Agenda

Part 1
Meeting held in public

Meeting title: **Northern CCG Joint Committee**

Date: **Thursday 7 November 2019**
Time: **2.00pm – 2.40pm**
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	2.00-2.05	Enclosure 01
02	Minutes and action log of previous meeting – 5 September 2019 02.1 Minutes 02.2 Actions	Chair	2.05-2.10	Enclosure 02
03	Matters arising from the previous meeting, including 03.1 Cumbria and the North East Prescribing Forum 03.2 Individual Funding Requests (IFR) – A System Review Update	Chair Dan Jackson Matthew Walmsley	2.10-2.20	Verbal Enclosure 03 Verbal
	Items for decision			
04	Governance update, including 04.1 Joint Committee Terms of Reference 04.2 Chair's term of office – to agree process	Chair	2.20-2.30	 Enclosure 04 Verbal
	Items for discussion			
05	Questions from members of the public relating to specific items on the agenda	Chair	2.30-2.35	Verbal
06	Any other business	Chair	2.35-2.40	Verbal

Date and time of next meeting: 9th January 2020
2.00pm – 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

2020

Date	Time	Venue
Thursday 9 January 2020	2.00 – 5.00pm	The Durham Centre
Thursday 12 March 2020	2.00 – 5.00pm	The Durham Centre
Thursday 14 May 2020	2.00 – 5.00pm	The Durham Centre
Thursday 9 July 2020	2.00 – 5.00pm	The Durham Centre
Thursday 10 September 2020	2.00 – 5.00pm	The Durham Centre
Thursday 12 November 2020	2.00 – 5.00pm	The Durham Centre

Northern CCG Joint Committee Offcial Enclosure 01

Register of Interests as at 22 August 2019

			Type of Interest						
Name	**Current position(s) held in the CCG(s)**	**Declared Inerest (name of the organisation and nature of business)**	**Financial Interest**	**Non-financial Professional**	**Non-financial Personal**	**Nature of interest**	**Is the interest direct or indirect**	**Date declared**	**Action taken to mitigate risk**
Mark Adams	Accountable Officer for Newcastle Gateshead CCG and North Tyneside CCG and Northumberland CCG	Newcastle Gateshead CCG	ü			Accountable Officer	direct	Jul-19	Will declare at meetings as required
		North Tyneside CCG	ü			Accountable Officer	direct		Will declare at meetings as required
		Northumberland CCG	ü			Accountable Officer	direct		Will declare at meetings as required
		Beverley Park Leisure Ltd	ü			Director	direct		Not relevant to CCG role
		GLSKR.com Ltd	ü			Director	direct		Will declare at meetings as required
Nicola Bailey	Chief Officer Durham, Darlington and Tees CCGs	Medicine and urgent care at Newcastle hospitals			ü	Daughter is an Assistant Directorate Manager	indirect	Jul-19	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		NECS Shadow Customer Board		ü		Member	direct	Jul-19	
		Conflict of interest relating to Chief Officer role across five CCGs	ü			Chief Officer	direct	Nov-18	
Amanda Bloor	Accountable Officer for Harrogate & Rural District CCG Hambleton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	Harrogate & Rural District CCG Hamblton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	ü			Accountable Officer	direct	Feb-19	Will declare at meetings as required
Mark Dornan	Clinical Chair for Newcastle Gateshed CCG	Newcastle Gateshead CCG	ü			Clinical Chair Governing Body member Executive Committee Chair	direct	Jul-19	Will be declared at meetings where relevant
		Teams Medical Practice	ü			Partner and GP Trainer	direct		
		Academic Health Science Network		ü		Governing Body Member	direct		
		Gateshead Community Based Care	ü			Teams Medical Practice is a member	direct		
		Inner West Gateshead Primary Care Network	ü			Teams Medical Practice is a member	direct		

		Branch End Practice, Stocksfield	ü			Wife is GP Partner	indirect		
Stewart Findlay	Chief Officer Durham, Darlington and Tees CCGs	Bishopgate Medical Practice, Bishop Auckland	ü			Part owner	direct	Jul-19	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		NECS Shadow Customer Board		ü		Member	direct		The person declaring the non-financial professional interest will not take part in any decision making relating to the area of interest being declared, may take part in decision making if appropriate.
		North Durham CCG				Daughter is employed as Commissioning and Development Lead	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Conflict of interest relating to Chief Officer role across five CCGs	ü			Chief Officer	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
David Gallagher	Accountable Officer for Sunderland CCG	Sunderland CCG	ü			Chief Officer	direct	Jul-19	Will declare at meetings as appropriate
		Specsavers Peterlee		ü		Daughter is Store Manager	indirect		
Caroline Gitsham	Chair of NHS South Tees CCG	South Tees CCG	ü			Chair	direct	Aug-19	Will declare at meetings as appropriate
		Caroline L Gitsham Consulting Ltd	ü			Sole owner	direct		
		Humankind	ü			Trustee	direct		
David Hambleton	Accountable Officer for South Tyneside CCG	South Tyneside CCG	ü			Chief Executive	direct	Nov-17	Will declare all interests within meetings as appropriate and exclude myself from discussion when required
		North of England Commissioning Support		ü		Wife employed by NECS	indirect		
Neil O'Brien	Accountable Officer for Durham Dales, Easington and Sedgefield CCG Darlington CCG North Durham CCG South Tees CCG Hartlepool and Stockton on Tees CCG	Cestria Health Centre, Chester le-Street	ü			GP Partner	direct	Jul-19	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.

