

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 and the respective members appreciate the opportunity to meet and discuss issues across our large geographical area.

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). This will be built upon in 2019 by working across the area with our local respective local authorities and other partners.

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)