

Agenda **Part 1** **Meeting held in public**

Meeting title: Northern CCG Joint Committee

Date: Thursday 5 July 2018

Time: 1.30pm – 2.45pm

Location: The Durham Centre, Belmont, Durham, DH1 1TN

Item		Lead	Time	Paper
01	Welcome, apologies and declarations of conflicts of interest in relation to the agenda	Chair	1.30-1.35	Enclosure 01
02	Minutes and action log of previous meeting – 3 May 2018 02.1 Minutes 02.2 Actions	Chair	1.35-1.40	Enclosure 02
03	Matters arising from the previous meeting	Chair	1.40-1.45	
Items requiring decisions to be made				
04	Northern CCG Forum 04.1 Report on integration of business 04.2 Outstanding actions from Forum meeting 3 May 2018 (see Joint Committee action log (enclosure 01))	Chair	1.45-2.00	Enclosure 03 as Enclosure 01
Items for discussion				
05	Governance update, to include 05.1 To note the current position regarding CCG Constitutions	Chair	2.00-2.05	Enclosure 04
06	Service updates 06.1 Breast Symptomatic Services	Stephen Childs/ Alison Featherstone	2.05-2.20	Enclosure 05
07	General Data Protection Regulation (GDPR)	Liane Cotterill	2.20-2.35	Presentation
08	Questions from members of the public relating to specific items on the agenda	Chair	2.35-2.40	Verbal
09	Any other business	Chair	2.40-2.45	Verbal
Date and time of next meeting: 6 September 2018 1.30pm – 5.00pm The Durham Centre, Belmont, Durham DH1 1TN				

Representatives of the press and other members of the public are 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

Northern CCG Joint Committee

Future meetings 2018

Date	Time	Venue
Thursday 6 September 2018	1.30 – 5.00pm	The Durham Centre
Thursday 1 November	1.30 – 5.00pm	The Durham Centre

Future meetings 2019

Date	Time	Venue
Thursday 10 January 2019	1.30 – 5.00pm	The Durham Centre
Thursday 7 March 2019	1.30 – 5.00pm	The Durham Centre
Thursday 2 May 2019	1.30 – 5.00pm	The Durham Centre
Thursday 4 July 2019	1.30 – 5.00pm	The Durham Centre
Thursday 5 September 2019	1.30 – 5.00pm	The Durham Centre
Thursday 7 November 2019	1.30 – 5.00pm	The Durham Centre

Register of Interests as at 07 June 2018

Name	Current position(s) held in the CCG(s)	Declared Interest (name of the organisation and nature of business)	Type of Interest				Nature of interest	Is the interest direct or indirect	Date declared	Action taken to mitigate risk
			Financial Interests	Non-financial Professional	Non-financial Personal					
Mark Adams	Chief Officer	Newcastle Gateshead CCG	✓			Accountable Officer	direct	Nov-17	Will declare at meetings as required	
	Chief Officer	North Tyneside CCG	✓			Accountable Officer	direct		Will declare at meetings as required	
		Beverley Park Leisure Ltd	✓			Director	direct		Not relevant to CCG role	
		GLSKR.com Ltd	✓			Director	direct		Will declare at meetings as required	
Nicola Bailey	Chief Operating Officer Governing Body member Committee Member Management Executive Member Commissioning and Procurement Working Group member	North Durham CCG	✓			Chief Operating Officer Governing Body member Committee Member Management Executive Member Commissioning and Procurement Working Group member	direct	Nov-17	The Chair of a committee should decide whether they can take part in the discussion of the conflicted item.	
		Durham Dales, Easington and Sedgfield CCG	✓							
Vanessa Bainbridge	Accountable Officer	Northumbria Healthcare NHS	✓			Accountable Officer Northumberland CCG/Northumbria Healthcare NHS Trust - Dual role with CCG Accountable Officer and Northumberland County Council as DASS – declarations and interest in Local Authority business Employment basis is with Northumbria Health Care NHS Foundation Trust	direct	Dec-17	Declaring an interest with current CCG role which is applicable for joint committee	
Mark Dornan	Assistant Clinical Chair Governing Body member	Newcastle Gateshead CCG	✓			Assistant Clinical Chair Governing Body member Executive Committee Chair	direct	Feb-18	Will be declared at meetings where relevant	
		Teams Medical Practice	✓			Partner and GP Trainer	direct			
		Academic Health Science Network		✓		Governing Body Member	direct			
Stewart Findlay	Chief Clinical Officer	Durham Dales, Easington and Sedgfield CCG	✓			Accountable Officer	direct	Nov-17	Will declare at meetings as required	