		Cestria Health Centre, Chester le-Street	ü			Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpations in which I financially benefit	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Chester Le Street Primary Care Network	ü			Cestria is a member of	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Chester-le-Street Health Ltd (GP Federation)				Cestria is a member of	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		County Durham and Darlington NHS Foundation Trust (CDDFT)				Wife employed at CDDFT	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis
		Conflict in relation to being Accountable Officer across five CCGs	ü				direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
Charles Parker	Chair for Hambleton,	Conflict in relation to being	ü			Chair	direct	Jul-19	Declare before discussion and exclude
		Topcliffe Surgery	ü			GP	direct		
		Hambleton South Primary Care Network	ü			Practice is a member of the Network	direct		
		South Tees NHS Foundation Trust	ü			GP in A&E	direct		
Ian Pattison	Clinical Chair for Sunderland CCG	NHS Sunderland CCG	ü			Clinical Chair	direct	May-18	Will declare at meetings as appropriate
		Southlands Medical Group	ü			GP Partner			
			ü			Practice is a member of the Sunderland GP Alliance			
		Sunderland East Primary Care Network	ü			Practice is a member of the Network			
		NHS England	ü			GP Appraiser			
		Grainger Medical Group, Newcastle	ü			Wife is a GP	indirect		
Boleslaw Posmyk	Chair for Hartlepool and Stockton CCG and Darlington CCG	NHS Hartlepool and Stockton C	ü			CCG Chair/salary	direct	Nov-17	Interests will be declared at meetings as required
		NHS Darlington CCG	ü			CCG Chair/salary	direct	Sep-18	
		Havelock Grange GP Practice	ü			Profit share	direct	Nov-17	
						Income from owned practice premises			

		HAST GP Federation	ü			Interest via practice shareholding in federation	Indirect		
		Rockcliffe Court Surgery, Hurworth	ü			Salaried GP	direct	Sep-18	
David Rogers	Medical Director / Interim Accountable Officer for North	NHS North Cumbria CCG	ü			Medical Director / Interim Accountable Officer	direct	Dec-17	Will declare at meetings as appropriate
Jon Rush	Chair for North Cumbria CCG	NHS North Cumbria CCG	ü			Chair	direct	Jan-18	Where there is a relevant decision required at the Joint Committee that could deem to be a potential conflict, I will declare it and then decide what role I take in the decision making.
Richard Scott	Clinical Chair for North Tyneside CCG	North Tyneside CCG	ü			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)	ü			GP Partner and GP trainer; member of CCG Council of Practices	direct		
		Tyne Health (North Tyneside GP Federation)	ü			that is a shareholder of TyneHealth. Practice Manager is a director of	direct		
		Northumbria Healthcare FT			ü	Wife works as a District Nurse for Northumbria Healthcare FT	indirect		
		Whitley Bay Primary Care Network	ü			Practice is a member of the Network	direct	1.7.19	
Jonathan Smith	Clinical Chair for Durham Dales, Easington and Sedgefield CCG	Durham Dales, Easington and Sedgefield CCG	ü			Clinical Chair	direct	Dec-17	All interests will be declared at meetings as appropriate
		Silverdale Family Practice, South Hetton	ü			GP Partner	direct		
		Council of Members, Durham Dales, Easington and Sedgefield CCG	ü			Representative for Silverdale Family Practice	direct		

		Academic Health Science Network		ü		Director	direct		
		South Durham Health Federation	ü			Member	direct		
Matthew Walmsley	Chair for South Tyneside CCG	Chair	ü			Chair	direct	Feb-18	Declaration and withdrawal
		Health and Wellbeing Board		ü		Vice Chair	direct		
		Marsden Road Health Centre	ü			Partner	direct		
		Houghton Medical Group	ü		ü	Wife is a Partner	indirect		
		Houghton-le-Spring Scout District			ü	Chair/Trustee	indirect	Aug-19	
		South Tyneside (South) Primary Care Network	ü			Practice is a member; Practice partner is a Clinical	direct	Aug-19	
		South Tyneside Health Collaboration	ü			Practice is a member; Practice partner is a Board member	direct	Aug-19	
		Wawn Street Surgery	ü			GP Practice provides clinical and managerial services to	direct	Aug-19	
		Sunderland Coalfields Primary Care Network			ü	Wife's practice is a member	indirect	Aug-19	
		Sunderland GP Alliance			ü	Wife's practice is a member	indirect	Aug-19	
Non voting members									
Stephen Childs, Managing Director of NECS		C:\Users\ gillian.stanger\ Desktop\Stephen						Jul-19	Non-voting member
Ken Readshaw, Lay member	Governing Body member	nondshire Whitby CCG	ü			Governing Body member	direct	Aug-19	Non-voting member
		Scarborough and Ryedale CCG	ü			Governing Body member	direct		
		The Wensleydale School and sixth form			ü	Governor	direct		

