

## Northern CCG Joint Committee

### Extracts from Minutes of meetings held in private between May and December 2021 for CCG Governing Bodies and publication on CCG websites

#### 1. Meeting date 13<sup>th</sup> May 2021

##### Present

CCG members		
Mark Adams	MA	NHS North Cumbria CCG NHS Newcastle Gateshead CCG NHS Northumberland CCG NHS North Tyneside CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Tees Valley CCG
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
Boleslaw Posmyk	BP	NHS Tees Valley CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Graham Syers	GS	NHS Northumberland CCG

##### In attendance

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

##### Lay members (non voting)

Jeff Hurst	JH
Michelle Thompson	MT

##### Apologies

Apologies for absence were received from Amanda Bloor, NHS North Yorkshire CCG, Richard Scott, NHS North Tyneside CCG and Jonathan Smith, County Durham CCG

Minutes
<b>01 Minutes of previous meetings (11 March 2021)</b>
01.1 Public meeting The minutes of the meeting held on 11 March 2021 were accepted as an accurate record. These would now be published on CCG websites.
01.2 Private meeting The minutes of the meeting held on 11 March 2021 were accepted as an accurate record.
<b>02 Matters arising from the previous meetings and action log</b>
There were no matters arising from the meetings. The action logs were updated.

## Draft Northern CCG Joint Committee Annual Report 2020/21

The Committee's draft Annual Report for 2020/21 was received.

**Decision: subject to two minor amendments, to approve the report for publication on CCG websites.**



Northern CCG Joint  
Committee annual r

### Any other business

#### Gender Dysphoria

Boleslaw Posmyk asked whether it would be possible to have a system-wide policy for the prescribing on-going medication for people seeking gender dysphoria care from private providers due to the current very long waiting times for treatment. Discussion ensued including quality assurance of private providers, long term consequences of delaying puberty, possible consequences for IVF treatment. It was noted that there was also an ask for primary care to undertake monitoring of bloods and GPs had been written to saying they had to follow requests for scripts and monitoring even from private providers (two of which are being used a lot in the North) whose letters state that they are commissioned by NHS England and follow the national guidance and quality controls.

**Action: circulate national guidance to Committee members.**

**Decision: to ask the NCNE Prescribing Committee to consider this issue and bring a recommendation back to the Joint Committee.**

This would not include North Yorkshire CCG.

#### Waiting Well

Neil O'Brien noted the development of a framework across the ICS to support people on the ever-growing waiting list for elective procedures. An initial meeting would be held on 21<sup>st</sup> May to include the identification and risk stratification of people on waiting lists, with local areas in turn applying to their own populations in different cohorts. Representation from all relevant partners, including public health, voluntary sector, CCGs, FTs and NECS (re possible RAIDR support) and building on work done elsewhere, with a view to developing a structured approach across the ICS.

This work was seen as part of the recovery effort and would be for AOs to take through CCG Committees. Work was also taking place in relation to a clinical evaluation of waiting lists.

## 2. 8<sup>th</sup> July 2021

### Present

CCG members		
Mark Adams (Chair)	MA	NHS North Cumbria CCG NHS Newcastle Gateshead CCG NHS Northumberland CCG NHS North Tyneside CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Tees Valley 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
Boleslaw Posmyk	BP	NHS Tees Valley CCG
Graham Syers	GS	NHS Northumberland CCG

### In attendance

Nicola Bailey	NB	NHS County Durham CCG
Stephen Childs	SC	North of England Commissioning Support (NECS)
Liam Donaldson	LD	NENC Integrated Care System
Sarah Golightly	SG	NHS South Tyneside CCG
Kate Hudson (representing CCG Directors of Finance)	KH	NHS South Tyneside CCG
Gillian Stanger	GSt	North of England Commissioning Support (NECS)

### Lay members (non voting)

Michelle Thompson	MT
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#### 01 Welcome, apologies and declarations of interest in relation to the agenda

MA noted Jon Rush's apologies for the meeting and advised that he would chair the meeting on his behalf.