		Bishopgate Medical Centre, Bishop Auckland	✓			part owner	direct		
		Newcastle Gateshead CCG		✓		daughter works for CCG	indirect		
		NECS Shadow Customer Owned Board		✓		Member	direct		
David Gallagher	Chief Officer	Sunderland CCG	✓			Chief Officer	direct	May-18	Will declare at meetings as appropriate
		Specsavers Peterlee		✓		Daughter is Store Manager	indirect		
David Hambleton	Chief Executive	South Tyneside CCG	✓			Chief Executive	direct	Nov-17	Will declare all interests within meetings as appropriate and exclude myself from
		North of England Commissioning Support		✓		Wife employed by NECS	indirect		
Amanda Hume	Chief Officer	NHS South Tees CCG	✓			Chief Officer Governing Body Member	direct	Nov-17	Will declare at meetings as appropriate
Andrea Jones	Chief Clinical Officer CCG Employee	NHS Darlington CCG – Clinical Commissioning	✓			Chief Clinical Officer CCG Employee	direct	Dec-17	Will declare at meetings as appropriate
		NHS Hartlepool and Stockton-on-Tees CCG - Clinical Commissioning	✓			Chief Clinical Officer CCG Employee	direct		
		Middlesbrough Dental Practice	✓			Husband is an NHS dentist in Middlesbrough and also holds additionally an NHS orthodontic contract in Middlesbrough	indirect		
Neil O'Brien	Clinical Chief Officer/ Governing Body Member/ Committee Member/ Management Executive Member	NHS North Durham CCG	✓			Clinical Chief Officer/ Governing Body Member/ Committee Member/ Management Executive Member	direct	Nov-17	This person should not take part in any decision making relating to the financial conflict of interest that has been declared. Nor should they receive any reports relating to the interest. The Chair of a committee should decide whether they should leave the meeting where this conflict of interest is highlighted.
		Cestria Health Centre	✓			Partner and GP – Cestria Health Centre provides enhanced services in	direct		
		Chester-le-Street Federation	✓			Practice is a partner in the Chester-le-Street Federation	direct		
		County Durham and Darlington NHS Foundation Trust	✓			Wife is a Consultant Obstetrician & Gynaecologist employed by the Trust	direct		
Charles Parker	Chair	NHS Hambleton, Richmond and Whitby CCG	✓			Chair	direct	Jan-18	Declare before discussion and exclude from decision voting
		Topcliffe Surgery	✓			GP	direct		

		South Tees NHS Foundation Trust	✓			GP in A&E	direct			
Ian Pattison	Clinical Chair	NHS Sunderland CCG	✓			Clinical Chair	direct	May-18	Will declare at meetings as appropriate	
		Southlands Medical Group	✓			GP Partner				
			✓			Practice is a member of the Sunderland GP Alliance				
		NHS England	✓			GP Appraiser				
				✓		Wife is a locum GP	indirect			
Boleslaw Posmyk	CCG Chair	NHS Hartlepool and Stockton CCG	✓			CCG Chair/salary	direct	Nov-17	Interests will be declared at meetings as required	
		Havelock Grange GP Practice	✓			Profit share Income from owned practice premises	direct			
		HAST GP Federation	✓			Interest via practice shareholding in federation	Indirect			
Janet Probert	Chief Officer/Governing Body member	NHS Hambleton Richmondshire and Whitby CCG	✓			Chief Officer/ Governing Body member	direct	Nov-17	Any decisions made on behalf of HRW CCG will have had prior approval from the CCG Governing Body Will not participate in any discussions relating to AHSN membership. No routine actions that will cause conflict. Any issues will be raised with Clinical Chair to agreed mitigation. No routine actions that will cause conflict. Any issues will be raised with Clinical No routine actions that will cause conflict. Any issues will be raised with Clinical Chair to agreed mitigation.	
		Academic Health Science Network			✓	Non-Executive Director	direct			
		Federation of Eppleby Forcett and Middleton Tyas Church of England Primary Schools				✓	Chair of Governors			direct
		Richmond Church of England Primary School				✓	Chair of Governors			direct
		Dales Church Academy Trust				✓	Trustee			direct
David Rogers	Medical Director / Interim Accountable Officer	NHS North Durham CCG	✓			Medical Director / Interim Accountable Officer	direct	Dec-17	Will declare at meetings as appropriate	
Jon Rush	Chair	NHS North Cumbria CCG	✓			Chair	direct	Jan-18	Where there is a relevant decision required at the Joint Committee that affects my role as Chair of the	