		Charlton Highdale Parish			ü	Responsible financial officer	direct		
		Health Accommodation Trust			ü	Trustee	direct		
		University of York	ü			Spouse is project manager for TB and tobacco at York University	indirect		
Feisal Jassat	Governing Body lay member	North Durham CCG	ü			Governing Body lay member	direct	Jan-18	Non-voting member
		Durham Dales, Easington and Sedgefield CCG	ü			Governing Body lay member	direct	Aug-18	
Jon Connolly	Chief Finance Officer for North Tyneside CCG and Northumberland CCG	North Tyneside CCG	ü			Chief Finance Officer	direct	Feb-19	Non-voting member
		Northumberland CCG	ü			Chief Finance Officer	direct		

Northern CCG Joint Committee

5 September 2019 /2.00 – 2.40pm / The Durham Centre

Part 1 - Meeting held in public

Present

CCG members		
Mark Adams	MA	NHS Newcastle Gateshead CCG and NHS North Tyneside CCG NHS Northumberland CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Sunderland CCG
Caroline Gitsham	CG	NHS South Tees CCG
David Hambleton	DH	NHS South Tyneside
Charles Parker	CP	NHS Hambleton, Richmond and Whitby CCG
Ian Pattison	IP	NHS Sunderland 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 Darlington CCG NHS Hartlepool and Stockton on Tees CCG NHS South Tees CCG
Matthew Walmsley	MW	NHS South Tyneside CCG

Lay members (non-voting)	
Feisal Jassat	FJ
Ken Readshaw	KR

In attendance

Dan Jackson	DJ	NHS Sunderland CCG
Michelle McGuigan	MMcG	North of England Commissioning Support (NECS)
Gillian Stanger	GS	North of England Commissioning Support (NECS)

Members of the public

Susan Hall	Takeda
Jill Stirland	Allergan

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
The Chair welcomed everyone to the meeting. Apologies were received from Nicola Bailey (NHS Darlington, NHS Hartlepool and Stockton on Tees, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS South Tees CCGs), Amanda Bloor (NHS Hambleton, Richmond and Whitby CCG), Stephen Childs (North of England Commissioning Support), Jon Connolly (NHS North Tyneside CCG), and Stewart Findlay (NHS Darlington, NHS Hartlepool and Stockton on Tees, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS South Tees CCGs), Neil O'Brien (NHS Darlington, NHS Hartlepool and Stockton on Tees, NHS North Durham, NHS Durham Dales, Easington and Sedgefield and NHS South Tees CCGs), David Rogers (North Cumbria CCG) The Committee's register of Interests was received.	

BP noted that all GP Practices were now members of Primary Care Networks and clinical members of the Committee would need to update the register as requested.

02 Minutes and action log of previous meeting (4 July 2019)

The minutes of the meeting held on 4 July 2019 were accepted as an accurate record,

The action log was updated:

02.1 CNE Prescribing Forum
DJ noted that Chris Grey was currently discussing the involvement of Trust medical directors on the Forum but this was not yet resolved.

JW noted that the future of the Forum was the subject of current discussions and had been paused in its current format. Further information would be provided for next meeting of the Committee but in the meantime current reporting arrangements would still apply.

03 Matters arising from the previous meeting (and action log)

There were no matters arising from the previous meeting.

04 Individual Funding Requests (IFR) – A System Review Update

MW presented a report which gave an update on progress in relation to the recommendations previously approved by the Joint Committee

MW asked the Committee to formalise a view on

(i) Whether ratification of the final version of the IFR policy should be at individual CCG level prior to the Northern CCG Joint Committee or the Joint Committee prior to CCG level?

It was felt that ratification of the policy could be taken by the Joint Committee in April 2020 in line with and subject to approval of the Committee's refreshed Terms of Reference
Decision: The Committee agreed that, subject to final approval of its Terms of Reference the IFR policy could be ratified by the Joint Committee.

(ii) Recognising that a new Value Based Commissioning (VBC) policy would be implemented in April 2020, whether the new IFR policy could be introduced at the same time?
Decision: That the new IFR policy should be implemented in April 2020.

(iii) The appropriate mechanism to consider the recommendations which would require additional resourcing to enable them to be progressed:
(a) Business case submitted to the Joint Committee for the additional resources, or
(b) Business case submitted to NECS for the additional resources?

The need to update the IFR IT system was noted and would require additional funding. MMcG indicated that NECS was looking for investment opportunities and would be keen to have discussions to develop a product to meet business needs and which could also be sold elsewhere.

CP raised the need for an equitable service, recognising that NHS Hambleton, Richmond and Whitby (HRW) were currently not customer owners of NECS and MMcG noted that the customer board was supportive of HRW becoming a customer owner.