Apologies were received from Amanda Bloor (NHS North Yorkshire CCG), Jeff Hurst (Lay member), David Jones (Newcastle Gateshead CCG), Jon Rush (North Cumbria CCG), Richard Scott, NHS North Tyneside CCG and Jonathan Smith (County Durham CCG).

The Committee's Register of Interests was received.

#### 02 Minutes of previous meeting (13 May 2021)

The minutes of the private meeting held on 13 May 2021 were accepted as an accurate record.

#### 03 Matters arising from the previous meetings and action log

There were no matters arising from the meeting.

The action log was updated.

##### 03.2 Gender Dysphoria

Reference was made to the ICS-wide guidance on prescribing gender dysphoria drugs which had been shared with practitioners. However, there was also a need for a shared care agreement to be in place to support the safe prescribing of drugs and monitoring arrangements. As there was currently a three-year wait for NHS services it was important that a shared care agreement could be run out to the private sector. This would also support in addressing the

number of complaints from patients who believe GPs are refusing to prescribe drugs which is not the case

**Action: ask the NCNE Prescribing Committee to consider this issue and bring a recommendation back to the Joint Committee.**

Note: this action was subsequently closed off as confirmation was received that the gender dysphoria guidelines had been considered and adopted by Area Prescribing Committees.

### **Learning Disabilities Treatment and Assessment Review**

SG and NB presented the report which provided an update on the work coordinated through the North of the Region Implementation Group, including North Cumbria, Northumberland, North Tyneside, South Tyneside, Sunderland and Newcastle Gateshead (CNORIG), around the inpatient assessment and treatment unit. The work had commenced in December 2020, following initial review of the present inpatient provision, within the CNORIG patch.

There were issues in terms of trajectories cross the patch to support people to move out of hospital and governance arrangements with ADAS with a formal link to the ICS was in hand.

The overall review of assessment and treatment facilities in the north of the patch had been undertaken and related specifically to Rose Lodge in South Tyneside. This indicated that the present inpatient offer impacted by the offer with local areas, with people's discharge being significant delayed due to access to accommodation and / or care, which is having a negative effect on the availability of the service, the morale of staff, the feedback from families and patients, and wider relationships. For the last 12 months on average in any given week, 50% of the patients accessing the ATU were identified as no longer needing to receive their care and treatment in the ATU. In addition there were human rights issues as people were being deprived of their liberties because there was nowhere else for them to go and issues relating to managing people's mental health

In relation to providers, in South Tyneside the assertive outreach team works with providers to upskill them. A review of CCGs' enhanced community services had noted that each CCG's investment was differential and these were key to moving forward.

**Decision: to support the short term and medium term actions highlighted in the report, including the progression of a consultation process across the CNORIG. This is due to the level of changes required to make the present offer future proof and able to meet need.**

### **Acute pressures**

The Committee discussed the extraordinary pressures across the entire system as the NHS is trying to recover at a time when absences are rising due to staff having to self-isolate which is causing significant operational problems.

There had been a request for CCGs to work with NECS and the Urgent and Emergency Care Network to gain a better understanding and manage demands further down the line by anticipating where service pressures will be using Opel score for primary care to predict community issues. Durham practices had an agreement in place to extract primary care data which supports the system and discussions were taking place about options to use data on performance and modelling. Work is ongoing to connect and identify gaps in reporting and improve the data set. There are two sets of data in primary care – acute and chronic. If there is not enough capacity in the system there is a need for smarter working, prioritising workloads and the relationships between 111 and A&E, perhaps looking at locality based resources so the people who use them do not think they are speaking to a call centre.

It is hoped all organisations within the ICS can agree to a data sharing agreement and further discussion will take place on Friday's ICS call with the three AOs.

IP noted the use of structured flexi-time in Sunderland to enable extra access, with GPs working small blocks and get more capacity from the willing.

Action: IP to forward this information to NO'B.