		Redcar and Cleveland Safeguarding Children Board		✓	Independent Chair - role is to hold to account all relevant statutory agencies in the Redcar and Cleveland area that affect/impact on children. One of which is the South Tees CCG – a member of our Committee	direct		
Richard Scott	Clinical Chair	North Tyneside CCG	✓		Clinical Chair	direct	Apr-18	Will comply with the Standards of Business Conduct and Declarations of Interest Policy
		Marine Avenue Medical Centre, Whitey Bay (GP Practice)	✓		GP Partner and GP trainer; member of CCG Council of Practices	direct		
		Tyne Health (North Tyneside GP Federation)	✓		Partner in a GP Practice that is a shareholder of TyneHealth. Practice	direct		
		Northumbria Healthcare FT		✓	Wife works as a District Nurse for Northumbria Healthcare FT	indirect		
David Shovlin	Director	NHS Northumberland CCG	✓		West Locality Director & Director for Unplanned Care	direct	Feb-18	Will declare at meetings as appropriate
		Vocare, Provider of out of hours GP services	✓			direct		

		Northumbria Healthcare NHS Trust	✓			Hospital Practitioner in Cardiology	Direct		
		Burn Brae Medical Group	✓			GP Partner	direct		
		HPCA, provider of extended hours GP access	✓			Member practice	direct		
Jonathan Smith	Clinical Chair	Durham Dales, Easington and Sedgfield CCG	✓			Clinical Chair	direct	Dec-17	All interests will be declared at meetings as appropriate
		Silverdale Family Practice, South Hetton	✓			GP Partner	direct		
		Council of Members, Durham Dales, Easington and Sedgfield CCG	✓			Representative for Silverdale Family Practice	direct		
		Academic Health Science Network		✓		Director	direct		
		South Durham Health Federation	✓			Member	direct		
Janet Walker	NHS South Tees CCG	CCG Clinical Chair	✓			Clinical Chair	direct	Jan-18	Declaration recorded in CCG DoI and GB members aware for internal and external
		Manor House Surgery, Normanby, Middlesbrough	✓			GP Partner (Practice business partnership , provider of primary care services)	direct		
Matthew Walmsley	South Tyneside CCG	Chair	✓			Chair	direct	Feb-18	Declaration and withdrawal
		Health and Wellbeing Board		✓		Vice Chair	direct		
		Marsden Road Health Centre	✓			Partner	direct		
		Houghton Medical Group	✓		✓	Wife is a Partner	indirect		
Ali Wilson	Chief Officer (Accountable) - CCG Employee	NHS Hartlepool and Stockton-on-Tees CCG - Clinical Commissioning	✓			Employed	direct	Dec-17	Will declare at meetings as required
	Chief Officer (Accountable) - CCG Employee	NHS Darlington CCG - Clinical Commissioning	✓			Employed	direct		
		North East Leadership Academy - Education and training of health and social care professionals		✓		Chair - Represents NHS	direct		
		Ad Astra Academy (School) - Educational			✓	Member	direct		
		NECS Shaddow Customer Board	✓			Customer Director	direct		

Non voting members

Stephen Childs, Managing Director of NECS	 C:\Users\ gillian.stanger\ Desktop\DOI									Non-voting member
Ken Readshaw, Lay member	member	Hambleton Richmondshire Whitby CCG	✓			Governing Body member	direct	Jan-18	Non-voting member	
		Scarborough and Ryedale CCG	✓			Governing Body member	direct			
		The Wensleydale School and sixth form			✓	Governing Body member	direct			
		Charlton Highdale Parish meeting			✓	Responsible financial officer	direct			
		University of York	✓			Spouse is project manager for TB and tobacco	indirect			
Feisal Jassat	Governing Body lay member	North Durham CCG	✓			Governing Body mlay member	direct	Jan-18	Non-voting member	