NECS would need to scope out the requirements and work up costings and potential options for an updated IT IFR system (including possible links to the VBC system) for consideration by the Joint Committee.
Decision: NECS to scope out business requirements, costings and options to

update the IFR IT system for consideration by the Joint Committee.	MMcG
(iv) The recommendation made by the review not to have routine clinical advisor (public health) involvement in the IFR panels due to scarce resources had been challenged by the panels who felt that public health was essential and invaluable. Recognising that an additional four public health specialists had recently been appointed in the system (through NECS' surplus) it was felt that the resource was now not quite as scarce and that the possibility of input from public health specialists/practitioners (who may not have a medical background) could be explored. **Decision/action**: **MW to discuss the option of utilising public health specialists/practitioners on the IFR panels with Tom Hall.**	MW
(v) Recognising that a screening service was to be in place for cases which are not appropriate for IFR panels, there was a need to identify a mechanism for funding e.g. requests for communications aids and children's continence aids above what is normally provided in contracts. Whilst a regional approach to this would be preferable, it was accepted that this would require all CCGs to commission services on exactly the same basis, therefore a decision making process which was regional but an implementation programme which was local to CCGs would be the way forward. **Decision/action: to run the trial screening process for three months, count the number of cases screened out, together with a summary of the types of cases and develop an options paper for consideration by the Committee.**	MW
05 NECS' Annual Review 2018/19	
MMcG presented the interactive NECS' Annual review and highlighted – - Overall growth and employment provided - Development tools, including VBC and capacity tracker - Positive staff results DH noted NECS' success which was not always acknowledged across the system and it was suggested that the report be shared with the Health Strategy Group. **Decision: to receive the report.**	
06 Questions from members of the public relating to specific items on the agenda	
There were no questions from members of the public.	
07 Any Other Business	
07.1 Lay Member Network FJ reiterated that Cumbria and the North East (CNE) had been successful in its application to develop a local Integrated Care System (ICS) network for lay members and non-executive directors. A project team had been meeting over the last six months and a briefing event was being planned for November which would cover strategic thinking, an example of best practice and table top discussions to identify opportunities and challenges within the framework of Integrated Care Partnerships (ICPs)	

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 7th November 2019
2.00pm
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	4.7.19 5.9.19	**CNE Prescribing Forum** Seek the views of Foundation Trust Medical Directors on how they would like to be involved in the Prescribing Forum. Further information to be made available to November meeting on future format of the Committee which is currently under discussion.	DJ	Not specified November agenda	5.9.19 Chris Grey discussing involvement with medical Directors – not yet resolved.	
2	5.9.19	**IFR System Review** 1. NECS to scope out business requirements, costings and options to update the IFR IT system for consideration by the Joint Committee. 2. Discuss the option of utilising public health specialists/practitioners on the IFR panels with Tom Hall. 3. Run the trial screening process for three months, count the number of cases screened out, together with a summary of the types of cases and develop an options paper for consideration by the Committee	Michelle McGuigan MW MW	Not specified Not specified January 2020 meeting	Update requested 8.10.19	

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	7.3.19	**Review of Northern Treatment Advisory Group Terms of Reference** Contact Heathwatch to see if a replacement could be identified	Gavin Mankin	Not specified	GM contacted Healthwatch County Durham to see if they would like to nominate a patient representation (as NTAG meetings take place in Durham). As yet, no reply but GM will continue to follow up on behalf of NTAG. 05.07.19 – Update received from GM – no response from Durham	Complete – GM confirmed a patient rep from County Durham Health-watch has been recruited to

					Healthwatch.GM to speak directly to Vice-Chair. In interim NTAG has agreed to seek the view of relevant patients groups related to any guidance NTAG is producing prior to each meeting.	attend NTAG meetings from February 2020
2	2.5.19	**The Applied Research Collaborative (ARC) Implementation Advisory** Speak to Paula Whitty to request the Group's terms of reference/meeting schedule and to check membership status as described above, following which the request for a replacement member would be circulated.	DJ	4.7.19	Neil O'Brien has agreed to represent CCGs on the group. Action: DJ to circulate ToR when developed.	Complete – document circulated 20.8.19

Northern CCG Joint Committee

Date of meeting: 7 November 2019

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

Title of report: Update Regarding Future Reporting Arrangements for CNE Prescribing Forum

Purpose of report:

This is an update on a previous paper submitted in July 2019 which discussed the future reporting arrangements for the North East and North Cumbria Prescribing Forum. The forum was originally formed with the agreement of the Northern CCG forum, to discuss prescribing and Medicines Optimisation issues which were common to all CCGs and to help facilitate a consistent at scale approach.

In July 2019 it was agreed that the Prescribing Forum should report to the CCG Joint Committee following the dissolution of the Demand Management Group, which it has previously reported into. (The final report from the Prescribing Forum to the Demand Management Group is in Appendix 1)

Since then however a number of emerging issues have come to light:

1. The NENC ICS has been part of a National Pilot called "Integrating Pharmacy and Medicines Optimisation" (IPMO) which aims to develop mechanisms for a cross sector approach to medicines and pharmacy issues. As a result across sector NENC ICS Pharmacy and Medicines Strategy Group (PMSG) has been formed, this reports into the ICS Optimising Health Services Board.