### **Post Meeting Addendum**

#### **Pre-Term Birth Clinics - commissioning for safety, quality and equity: request to combine allocations**

A request had been made by the Northern Maternity System Clinical Network requesting an agreement for all 8 CCGs to contribute their Preterm Birth financial allocation to a combined fund, hosted by NHS County Durham CCG on behalf of the region, in order to develop a system wide approach.

Based on the delegated financial authority of the 3 Accountable Officers for the 8 CCGs in the North East and North Cumbria ICS and conversations in all the CCGs, the request had been agreed.

## Present

<b>CCG members</b>		
Mark Adams	MA	NHS North Cumbria CCG NHS Newcastle Gateshead CCG NHS Northumberland CCG NHS North Tyneside CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Tees Valley CCG
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
Boleslaw Posmyk	BP	NHS Tees Valley CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Richard Scott	RS	NHS North Tyneside CCG
Jonathan Smith	JS	NHS County Durham CCG
Graham Syers	GS	NHS Northumberland CCG

## In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Alan Foster	AF	NENC Integrated Care System
Laura Hulmes	LH	Trainee GP, Teams Medical Centre
Mark Pickering (representing CCG Directors of Finance)	MP	NHS Tees Valley CCG
Gillian Stanger	GSt	North of England Commissioning Support (NECS)

## Lay members (non voting)

Jeff Hurst	JH
Michelle Thompson	MT

### **01 Welcome, apologies and declarations of interest in relation to the agenda**

Apologies were received from Amanda Bloor (NHS North Yorkshire CCG).

The Committee's Register of Interests was received.

### **02 Minutes of previous meeting (8<sup>th</sup> July 2021)**

The minutes of the private meeting held on 8<sup>th</sup> July 2021 were accepted as an accurate record.

### **03 Matters arising from the previous meetings and action log**

There were no matters arising from the minutes.

The action log was updated.

### **Value Based Clinical Commissioning Policy**

Matthew Walmsley presented the report which noted that the Regional VBCC Group had recommenced in June 2021 following a significant period of pause due to the ongoing Coronavirus pandemic.

During the period, various updates to policies had occurred which would ordinarily have been progressed by the VBCC Steering Group for consideration and adoption into the Regional Policy. The most significant piece of work during this time was a national consultation carried out by NHSE in relation to a further list of 31 national Evidence Based Interventions (EBI), followed by implementation of these policies. In addition to national policy development, there had been updated clinical recommendations made which affect existing local policies contained within the Regional VBCC policy, or policies which had historically been included on the group's workplan to be progressed.

The established process for proposing and considering all policy updates and engaging with local health systems had taken place, with feedback received and considered by the Regional Steering Group. The Steering Group had acknowledged that there were a number of procedures / interventions from the most recent cohort of National EBI policies which fell more into 'pathway guidance' as opposed to those which have limited clinical benefit. As a result, the vast majority of these procedures had been categorised locally as Monitored Approval, which effectively means that whilst they are interventions that should only be performed where specific criteria are met, they can take place without the need to first obtain prior approval. This recognised the need to adopt national policy but within the framework of existing local processes, thereby retaining all policy statements within one overarching document, whilst also listening to feedback of providers and other stakeholders who were concerned with the need to have to obtain prior approval for some of these pathway interventions.

The Regional VBCC Policy had therefore been modified, such that all policies that require either an IFR or a Prior Approval are included in the first section of the policy, with all policies that are categorised as Monitored Approval included in a second section. The aim of this is to make the document as user friendly as possible, whilst retaining a clear record of local and national policy, regardless of the need for prior approval, in one place.

The revised Regional VBCC Policy document includes all confirmed updates following the engagement process carried out. All National EBI policies have been adopted (where no local policy was already in place) with policy criteria agreed by the National EBI programme.

**Decision: to approve the confirmed updates for inclusion in the updated policy from 1st October 2021 on behalf of all CCG members.**

#### **NTAG Annual Report 2020/2021**

**Decision: To receive and note the NTAG Annual Report for 2020/21.**

In response to the Chair's question about the remits of NTAG and Regional Medicines Optimisation Committees (RMOCs), NO'B noted this was being looked at as part of the development of the ICS clinical leadership model.



