



## 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	
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#### 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
<b>01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda</b>	
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>	
<b>02 Minutes and action log of previous meeting (10 January 2019)</b>	
<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>	
<b>03 Matters arising from the previous meeting (and action log)</b>	
<p><b>03.1 Specialised Services Place Based Commissioning</b> It was noted that discussions were on-going and the action notes from a recent meeting would be circulated to members.</p> <p><b>03.2 Collaboration with the Academic Health Science Network (AHSN) North East North Cumbria</b> 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><b>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.</b></p>	GS
<b>04 Review of Northern Treatment Advisory Group (NTAG) Terms of Reference / receive Annual Report</b>	
<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><b>Action: GM would contact Heathwatch to see if a replacement could be identified</b> 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><b>Decisions :The Joint Committee decided the following:</b></p> <ul style="list-style-type: none"> <li>- <b>Confirmed there was still a place and role for NTAG in light of changing NHS structures and accountability/decision making processes within the region</b></li> <li>- <b>Confirmed that NTAG would continue to be accountable to the Northern CCG Joint Committee</b></li> <li>- <b>Approved the updated NTAG Terms of Reference</b></li> <li>- <b>Received the NTAG Annual Report 2018</b></li> </ul>	

### 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

others to develop some proposals around this. This 'board' could be more of an assembly as it would have no statutory powers.	
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.	
<b>07 Questions from members of the public relating to specific items on the agenda</b>	
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.	
<b>Action: DG to circulate basic details of Livestream costs/logistics to Committee members</b>	DG
<b>08 Any Other Business</b>	
There was no other business.	

**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	<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. 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	<b>Review of Northern Treatment Advisory Group Terms of Reference</b> 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
<b>Completed actions</b>						
1	11.1.19	<b>Review Terms of Reference</b> Establish working group to review ToR – email CCGs for representatives to join group.	DJ	Not specified	On agenda 07.03.19	Complete