   In July the OHS Board asked for the prescribing forum to report into the PMSG and to give primary care input

2. Dr Graham Syers (Northumberland CCG) has chaired the Prescribing Forum for a number of years, yet due to changes in commitments to his CCG role, has stood down with Ian Morris (NECS Head of Medicines Management) standing in as acting chair. At the same time it was recognised that obtaining GP input was difficult due to time commitments and some of the agenda not being relevant to them. This prompted discussion about the future operating model for the Prescribing Forum which led to the following points being agreed by the membership to enable it the forum to better fulfil its role:

- The Prescribing Forum should amend it TOR (see appendix 2) to reflect its new focus on pharmacy/MO issues in light of the need to input into the IPMO work.
- Review and stand down some of the projects which are no longer progressing at pace or have delivered already ie stoma, dressings, eRD
- The timing of the meeting should alternate with the ICS Pharmacy and Medicines Strategy Group to allow for items to be discussed between the two meetings.
- The agenda should be simplified to cover at scale work and things passed down from the IPMO strategy group
- Promote the wok of the group as being primary care focussed but with a need to integrate with the wider system to prevent silo working.
- Look at options such as video conferencing to make attendance easier
- Review the process for obtaining GP input where needed on prescribing issues and provide an open invite to existing prescribing leads if they wished to continue to attend, whilst acknowledging the pharmacy focus due to the IPMO link.

Recommendations:

It is recommended that:

1. CCGs continue to support the need for the collaborative approach of the Prescribing Forum, and support the points listed above to help the forum to enable it to better fulfil its role.
2. Acknowledge the joint requirements of the forum to give a steer on CCG prescribing issues whilst also needing to provide support to the ICS Pharmacy and Medicines Strategy Group (PMSG). This will require the forum to jointly report Northern CCG Joint Committee, and the PSMG.
3. Issues which require a joint CCG approach will be taken to the Northern CCG Joint Committee for a collaborative decision. (This will reduce the need to seek individual CCG agreement - possible examples would include regional self-care campaigns, primary care prescribing policies etc).
3. Terms of reference (see appendix 2) will be reviewed – it is recommended that this will be done once confirmation of reporting arrangements have been made.

Is the paper for (please tick):

Decision-making	X

Information Sharing
Discussion ☐

Actions required by Northern CCG Joint Committee:

1. Support the need for the collaborative approach of the Prescribing Forum, and support the points listed above to help the forum to enable it to better fulfil its role.

2. Acknowledge the joint requirements of the forum to give a steer on CCG prescribing issues whilst also needing to provide support to the ICS Pharmacy and Medicines Strategy Group (PMSG). This will require the forum to jointly report Northern CCG Joint Committee, and the PSMG.

3. Agree that issues which require a joint CCG approach will be taken to the Northern CCG Joint Committee for a collaborative decision.

4. To agree the review of the TOR of the CNE Prescribing Forum once reporting arrangements and the actions stated here have been agreed.

Appendices:

Appendix 1
Prescribing Forum report to Demand Ma

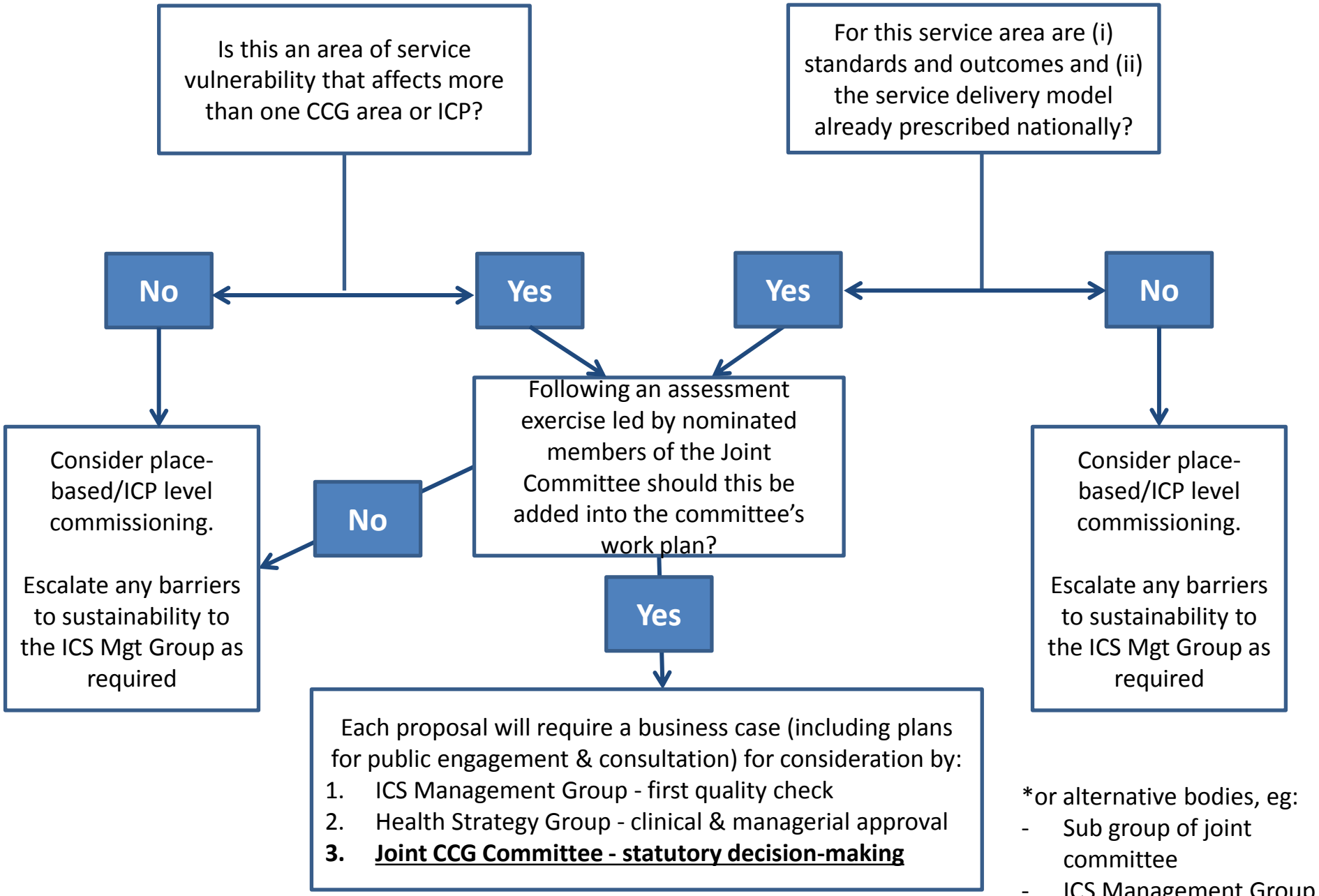
Appendix 2
CNE Prescribing Forum TOR - Sept 17

Sponsor: Dr Neil O'Brien

Report Author:
Ian Morris (Acting CNE Prescribing Forum Chair; NECS Head of Medicines Optimisation)
Dr Graham Syers (Former CNE Prescribing Forum Chair)

Date: 25th October 2019

Flowchart to identify ICS-level commissioning decisions in the North East & North Cumbria



*or alternative bodies, eg:

- Sub group of joint committee
- ICS Management Group

Potential scoring criteria (a score between 15-25 would be eligible for consideration by the Committee

Category (details set out in business case)	Very Low 1	Low 2	Mid-scale 3	High 4	Top 5
Contributes to the achievement of ICS aspirations	Proposal does not demonstrate any links to the achievement of ICS outcome aspirations	Proposal would make a limited contribution to he delivery of some ICS outcome aspirations	Proposal would make a contribution to achievement of one ICS objective	Proposal demonstrates a clear contribution to the delivery of more than one ICS objective	Proposal strongly demonstrates a significant contribution to achievement of more than one ICS outcome aspiration
Working at ICS-scale would improve Quality & Safety	Does not provide enough quality evidence.	Weak, but includes some quality evidence.	Reasonable amount of quality evidence.	Adequate amount of quality evidence.	Strong quality evidence base.
Working at ICS scale would deliver significant finance & efficiency gains	Proposal costing does not suggest credible financial savings from commissioning at scale	Proposal calculations and estimated expenditure are weak and doe not detail a breakdown and or forecast of the project expenditure and likely efficiency gains	Proposal outline is viable, achievable and affordable. Includes a breakdown of projected spend and credible forecast savings	Project calculations detailed with breakdown of quarterly expenditure, affordable, viable and achievable, with indication of projected savings.	Proposal would be cost effective with detailed savings expected over project delivery and beyond as a result of expected impact - spreadsheet costing, detailed project expenditure and projected forecast provided attached as appendix.
The risks of working at scale have been considered	Proposal shows no consideration of risk, nor how risk could be managed	Proposal indicates a consideration of risk management and reduction measures	Proposal includes some consideration of risks and includes a strategy, contingency plans for future risk.	Proposal includes a detailed risk register and interdependencies, including the issues that may arise as a result of delivery	Proposal clearly identifies the potential or real risk and proposes mitigating actions (including risks to the health economy)
Contracting & Procurement	Proposal does not clearly identify the implications for contracting, procurement or the implications for existing contractors or decommissioning strategy, nor timelines for procurement process as part of the application and delivery.	Project indicates how services will be impacted, what the current timeline and impact and what services and support would be required as part of the process for delivery.	Project indicates the implication for timelines and how this will be incorporated into the process for delivery.	Project clearly indicates the approach to and options considered as part of the delivery process.	Project clearly identifies the implications for contracting, procurement and the implications for existing contractors and decommissioning strategy, outlining how the contract will achieve real objectives in the appropriate contractual schedules.

