

Northern CCG Joint Committee

5 July 2018 /1.30 – 2.45pm / 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 North Durham CCG and NHS Durham Dales, Easington and Sedgefield CCG
Siobhan Brown	SB	NHS Northumberland CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
Stewart Findlay	SF	NHS Durham Dales, Easington and Sedgefield CCG
David Gallagher	DG	NHS Sunderland CCG
Kate Hudson	KH	NHS South Tyneside CCG
Amanda Hume	AH	NHS South Tees CCG
Andrea Jones	AJ	NHS Darlington CCG and NHS Hartlepool and Stockton 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
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Jonathan Smith	JS	NHS Durham Dales, Easington and Sedgefield CCG
Janet Walker	JW	NHS South Tees CCG

Lay members (non-voting)

Ken Readshaw	KS
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In attendance

Claire Bradford (item 06)	CB	Northern Cancer Alliance
Stephen Childs	SC	North of England Commissioning Support (NECS)
Liane Cotterill (item 07)	LC	North of England Commissioning Support (NECS)
Alison Featherstone (item 06)	AF	Northern Cancer Alliance
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)
Barbara Sword (item 07)	BS	North of England Commissioning Support (NECS)

Members of the public

Lynn Hanratty	Bayer
Carolyn Smith	Pfizer

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
Welcome and introductions were carried out.	
Apologies were received from David Hambleton (South Tyneside CCG), Feisal Jassat (Lay member), Janet Probert (Hambleton, Richmondshire and Whitby CCG), David Rogers (North Cumbria CCG), Richard Scott (North Tyneside CCG), David Shovlin (Northumberland CCG),	

<p>Matthew Walmsley (South Tyneside CCG), Ali Wilson (Darlington CCG and Hartlepool and Stockton CCG)</p> <p>The Committee's register of Interests was received.</p>	
<p>02 Minutes and action log of previous meeting (3 May 2018)</p>	
<p>The minutes of the meeting held on 3 May 2018 were accepted as an accurate record.</p> <p>The action log was updated as follows:</p> <p>02.1 CNE Specialised Commissioning Strategy This item was to be deferred to the September meeting.</p>	
<p>03 Matters arising from the previous meeting</p>	
<p>AJ noted that Boleslaw Posmyk had replaced Alison McNaughton-Jones as Chair of NHS Darlington CCG.</p>	
<p>04 Northern CCG Forum</p>	
<p>04.1 Report on integration of business</p>	
<p>(a) Frequency of meetings To take place on the first Thursday of alternate months.</p> <p>(b) Minutes and outstanding actions JR, DJ and GS would review minutes of previous meetings over the last year and discuss any outstanding business with NO'B.</p> <p>(c) Sub-groups</p> <ol style="list-style-type: none"> 1. Contract Group – The Committee agreed this would be stood down in its present form. DG would discuss with members of the group how they wanted to work on relevant issues going forward (e.g. on an exception basis). 2. CFO Group – The Committee agreed this should continue as a working group but not as a formal sub-group of the Committee. The Chair of the group would be invited to attend meetings of the Committee (both the public and private sessions) and would receive papers. <p>(d) Business support JR agreed to send SC details of support required for the Committee going forward which SC would then discuss internally within NECS.</p>	<p>JR/DG/ GS</p> <p>DG</p> <p>JR/SC</p>
<p>04.2 Outstanding actions from Forum meeting 3 May 2018</p>	
<p>(a) Better care for heart attacks DG noted this would now be incorporated into a bigger event to be held on 3 October 2018 which would cover cardiology services across the region. DG would give any feedback from this event to DJ.</p> <p>(b) Future direction of Armed Forces Network DG had agreed to be the host commissioner to take this work forward, with James Carlton from DDES CCG as clinical lead. He would feedback to this Committee as appropriate.</p>	<p>DG</p>
<p>(c) Common approach to Extra Treatment Costs (ETCs) KH noted that a new national process which included top-slicing arrangements would supersede previous guidance. KH agreed to circulate this information.</p>	<p>KH</p>

05 Governance update	
05.1 CCG Constitutions	
<p>The report detailing the current position in relation to amended CCG Constitutions was received and noted.</p> <p>Further updates were noted as follows:</p> <ul style="list-style-type: none"> - Hambleton, Richmondshire and Whitby CCG had forwarded an extract from the CCG Constitution to confirm that the changes had been completed. - NB noted that North Durham and DDES CCGs' Constitutions already included agreement relating to joint committees but that formal confirmation was awaited from NHS England. - DG advised that Sunderland CCG's Constitution also included agreement relating to joint committees. 	
06 Service updates	
06.1 Breast Symptomatic Services	
<p>AF and CB presented the report which gave an update on the current provision of breast services in Cumbria and the North East (CNE) and asked the Joint Committee to agree the next steps required to ensure a sustainable model for future delivery. It was noted that staff were aware of the work taking place to develop a hub and spoke model of delivery and that lay representatives were involved with the Alliance. An expert advisory group was developing a preferred evidence-based clinical model which was due to be completed by the end of July. Work was also taking place with radiology colleagues to address the shortage of breast radiologists and how the preferred model might be delivered.</p> <p>The Committee discussed the model in detail, with particular reference to:</p> <ul style="list-style-type: none"> - fragility of services, particularly in Durham - current scrutiny challenges in South Tees - the need to take a collective view but consider how a particular patch could manage that quickly in a co-ordinated way rather than in isolation - the need for a robust approach to consultation and engagement; a process which is repeatable and transparent on a regional basis, recognising that timeframes would be different in different areas and that engagement should be appropriately targeted - the Alliance worked with a number of charities and pre-engagement could take place with them and with locality patient groups to forewarn of potential changes and workforce challenges - a more general message advising that the region is experiencing workforce challenges across multiple specialities – this would need to be picked up with the regional communications workstream - not to undo the work previously undertaken via scrutiny in Sunderland - that the Health Strategy group would be best placed to work up a solution which should then come to the Joint Committee for decision-making <p>The Committee agreed</p> <ol style="list-style-type: none"> 1. appropriate pre-engagement work, with local charities/patient groups, to take place via the Alliance on the review of breast screening services and linked in with the communications workstream 2. the communications workstream to consider more general messages in relation to workforce challenges across multiple specialities 3. to task the Cancer Alliance with developing a timetable for the formal review of breast screening services. This will need to factor in the NHS England-led re-commissioning of 	

<p>breast screening services (to be completed by 2021) with a simultaneous review of how breast symptomatic services are delivered (to include timescales for any public engagement and consultation).</p> <p>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. This would not stop the work taking place on clinical models and the Committee would wish to see any local solutions to be considered in the context of the work being done on a broader regional basis.</p>	
<p>07 General Data Protection Regulation (GDPR)</p>	
<p>LC gave a presentation on GDPR which covered:</p> <ul style="list-style-type: none"> - the support given by NECS to CCGs to become compliant with GDPR and the Data Protection Act 2018 - IG support to care systems (e.g. Urgent and Emergency Care Vanguard) - New Care System requirements - Population Health Management - Data Protection Impact Assessments - Data integration and de-identification models - Development of support care systems – noting that a national template and guidance was under development for use by care systems 	
<p>08 Questions from members of the public relating to specific items on the agenda</p>	
<p>A member of the public noted that on one of the CCG websites the meeting has been advertised as started at 3pm. The Chair apologised for this, explaining the recent decision to change the timings of meetings which had not been reflected on the website. This would be amended going forward.</p>	
<p>09 Any Other Business</p>	
<p>There were no items of any 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 6th September 2018
1.30 – 5.00pm
The Durham Centre**