Northern CCG Joint Committee

3 May 2018 /3.00 – 3.45pm / 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
Vanessa Bainbridge	VB	NHS Northumberland CCG
Stewart Findlay	SF	NHS Durham Dales, Easington and Sedgefield CCG
David Gallagher	DG	NHS Sunderland CCG
David Hambleton	DH	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
Janet Probert	JP	NHS Hambleton, Richmond and Whitby CCG
David Rogers	DR	NHS North Cumbria 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
Matthew Walmsley	MW	NHS South Tyneside CCG
Ali Wilson	AW	NHS Darlington CCG and NHS Hartlepool and Stockton CCG

Lay members (non-voting)		
Feisal Jasset	FJ	
Ken Readshaw	KS	

In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Dan Jackson	DJ	NHS Sunderland CCG
Gillian Stanger	GS	North of England Commissioning Support (NECS)

Members of the public

Chris Gordon	Pfizer
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 Mark Dornan, Newcastle Gateshead CCG.	

AW noted that the Chair of Darlington CCG (Alison McNaughton-Jones) had resigned and the CCG was in the process of making an appointment to the role of Chair.	
02 Minutes and action log of previous meeting (4 January 2018)	
The minutes of the meeting held on 4 January 2018 were accepted as an accurate record, subject to the inclusion of the names of the CCGs for those people who had submitted apologies and also to note that Andrea Jones represented both Darlington and HaST CCGs.	
The Chair noted that the subsequent meeting scheduled for 5 th April had been cancelled.	
02.1 Specialised Commissioning work programme	
It was noted that this work had not been taken forward as Liz Rogerson had now retired. Her successor was Penny Gray and there were a number of internal changes taking place in the team.	
Action: DJ to contact Penny Gray with a view to arranging an update report to either this Committee or the Leadership Forum.	DJ
03 Matters arising from the previous meeting	
There were no matters arising.	
04 Governance update	
04.1 Sunderland CCG position	
DG noted that Sunderland CCG Governing Body had recommended to its Council of Members (CoM) that the CCG should become members of the Joint Committee. A poll had been carried out and the majority of CoM members had voted to join the Joint Committee and this had therefore been agreed. Amendments would now need to be made to the CCG's Constitution.	
04.2 Appointment of lay members	
FJ and KR gave a brief introduction as to their background and current roles.	
04.3 Appointment of Vice-Chair	
The Committee had previously agreed to appoint one of its lay members as Vice-Chair. JR had spoken to both lay members and recommended that FJ be appointed. This was agreed.	
04.4 Register of Interests	
The Register of Interests was received and noted.	
Action: to include the interests of Sunderland CCG members onto the Register.	GS
04.5 CCG Constitutions	
The report detailing the current position in relation to amended CCG Constitutions was received and noted.	
Further updates were noted as follows:	
<ul style="list-style-type: none"> (a) North Durham and DDES CCGs – Constitutions already include agreement relating to joint committees and approval is awaited regarding the application to include specific reference to this Joint Committee. (b) Hambleton, Richmond and Whitby CCG – as above. (c) Northumberland CCG – confirmation has been received as the CCG had undertaken a full change to its Constitution but they did not have a separate letter regarding the Joint Committee. (d) North Tyneside CCG – confirmation received. 	

