be circulated to members seeking volunteers – for response by 14 September.</li> <li>- Lay representatives – there is currently one representative (from a finance perspective) and it would be useful for there to be a second, from a patient and public involvement (ppi) perspective. RC would link in with CCG PPI members across the region to seek a representative.</li> <li>- There should be an out-of-hospital provider representative on the group and RC would review what this role might involve and circulate information to Committee members to consider nominations</li> </ul> <p>The Committee then considered the recommendations and agreed to:</p>	<p>RC</p>

<ul style="list-style-type: none"> <li>• note the place based commissioning approach and the development of a specialised strategy group within the ICS governance framework</li> <li>• confirm, in principle, nominations for the refreshed Specialised Commissioning Strategy Group (subject to the paragraph above)</li> <li>• confirm the approach of using the cardiology pathway as an exemplar project to explore opportunities and benefits of place based commissioning</li> <li>• consider CCG representatives to participate in scoping for the cardiology workstream at the Large Scale Change programme in Leeds (26<sup>th</sup> and 27<sup>th</sup> September)</li> <li>• agree for a scoping report to come back to the Joint CCG committee early in the new year.</li> </ul>	
<p><b>05 Sustaining quality clinical services across CNE</b></p>	
<p>Chris Gray (CG) presented 'preparing for a clinical strategy for our aspirant ICS) - challenges, workforce expectations and high level themes from clinical leaders discussions 2017-18.</p> <p>The following points were made:</p> <ul style="list-style-type: none"> <li>- opportunities to look at the whole health inequality agenda and using NECS to bring population health into the conversations</li> <li>- whilst recognising the need for a strategy, the focus over the next 6-12 months would be on big engagement events, a summary of which would go to senior leaders to agree strategic priorities</li> <li>- the importance of timescales – engagement events would be taking place at the same time as organisations are having to respond to service requirements and the 'here and now'.</li> </ul> <p>The Committee noted the next steps to widen clinical and care conversation to understand population health needs and local priorities that underpin local and regional (CNE strategy).</p>	
<p><b>06 Communications and engagement for integrated health and care</b></p>	
<p>Mary Bewley (MB) gave a presentation on communications and engagement for integrated health and care which covered aims, objectives, challenges, collaborative approach and progress. Comments included:</p> <ul style="list-style-type: none"> <li>- FJ highlighted the omission of CCG lay representatives (and similar posts within Foundation Trusts) in the approach and this was noted by MB.</li> <li>- The importance of clinical engagement in relation to contact with the public</li> <li>- The need for appropriate messages and use of language when engaging with local communities</li> </ul> <p>CG then highlighted a request from the Cancer Alliance seeking a CCG to take the lead and work with them and MB on the engagement aspects of developing a sustainable model for breast services for future delivery. The Committee asked for more information as to the requirements and CG agreed to circulate a briefing which CCGs could discuss with their cancer leads and respond by 14<sup>th</sup> September.</p>	<p>CG</p>
<p><b>07 Governance update</b></p>	
<p><b>05.1 CCG Constitutions</b></p>	
<p>The report detailing the current position in relation to amended CCG Constitutions was received and noted.</p> <p>All approval letters now received from NHSE, with the exception of Sunderland who were working through the detail. It was noted that the changes contained reference to the Northern CCG Forum which no longer exists.</p>	
<p><b>08 NECS' Annual Review 2017/18</b></p>	
<p>Ali Wilson and Stephen Childs presented the NECS' Annual review and highlighted –</p>	

<p>commissioning quality services and improving health outcomes; social purpose and social value, NECS as a sustainable organisation; of the five remaining CSUs, NECS was the only one operating as a shadow Customer Interest Company (CIC); making a difference for patients – UEC and care home bed capacity tracker; re-investment of surplus into CNE; IT infrastructure (reference cyber attack).</p> <p>The report was received.</p>	
<p><b>09 Questions from members of the public relating to specific items on the agenda</b></p>	
<p>There were no questions from members of the public.</p>	
<p><b>10 Any Other Business</b></p>	
<p><b>10.1 Ali Wilson</b></p>	
<p>The Chair noted Ali Wilson’s forthcoming retirement and, on behalf of the Joint Committee, thanked her for her support and commitment not only within her own CCG geographical area but to the wider CNE area.</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 1 November 2018**

**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	<b>Specialised Commissioning Strategy Group</b> 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.	
2	6.9.18	<b>Cancer Alliance - Communications and engagement for integrated health and care</b> CG to circulate briefing on requirements for a CCG to take the lead and work with the Alliance on the engagement aspects of developing a sustainable model for breast services for future delivery.	Chris Gray/ all to respond	14.9.18		
<b>Actions from Northern CCG Forum meeting held on 3 May 2018</b>						
1	3.5.18	<b>Better care for heart attacks</b> Feed back from event involving involve Cardiology colleagues, commissioners and the CVD Network.	DG	July meeting (Joint Committee)	Update 5.7.18 DG to feed back to DJ following Cardiology event to take place on 3 October. Event on cardiology pathway to take place December – DG to feedback following this.	

## Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
<b>Completed actions – Northern CCG Joint Committee</b>						
1	04.01.18	<b>Cumbria and the North East Specialised Commissioning Strategy</b> 1. develop a Specialised commissioning work programme which would link in to the vulnerable services workstream and which would go to the Northern CCG Forum for consideration in the first instance then to this Committee in April. 2. Submit paper to the Northern CCG Forum regarding the process for delegation of the specialised commissioning budget to CCGs by 2019.	LR  LR	Feb/March Northern CCG Forum Joint Committee meeting April	LR suggested this was postponed until after a presentation was given to the CNE Health Strategy Group – update awaited and LR has now retired.  Update 06.07.18 – item deferred to September	<b>Complete</b>

	03.05.18	Contact Penny Gray with a view to arranging an update report to either this Committee or the Leadership Forum.	DJ		meeting On agenda 06/09/18	
2	05.07.18	<b>Integration of Northern CCG Forum business</b> <ol style="list-style-type: none"> <li>1. Review minutes of previous meetings over the last year and discuss any outstanding business with NO'B.</li> <li>2. DG to discuss with members of the Contract group how they wanted to work on relevant issues going forward (e.g. on an exception basis).</li> <li>3. Send SC details of business support required for the Committee for SC to discuss internally within NECS.</li> </ol>	JR/DJ/GS DG JR/SC		No items of outstanding business identified  Information sent to JR 06.07.18. JR sent to SC.	

## Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
<b>Completed actions – Northern CCG Forum</b>						
1	3.5.18	<b>Common approach to ETCs</b> Discuss with Shona Haining possibility of arrangement with providers to identify at the beginning of each year what their programmes of research were likely to be, together with an estimation of costs.	AW	July meeting (Joint Committee)	NHSE update emailed with advice to feed comments/concerns to Shona Haining to raise with national team  Update 5.7.18 – KH to circulate information re new national process which included top-slicing arrangements.  Information on national position circulated 15/08.18	Complete          On forward plan