NTAG Annual Report - June 2021 - final.pdf

#### **4. 11<sup>th</sup> November 2021**

**Present**

<b>CCG members</b>		
Mark Adams	MA	NHS North Cumbria CCG NHS Newcastle Gateshead CCG NHS Northumberland CCG NHS North Tyneside CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Tees Valley CCG
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
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Graham Syers	GS	NHS Northumberland CCG
Matthew Walmsley	ME	NHS South Tyneside CCG

#### **In attendance**

Stephen Childs	SC	North of England Commissioning Support (NECS)
Angela Farrell	AF	NHS Sunderland CCG
Shona Haining	SH	North of England Commissioning Support (NECS)
Kate Hudson (representing CCG Directors of Finance)	MP	NHS South Tyneside CCG
Marie Irons	MI	North of England Commissioning Support (NECS)
Dan Jackson	DJ	NENC Integrated Care System
Iain Loughran	IL	North of England Commissioning Support (NECS)
Julia Newton	JN	Academic Health Science Network (AHSN)
Gillian Stanger	GS	North of England Commissioning Support (NECS)

#### **Lay members (non voting)**

Jeff Hurst	JH
Michelle Thompson	MT

### **01 Welcome, apologies and declarations of interest in relation to the agenda**

Apologies were received from Amanda Bloor (NHS North Yorkshire CCG), Alan Foster (NENC Integrated Care System), Ian Pattison (NHS Sunderland CCG), Boleslaw Posmyk (NHS Tees Valley CCG), Richard Scott (NHS North Tyneside CCG) and Jonathan Smith (NHS County Durham CCG)

The Committee's Register of Interests was received.

### **02 Minutes of previous meeting (9<sup>th</sup> September 2021)**

The minutes of the private meeting held on 9<sup>th</sup> September 2021 were accepted as an accurate record.

### **03 Matters arising from the previous meetings and action log**

There were no matters arising from the minutes.

The action log was updated.

The Chair referred to discussions which had taken place in private meetings of the Committee, the minutes of which he felt could be published on CCG websites.

**Decision: Chair and GS to undertake a sift of items considered to be suitable for publication and arrange for this to be done.**

The Chair noted that Matthew Walmsley would bring a paper on VBC / IFR at the January 2022 meeting of the Committee.

#### **04 System approach to preparing well for surgery in North East North Cumbria (NENC)**

Neil O'Brien, Angela Farrell and Marie Irons gave a presentation on the development of NENC approach to supporting patients waiting for surgery. Essential to this work would be the continued development of the NECS dashboard to be used to target patients waiting for surgery, and which offer a tiered menu of support. It was noted that postponement of non-urgent treatment in March 2020, including elective surgery, due to the COVID19 pandemic, had increased the waiting list for treatment to over 5 million people and the proposal was to offer to help those patients likely to have very long waits for surgery. The aim was to use primary and secondary care data to:

- enhance development of existing data dashboards to support clinicians with risk stratification and to help target effective use of resources and use population health management approaches to identify and segment the patient groups by vulnerability (clinical and social)
- accurately risk assess patients to most appropriately use hot and cold sites and increase throughput
- support patients to use the time they wait for surgery to prepare physically and psychologically for their procedure, helping to minimise recovery time and maximise surgical outcome
- improve data collection of patient related outcome measures

Comments included:

- recognising concerns that some people may slip through the net which may require further work to ensure equitable access;
- the work, led by a programme board, will go through the route of the ICS structure for agreement and implementation;
- NECS is preparing an outline business case to present to the Customer Owner Board with a view to committing a proportion of transformation funds to the work as long as there is security of resource going forward and to demonstrate its value which would give the ICB confidence to pick up funding thereafter;
- in Northumberland there are still some practices which will not sign up to a data protection agreement with RAIDR in order to share their information and may need further support to get on board;
- there is unlikely to be an issue around procurement in the future around private sector providers.

