



Northern CCG Joint Committee

10 September 2020 /2.00 – 2.50pm /

Part 1 - Meeting held via Microsoft Teams

Present

CCG members		
David Jones	DJ	NHS Newcastle Gateshead CCG
Neil O'Brien	NO'B	NHS County Durham CCG NHS South Tyneside CCG NHS Sunderland CCG
Charles Parker	CP	NHS North Yorkshire CCG
Ian Pattison	IP	NHS Sunderland CCG
Mark Pickering (representing David Gallagher)	MP	NHS Tees Valley CCG
Boleslaw Posmyk	BP	NHS Tees Valley CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Jonathan Smith	JS	NHS County Durham CCG
Graham Syers	GS	NHS Northumberland CCG

Lay members (non-voting)	
Michelle Thompson	MT

In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Kate Hudson (representing CCG Directors of Finance)	KH	NHS South Tyneside CCG
Dan Jackson	DJa	NHS Sunderland CCG
Gillian Stanger	GSt	North of England Commissioning Support (NECS)

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
<p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Apologies were received Mark Adams (NHS Newcastle Gateshead CCG, NHS Northumberland CCG, NHS North Cumbria CCG, NHS North Tyneside CCG), Amanda Bloor (NHS North Yorkshire CCG), Mark Dornan (NHS Newcastle Gateshead CCG), David Gallagher (NHS Tees Valley CCG), Jeff Hurst (Lay Member), Richard Scott (NHS North Tyneside CCG) and Matthew Walmsley (NHS South Tyneside CCG).</p> <p>There was no representative from NHS North Tyneside CCG but the Chair had spoken to Mark Adams (AO) and Richard Scott (Chair) prior to the meeting who had informed him that they were supportive of approving all the items on the agenda as there had been previous agreement by their Governing Body. This verbal approval will be supported by a written response by the AO</p> <p>The Committee's register of Interests was received.</p>	
02 Minutes and action log of previous meeting (12 March 2020)	
The minutes of the meeting held on 12 March 2020 were accepted as an accurate record.	

<p>The action log was updated:</p> <p>02.1 Academic Health Science Network (AHSN) vacancy Action: DJa to discuss this with Maria Roche of the AHSN and report back accordingly.</p>	DJa
<p>03 Matters arising from the previous meeting (and action log)</p>	
<p>03.1 Provision of Medication for Localised Community Outbreaks of Influenza in the Out of Season Period NO'B noted that the Strategic Flu Board had advised all areas to adopt the North ICP Standard Operating Procure (SOP) relating to the distribution of antivirals. This action could now be closed.</p>	
<p>04 Governance update</p>	
<p>04.1 Appointment of lay members The Chair confirmed the email sent to Joint Committee members that Jeff Hurst and Michelle Thompson had been selected as lay members to the Committee for a period of two years following an interview process.</p> <p>MT gave a brief introduction as to her background and current roles.</p> <p>Decision: to approve the appointment of the lay members.</p> <p>Action: The Chair still needs to establish which Lay Member would take on the Vice-Chair role and will report back to the Committee when this had been finalised</p> <p>04.2 Terms of Reference The Chair introduced the paper which confirmed that all CCGs had now approved the Terms of Reference (ToR) which reflected changes to statutory CCG structures and confirmed that current voting arrangements should continue going forward – unanimous by one vote per organisation. These were attached to the paper (ToRv5) together with Appendix A which showed where amendments had been made (previously agreed changes, changes made by North Yorkshire CCG to reflect its associate membership and changes made by the Chair to reflect comments made by CCG Governing Bodies).</p> <p>In respect of a comment made regarding voting rights of lay members, the Chair reiterated that lay members were non-voting in line with the arrangements referred to above – one vote per organisation.</p> <p>Decision: to approve the Terms of Reference, noting the further amendments made.</p> <p>04.3 Appointment of Chair The Chair noted he had undertaken the role of Chair of the Joint Committee for the initial time period in the ToR and was happy to continue. There had been no other expressions of interest received in the role and none were forthcoming at the meeting.</p> <p>Decision: to re-appoint Jon Rush as Chair of the Joint Committee until September 2022.</p>	JR
<p>05 Work Programme for Northern CCG Joint Committee 2020-21</p>	
<p>The Chair presented the report which gave an update on progress on the work programme and its initiation.</p> <p>The Joint Committee had not met since 12th March and on recently reviewing the progress of the work programme approval process, it was established that it had now been approved by all of our current eight CCGs within our ICS.</p> <p>Confirmation had also been received and circulated that the Governing Body of NHS North Yorkshire CCG was supportive of the recommendations below that affected its population; Recommendation 1: for CCGs to consider proposals for jointly commissioning breast</p>	