<p>04.6 Wider membership</p> <p>The Committee discussed whether to extend widening its membership to include Healthwatch representatives and to have independent medical representation. It was agreed keep this under review but not to involve Healthwatch at this stage, recognising that if there was a specific item(s) on the Committee's agenda which would benefit from wider involvement, this could be arranged as required.</p> <p>04.7 Title of Committee</p> <p>It was agreed that the title of the Committee would be 'Northern CCG Joint Committee'.</p> <p>Publication of meetings of the Committee on CCG websites would be handled by the NECS Communications teams where appropriate.</p>	
<p>05 Terms of Reference</p> <p>The Committee reviewed its Terms of Reference (ToR) and the Chair drew attention to the 'comments' page which highlighted where changes had been made and the reasons for this.</p> <p>With regard to the frequency of meetings (No.23 of the ToR), the Committee had the flexibility to change this as required.</p> <p>The Committee approved the ToR, subject to the correct title for NHS Hartlepool and Stockton-on-Tees being inserted.</p>	
<p>06 NHS111 and Integrated Urgent Care Regional Procurement</p> <p>The Committee noted the news release confirming that the North East Ambulance Service NHS 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 at its private meeting on 1 March 2018.</p> <p>SF noted that mobilisation of the contract was underway.</p>	
<p>07 Questions from members of the public relating to specific items on the agenda</p> <p>There were no questions received.</p>	
<p>08 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 5th July 2018
1.30 – 5.00pm
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	04.01.18	Cumbria and the North East Specialised Commissioning Strategy 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	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.	
	03.05.18	Contact Penny Gray with a view to arranging an update report to either this Committee or the Leadership Forum.	LR DJ			
2	03.05.18	Register of Interests To include Sunderland CCG member interests onto the Register.	GS			Complete
Actions from Northern CCG Forum meeting held on 3 May 2018						
1	3.5.18	Better care for heart attacks Feed back from event involving involve Cardiology colleagues, commissioners and the CVD Network.	DG	July meeting (Joint Committee)		
2	3.5.18	Future direction of Armed Forces Network Feed back from meeting to discuss shared arrangement for lead CCG to ensure services were appropriately commissioned.	AW	July meeting (Joint Committee)	Meeting took place between NHSE, Dave Gallagher, Sunderland CCG, James Carlton DDES CCG and Ali Wilson to agree lead arrangements for the future. NHSE (Jim Khambatta) agreed to continue to provide support but CCGs will be expected to play a leadership role in relation to the Armed Forces network. A small amount of resource is being made available to support the administration function.	

3	3.5.18	Common approach to ETCs 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	
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Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
1	04.01.18	Declarations of Interest Those members who had not yet returned their DOI forms were asked to do so as soon as possible.	All members who have not submitted DOI forms	asap	Register of Interests on agenda for 1 March meeting. Now re-scheduled to 3 May meeting.	Complete
2	04.01.18	Terms of Reference Final version to be produced for sign off by Committee	GS	5 April meeting	Amended version circulated 16 March – for sign off at 5 April meeting. Now re-scheduled to 3 May meeting.	ToR approved at meeting 03.05.2018 - Complete

Northern CCG Joint Committee

Date of meeting: 5 July 2018

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Integration of Northern CCG Forum business

Purpose of report (brief description):

To highlight the arrangements proposed for the integration of Northern CCG Forum business into the work of the Northern CCG Joint Committee.

Recommendations:

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee:

To consider the following:

1. Future arrangements for the reporting of sub-groups into the Committee.
2. Future support arrangements to the Committee

Sponsor: Jon Rush
Report Author: Gillian Stanger
Job Title: Business Support Manager, NECS
Date: 31 May 2018

Integration of Northern CCG Forum business

1 Introduction

- 1.1 At its meeting on 3 May 2018, the Northern CCG Forum agreed that it should be stood down and its business transferred to the Northern CCG Joint Committee with a recommendation that it meets more frequently (bi-monthly).
- 1.2 This recommendation to integrate the Forum's work was subsequently agreed by the Northern CCG Joint Committee at its meeting on 3 May 2018.

2. Terms of Reference

- 2.1 The Joint Committee considered whether to amend its Terms of Reference in relation to the need to be aware of unintended consequences of decision making and to be assured that the populations served are treated equitably. Rather than amend its ToR, the Committee agreed to work flexibly as its role evolved, with the work of the Forum being undertaken in the development session, with decisions made within members' CCG delegated authority or being escalated to Governing Bodies.

3. Frequency of meetings

- 3.1 The Joint Committee agreed to meet bi-monthly and meetings will take place on the third Thursday of alternate months as follows:

Date	Time	Venue
Thursday 5 July 2018	1.30 – 5.00pm	The Durham Centre
Thursday 6 September	1.30 – 5.00pm	The Durham Centre
Thursday 1 November	1.30 – 5.00pm	The Durham Centre
Thursday 10 January 2019*	1.30 – 5.00pm	The Durham Centre
Thursday 7 March 2019	1.30 – 5.00pm	The Durham Centre
Thursday 2 May 2019	1.30 – 5.00pm	The Durham Centre
Thursday 4 July 2019	1.30 – 5.00pm	The Durham Centre
Thursday 5 September 2019	1.30 – 5.00pm	The Durham Centre
Thursday 7 November 2019	1.30 – 5.00pm	The Durham Centre

* this is the second Thursday of the month given the proximity to the Christmas and New Year holiday period.