**Decision: to support the development of the NENC approach to supporting patients waiting for surgery.**

#### **05 Research and Evidence annual update**

Shona Haining presented a report in relation to CCG statutory duties:

- To support and promote research
- To use evidence from research for decision making
- Ensure excess treatment costs related to research are funded

This focussed on the successes and challenges and partnership working in relation to:

Strategic

- developing and delivering urgent public health research studies
- targeting health needs
- geonomics and NECS funded research

Primary Care Strategy

Applied research Collaborative (ARC)

Research Capability Funding

Clinical Research Network

Use of evidence for research

## Excess Treatment Costs

Despite the challenges, there had been growth in engagement in R&E and more alignment of research and health and care priorities across stakeholders but there was still more to do.

MA thanked SH and the R&E team for a really positive report in relation to achievements throughout the pandemic and this was reiterated by the Committee.

## 06 AHSN NENC and its role with the National Lipid Management Pathway including inclisiran

Julia Newton gave a presentation on the work of the AHSN Network and, in particular, noted that the NENC Network (which worked as one of a network of 15) had been commissioned by NHSE/I to deliver the national lipids and familial hypercholesterolaemia (FH) programme.

In January 2020, under a Population Health Management (PHM) framework to help tackle CVD as part of the NHS Long Term Plan, NHSE/I had announced a partnership with Novartis Pharmaceuticals UK, to launch inclisiran (Leqvio) in England. In September 2021, NICE had issued final guidance recommending inclisiran for eligible patients in England. There were seven key enablers to maximise the opportunity for delivery in primary care and engagement was underway.

Members were asked to let JN know of any platforms to raise awareness of the programme and, in response, noted opportunities via medicines optimisation groups, practice time-outs and linkages with PCNs.

## 5. 9<sup>th</sup> December 2021

### Present

CCG members		
Mark Adams	MA	NHS North Cumbria CCG NHS Newcastle Gateshead CCG

		NHS Northumberland CCG NHS North Tyneside CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	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

#### **In attendance**

Stephen Childs	SC	North of England Commissioning Support (NECS)
Jon Connolly (representing CCG Directors of Finance)	JC	NHS North Tyneside and Northumberland CCGs
Dan Jackson	DJ	NENC Integrated Care System
Gillian Stanger	GSt	North of England Commissioning Support (NECS)
Ali Wilson	AW	NENC Integrated Care System

#### **Lay members (non voting)**

Michelle Thompson	MT
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#### **01 Welcome, apologies and declarations of interest in relation to the agenda**

Apologies were received from Amanda Bloor (NHS North Yorkshire CCG), Jeff Hurst (Lay member), Neil O'Brien (NHS County Durham, South Tyneside and Sunderland CCGs), Richard Scott (NHS North Tyneside CCG) and Graham Syers (NHS Northumberland CCG)

The Committee's Register of Interests was received.

#### **02 Minutes of previous meeting (11<sup>th</sup> November 2021)**

The minutes of the private meeting held on 11<sup>th</sup> November 2021 were accepted as an accurate record.

#### **03 Matters arising from the previous meetings and action log**

There were no matters arising from the minutes.

The action log was updated.

The Chair noted that arrangements would be made for appropriate minutes of the previous meeting to be published on CCG websites.

#### **Any other business**

##### **Connection to Great North Care Record**

MD was seeking £60k non recurring funding to connect out of hours organisations to the GNCR

**Action: MD to email JC with the detail**

##### **Health Pathways portals**

MD noted the work he has been taking place to bring portals for health pathways together. He had sought support from SC in relation to sharing information and setting this work up to standardise care on the frontline.

##### **Medical Leadership paper**

BP referred to a paper NOB had produced on medical leadership and asked whether this could be formally included in papers to this Committee to ensure it reaches all CCG GBs

**Action: DG MA NOB will pick up**