<p>diagnostic services across the ICS area</p> <p>Recommendation 2: to jointly commission cardiology and specialised neuro-rehabilitation services with NHSE/I's Specialised Commissioning team for the North East and North Cumbria</p> <p>Recommendation 5: that updates be made to the Joint Committee on plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on other areas of the region.</p> <p>The Governing Body would need to ensure that parity of access to, and quality of, services was improved as part of the development of these plans and requested that at the outset of these projects that suitable liaison with the executives and clinicians of the NYCCG was built in so that unintended adverse consequences can be avoided for their population.</p> <p>At this point, DJ noted that the work programme had not been approved by Newcastle Gateshead CCG Governing Body.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> - In relation to jointly commissioning breast diagnostic, neuro-rehabilitation and cardiology services, if we reach the point of planning significant change, the plans would go to the Joint Committee for approval but would then be delivered through CCGs, including public consultation if required - The items on the work programme range from relatively straight forward issues to the more complex and have gone through an extensive consultation process with CCG's and NHSE re specialised commissioning - Consultation would be critical and there would be a need to make other areas who may be impacted aware of any proposed patch-wide changes - The work programme did not include anything that would impact our ability to deal with Covid in the near term and maintain normal services <p>Correspondence was subsequently located which outlined Newcastle Gateshead CCG Governing Body's position re: the work programme. As this now needed further clarification the following was agreed:</p> <p>Agreed: DJ would confirm Newcastle Gateshead CCG's position with regard to approving the Joint Committee's work programme by way of a written submission to the Chair.</p> <p>There was general agreement that whilst priorities have changed under Covid and the Phase 3 response plans required, that we could still progress the elements of the work programme</p> <p>Decision:</p> <ol style="list-style-type: none"> 1. To await written confirmation from Newcastle Gateshead CCG and if approval is outlined then this would give full approval for the work programme. 2. If full approval is obtained then to initiate the programme in line with other plans that are ongoing at the current time. 	<p>DJ</p>
<p>06 Joint Committee Annual Report 2019/2020</p>	
<p>The Chair presented the Annual Report</p> <p>Decision: to approve the draft Annual Report 2019/20 for publication.</p>	
<p>07 Northern Treatment Advisory Group (NTAG) Annual Report June 2020</p>	
<p>The 6th annual report for NTAG which covered the period April 2019 to April 2020 was received and noted.</p>	
<p>08 Dates of future meetings</p>	
<p>The Committee discussed the dates of future meetings and a number of points were made:</p>	

<ul style="list-style-type: none"> - meetings should not go ahead unless there were joint decisions to be made as per the work programme, with possibly two or three development type sessions per year - to bear in mind the possible review of the role and function of the Committee in light of developing the ICP/ICS and that the ICS infrastructure in place is able to deal with system pressures and avoid parallel conversations taking place - that meetings should stay as per the planned scheduled in the event discussion is needed in relation to a second Covid surge requiring a system response - The current ICS infrastructure is unclear in relation to clinical input and until that is resolved there is no other place where clinical commissioning decisions can be made - That the Committee has absorbed the former CCG Forum as a way of coming together <p>Decision: to agree the dates of meetings of the Committee for 2021 as follows, with the caveat that these can be cancelled if not required: Thursday 14th January Thursday 11th March Thursday 13th May Thursday 8th July Thursday 9th September Thursday 11th November</p> <p>Action: All reminded by the Chair to submit agenda items for future meetings/development sessions as early as possible so he can decide if a meeting / development session needs to take place</p>	All
09 Questions received from members of the public relating to specific items on the agenda	
No questions had been received from members of the public.	
10 Any Other Business	
<p>10.1 Format of future meetings The Chair proposed that future public meetings be held via Microsoft Teams with papers being published on CCG websites. Questions would be invited on items relating to the agenda and dealt with in meetings and responded to in the published minutes. The Committee agreed that live-feeds would be challenging at the present time.</p> <p>Decision: future public meetings to be held via Microsoft Teams, papers to be published in advance on CCG websites, questions invited from the public and dealt with in meetings.</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 12 November 2020
2.00pm**

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	12.3.20	Academic Health Science Network (AHSN) vacancy Report back to the Committee once the governance review is complete	DG/MD		10.09.2020 – DJa to raise with Maria Roche of AHSN and report back	
2	10.9.20	Work Programme for Northern CCG Joint Committee 2020-21 Confirm Newcastle Gateshead CCG's position with regard to approving the Joint Committee's work programme.	DJ	asap	Confirmation received from mark Adams 24.09.2020	Complete
3	10.9.20	Future meetings Submit agenda items for future meetings/development sessions	All	ongoing		Ongoing

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	9.1.20	Lay members Set up appropriate selection process for the appointment of two new lay members.	Chair/GSt	asap	ongoing	Complete
2	12.3.20	Terms of Reference To be amended for submission to May 2020 meeting	Chair/GSt	May meeting	On agenda September meeting. 10.09.2020 ToR approved	Complete
4	12.3.20	Provision of Medication for Localised Community Outbreaks of Influenza in the Out of Season Period Speak to Charles parker re recommendations to be implemented insofar as they would not apply to HRW	Janet Walker	asap	10.09.2020 - NO'B noted that the Strategic Flu Board had advised all areas to adopt the North ICP Standard Operating Procure (SOP) relating to the distribution of antivirals.	Complete