4. Minutes and outstanding actions

- 4.1 As the Northern CCG Forum met in private, the draft minutes of the final meeting of the Forum (3 May) will be considered in the private part of the Joint Committee meeting on 5 July.
- 4.2 The outstanding actions from the final meeting of the Forum have been added to the action log of the Northern CCG Joint Committee and, as these are not considered to be commercially sensitive, will be considered in the public meeting on 5 July.

5 Sub-groups

5.1 North East and Cumbria Contracting Group

A North East and Cumbria Contracting Group reported in to the Forum and the Joint Committee is asked to consider whether this arrangement is to continue.

5.2 CCG Chief Finance Officers' Group

This Group reported into the Forum which received the notes of meetings and regular updates from the Chair who attended meetings. The Joint Committee is asked to consider whether this arrangement is to continue, with the Chair of the Group attending meetings in a non-voting capacity.

6 Other integration arrangements

5.1 Payment for venues (to be considered in the private part of the meeting)

5.2 Business support

Since April 2012 support to the Forum has been provided by NECS and the Joint Committee is asked to consider future arrangements.

Northern CCG Joint Committee

Date of meeting: 5 July 2018

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: CCG Constitutions

Purpose of report (brief description):

To receive a report detailing the current position in relation to amended CCG Constitutions.

Recommendations: none

Is the paper for (please tick):

Decision-making

Information Sharing









Discussion

Actions required by Northern CCG Joint Committee.

To note the report.

Sponsor: Jon Rush
Report Author: Gillian Stanger
Job Title: Business Support Manager, NECS
Date: 18 June 2018

CCG Constitutions

CCG	Approval letter	Comments
Darlington	 Darlington_approval_letter_14.03.18.pdf	
DDES		Constitution already includes agreement relating to joint committees and formal confirmation is awaited regarding the application to include specific reference to this Joint Committee.
HaST	 HaST_approval_letter_14.03.18.pdf	
HRW		Constitution already includes agreement relating to joint committees and approval is awaited regarding the application to include specific reference to this Joint Committee.
Newcastle Gateshead	 Newcastle Gateshead_approval_1	
North Cumbria	 Approval letter - North Cumbria CCG 1C	
North Durham		Constitution already includes agreement relating to joint committees and formal confirmation is awaited regarding the application to include specific reference to this Joint Committee.
North Tyneside	 North Tyneside approval letter 28 Mar	
Northumberland	 Approval_letter_Northumberland CCG 09.05	
South Tees	 South Tees_approval_letter .	
South Tyneside	 STCCG_constitution_approval_letter_March_	
Sunderland		Currently being actioned.

Northern CCG Joint Committee

Date of meeting: 5th July 2018

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Breast symptomatic services

Purpose of report : To update the Committee on the current provision of breast services in CNE and to agree the next steps required to ensure a sustainable model for their future delivery.

Recommendations:

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee: to agree a programme of work that develops a sustainable model for breast services, and an outline timetable for staff and public engagement ahead of a formal decision by the Joint CCG Committee on the future of this service.

Sponsor: Alison Featherstone Cancer Alliance Manager

Report Author: Sheron Robson

Job Title: Cancer Alliance Programme manager

Date: 21st July 2018

Background

1. In response to ongoing fragility in breast symptomatic services (which includes the closure of the service Sunderland in 2014 and the merger of the Tees services in 2015) a report was commissioned by the CCG Forum from the Northern Cancer Alliance (NCA) to recommend a future model of delivery of breast symptomatic services.
2. This review was conducted with input from providers and commissioners of the breast symptomatic services and ultimately recommended a move towards a hub and spoke model of delivery. This recommendation was presented to the CCG Forum in July 17 and was accepted as the most appropriate way forward.
3. The commissioning responsibilities for the symptomatic breast service pathway are split with NHS England being responsible for the breast screening service and CCGs for the commissioning of the remainder of the pathway.
4. As such, a further update paper was presented to the CCG Forum (December 18) which proposed a joint approach with NHS England in order to secure the current configuration of breast screening to allow the development of this hub and spoke model.

Update on Breast Symptomatic Services

5. The hub and spoke model of delivery was chosen as it continues to provide symptomatic services in local DGH's, close to home for patients, while recruitment and retention of key staff groups is easier with the scope of work of hub sites.
6. As this approach used the Breast Screening centres (Newcastle – which manages the centre in Carlisle, Gateshead and North Tees) as the 'hubs' it was then necessary to secure the commissioning of the breast screening centres for a period to allow the development of this model of delivery. The breast screening programme is commissioned by NHS England Public Health commissioning team under the section7a agreement.
7. After negotiation with NHS England commissioners, the agreement to secure the commissioning of the breast screening centres in their current configuration until April 2021 was achieved and this decision was shared with all providers in April 2018. This alignment of CCG commissioning of Breast symptomatic services with NHS England commissioned breast screening services is positive as the

screening and symptomatic services are highly inter-dependant, especially in their staffing.

Progress towards Hub and Spoke Model since agreement on commissioning the breast screening hubs

8. Following the commissioning agreement in April, the outline hub and spoke model proposed in the regional Breast Service review was shared with the NCA Breast Expert Advisory group in May and with Breast Screening providers and commissioners at a workshop in June. This was to allow further clinical input and development of the model by the end of June. It is likely that due to the challenges outlined below that ability and timescale to move towards the hub and spoke delivery may differ at the 3 hubs.
9. The NCA has also tasked the clinical lead and radiology project manager to benchmark existing Hub services which offer spoke arrangements to assess the necessary workforce, and other service levels needed, for a Hub to be able to move from consolidated delivery to delivery at hub and spoke sites. This report which will look at Gateshead (currently offers a spoke service into Grindon for City Hospitals Sunderland trust patients) and York (spokes at Friarage for South Tees Trust patients) will be due to report findings at end of July.
10. At the NCA board meeting on 20th June an action plan with proposed timescales for delivery of the hub and spoke model was requested.

Public Engagement

11. To date there has been no public engagement or communication on the development of the hub and spoke model. This is because the proposed hub and spoke model would look the same as current delivery from a patient perspective. That is however dependent on the Hubs being able to provide spokes into local DGH's for assessment and treatment.

Challenges

12. There is challenge within the system to further development/implementation of the hub and spoke model:
 - a) Workforce pressures, particularly in diagnostic staff, continue to be a significant factor in the sustainable delivery of the breast symptomatic services. These pressures are now starting to be recognised in the delivery of the breast screening service too which did not form part of the initial review but is significant as these services will form the base of the

Hub. Several services across the STP would be impacted in their ability to continue to deliver these services by the loss of a single staff member. At the recent breast screening workshop all three hub services voiced concern over their ability to provide spoke services given shortages of diagnostic staff and a perception that staff at spoke services are able to work less effectively due to isolation and lack of support. Work is continuing between NCA and Health Education England (HEE) to address workforce issues however most solutions are medium to long term.

- b) Breast cancer is the most common form of female cancer with around 3,000 new cases per year in the North East and North Cumbria so there are significant patient numbers in most trusts/local authority areas. Commissioners will need to balance any consolidation of delivery (to ensure service resilience) with preserving equitable access and care as close to home as possible for patients across the region.
- c) Ability of provider trusts to deliver on 62 day performance without the provision of breast symptomatic services. If further consolidation of services is necessary (with some trusts potentially losing the provision of breast symptomatic services) then that will challenge those trusts ability to meet their 62 day performance targets. This is due to the relatively high numbers on this pathway which positively contributes to the provider denominator. This standard is measured both as a provider and commissioner standard and the national cancer transformation funding is also dependant on the achievement of this 62 day standard.

13. The Joint Committee is asked to note the challenges to the development of the hub and spoke model of delivery of Breast symptomatic services as outlined above. Further joint working is planned between screening and symptomatic service providers and commissioners in the near future to ensure full engagement in the proposed hub and spoke model. A further update on this work will be brought back to the CCG Forum in due course.

Next steps and recommendations

14. For the Joint CCG Committee to task the Cancer Alliance with developing a timetable for the formal review of these services. This will need to factor in the NHS England-led re-commissioning of breast screening services (to be completed by 2021) with a simultaneous review of how breast symptomatic services are delivered (this will need to include timescales for any public engagement and consultation).