Northern CCG Joint Committee

Terms of Reference

Version	Date	Comments
1.0	5.10.17	Considered at Joint CCG Committee for CNE meeting
2.0	12.10.17	Updates incorporated following Joint CCG Committee for CNE meeting on 5.10.17 as follows: Para.2 – Insertion re term of office: 'The term of office will be two years'. Para.5 – Insertion of paragraph re lay members: 'There will also be two (non-voting) lay members appointed to the Joint Committee, one of whom will be from a patient and public involvement perspective and the other from a finance and governance perspective. Where feasible, one lay member will be from the north of the patch and the other from the south of the patch' *Following the selection process on 5th January 2018, the ability to do this was not possible hence why this further addition has been made in red above.* Para 15 – Insertion of sentence re decision making: 'Decisions will be taken only by those CCGs to whom a particular issue applies' Para 16 – amendment to paragraph re collective decisions to read: The collective decisions of the Joint Committee shall be binding on all member CCGs to whom a particular issue applies, and decisions will be published by individual CCG members on their websites. All decisions of the Joint Committee must be unanimous.
	4.1.18	Title of the Committee This has been amended to read consistently throughout as 'Northern CCG Joint Committee' At its meeting on 1 January 2018 (development session), the Joint Committee agreed - not to include financial limits for decision making in the terms of reference. - that the Vice-Chair would be selected from any appointed lay member
	3.5.18	Amended to note the correct title of NHS Hartlepool and Stockton-on-Tees CCG. Title of Committee confirmed as 'Northern CCG Joint Committee'
	5.7.18	At its meeting on 5 July 2018 the Joint Committee agreed that the Chair of the CCG Chief officer group would be invited to attend meetings of the Committee (both the public and private sessions) and would receive the papers. Terms of Reference approved.
	4.7.19	Revised Terms of Reference agreed for submission to and approval by CCG Governing Bodies.

TERMS OF REFERENCE

Northern CCG Joint Committee: membership and functions

1. Membership of the Northern CCG Joint Committee (hereafter referred to as 'the Joint Committee') will be open to the twelve undermentioned clinical commissioning groups :

- NHS Darlington CCG
- NHS Durham Dales, Easington & Sedgefield CCG
- NHS Hambleton, Richmondshire & Whitby CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- NHS North Durham CCG
- NHS Northumberland CCG
- NHS North Tyneside CCG
- NHS South Tees CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG

2. Voting membership of the joint committee will comprise the Chair and Chief Officer from each member CCG, or a nominated deputy.

3. The Chair and Vice Chair of this Joint Committee will be elected by the members of the Joint Committee, and must come from the twelve member CCGs. Both roles cannot be undertaken by members of the same CCG. The term of office will be two years.

4. Each CCG will be entitled to exercise one vote in the Joint Committee – this means that the two representatives of each CCG will have to be in agreement when exercising their CCG's vote. It will then be important for these representatives to canvas views from their nominating CCG prior to meetings and to discuss agenda matters in advance of meetings.

5. There will also be two (non-voting) lay members of CCGs appointed to the Joint Committee, one of whom will be from a patient and public involvement perspective and the other from a finance and governance perspective. One lay member will, where feasible, be from the north of the patch and the other from the south of the patch. One of these lay members will also perform the role of Vice-Chair.

6. Also attending the meeting (in a non-voting capacity and where appropriate under the conflicts of interest policies of the CCGs) will be the Managing Director of NECS, a named Director from NHS England, the Head of Strategic CCG Development and the Chair of the CCG Chief Finance Officer Group.

7. The Joint Committee will be guided by the following principles:

- Subsidiarity: decisions should be made at the smallest geographical level possible, and joint decisions covering a wider geography should only be taken where this adds value.
- 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.

8. The Joint CCG's Committee's work plan will be set annually using a decision-making flowchart and scoring criteria set out in Appendix 1. Where this flowchart shows where there is a policy, guideline or procedure that would benefit from full Committee sign-up these should be included. This process will be overseen by nominated members (Chair and Chief Officer from each member CCG, or a nominated deputy) of the Joint Committee. This work programme will then need to be approved by the Joint Committee and then approved by each member CCG.

9. If urgent or exceptional issues emerge after this work programme is set that require a collective decision then approval for this will need to be agreed unanimously by the Joint CCG Committee. And ratified by each member CCG.

10. The Joint Committee will also ensure compliance with the four key tests for service change as established by the Department for Health:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

11. In accordance with statutory powers under s.14Z3 of the NHS Act 2006, the proposed Joint Committee will be able to make decisions on procuring services and awarding contracts, chiefly to the providers of specialised acute and ambulance services. In discharging this function the committee will:

- Determine the options appraisal process for commissioning services, including agreeing the evaluation criteria and weighting of the criteria

- Where appropriate, determine the method and scope of the consultation process, and make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to go run a formal consultation process). That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended).

- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in order to reach a decision, taking into account all of the information collated and representations received in relation to the consultation process.

- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it, ensuring that individual CCGs' retained duties can be met.

Decision-making and links to individual CCG Governing Bodies

12. The NHS Act 2006 (as amended) enables CCGs to exercise certain functions jointly and to take collective binding decisions as to the exercise of these functions. To be clear, this legislative permission only applies to Joint Committees of CCGs and does not apply to enable decision-making to be exercised by any alternatively constituted or wider group (for example, an STP Board or Programme Board).

13. Under this legal framework, the power to take commissioning decisions in respect of health services sits with CCGs (and to a more limited extent NHS England), with decisions being taken by the Governing Body or otherwise, as determined in the relevant governance documents. On this basis, all commissioning decisions must be taken by the CCGs acting independently or as a formally constituted joint CCG committee. Therefore, when functions are delegated to the Joint Committee, it will transact all the work necessary to discharge those functions. The Joint Committee will be the decision maker in relation to that work and those functions, however it is for the members of the Joint Committee to consult their own Governing Body prior to any decision being taken and for the members to report back to their relevant CCG Governing Body.

14. The relevant parties to whom any Joint Committee decision applies must be agreed first by the Joint Committee itself – before any recommendations are brought back to it for decision-making (this will allow for the exclusion of certain CCGs where the geographical scope of a proposal does not apply to them or because of their current status, e.g. where legal directions prohibit them from taking the decision). Decisions will be taken only by those CCGs to whom a particular issue applies.

15. The collective decisions of the Joint Committee shall be binding on all member CCGs to whom a particular issue applies, and decisions will be published by individual CCG members on their websites. All decisions of the Joint Committee must be unanimous.

16. The Joint Committee will have a forward plan to ensure CCG members are clear which decisions they need to prepare for. It will be the responsibility of each member CCG to ensure that their Governing Body and/or other CCG decision making body is appropriately consulted and briefed ahead of Joint Committee meetings, and is provided with regular updates on the business of the Joint Committee so that they are clear on the implications of the decisions made.

17. Implementation of the decisions will be the remit of each member CCG and therefore accurate reporting back to their respective Governing Body is essential. The Joint Committee will make regular written reports to the Governing Bodies of its member CCGs, and will review its aims, objectives, strategy and progress and produce an annual report for the member Governing Bodies.

18. While CCGs can delegate decisions to the Joint Committee they can also agree the governing bodies or members input on these decisions and have them provide recommendations into the Joint Committee.

19. It is essential that each CCG delegates the same level of authority for the same matters into the Joint Committee.

20. Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member CCGs can decide to withdraw from the arrangement and pull out of the Joint Committee.

Meetings of the Northern CCG Joint Committee:

21. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

22. The Joint Committee will usually meet on a bi-monthly basis but will be cancelled if there is no business to be dealt with. Additional meetings can be called as required.

23. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

24. The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable to the Joint Committee (and ultimately the member CCGs).

25. Para 8 of Schedule 1A of the NHS Act 2006 requires meetings of a Governing Body to be in public unless it is not in the public interest to hold them in public. It will be for the members of the formally constituted Joint Committee to decide whether their meetings (or parts of them) are held in public to help them meet their statutory duties of transparency and public involvement.

26. Joint Committee meetings held in public should only occur when there is a decision to be made or a discussion/information item of public note/concern.

27. The Joint Committee shall adopt the standing orders of North Durham CCG (which is one of its constituent CCGs) insofar as they relate to the:

- Notice of meetings
- Recording and minuting of meetings
- Agendas
- Circulation of papers
- Conflicts of interest (together with complying with the statutory guidance issued by NHS England)
- At least one full voting member from each CCG must be present for the meeting to be quorate.
- All decisions of the Joint Committee must be unanimous (see section 15 above).

28. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders unless separate confidentiality requirements are set out for the Joint Committee in which event these shall be observed.

29. The secretariat to the Joint Committee will:

- Circulate agenda and associated documents at least ten working days prior to the meeting
- Work in collaboration with CCG and NECS communication and engagement personnel to publicise the meeting/agenda and documents on all CCG websites
- Circulate the minutes and action notes of the Joint Committee within three working days of the meeting to all members

- Present the minutes and action notes to the governing bodies of the CCGs.

30. These terms of reference will be formally reviewed annually by the CCGs and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

Approved by Northern CCG Joint Committee at its meeting on 4 July 2019.

Northern CCG Joint Committee

Date of meeting: 7 November 2019

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: Joint Committee Terms of Reference

Purpose of report (brief description):

At its meeting on 4th July 2019, the Joint Committee approved its revised Terms of Reference (attached) for submission and approval by CCG Governing Bodies.

In addition, at its meeting on 5 July 2018, the Joint Committee agreed that the Chair of the CCG Chief Finance Officer Group would be invited to attend meetings of the Committee (both public and private sessions) and would receive the papers. This has now been included in the Terms of Reference.

All 12 CCGs have now confirmed that the revised Terms of Reference have been approved.

Recommendations:
Is the paper for (please tick):

Decision-making	☐
Information Sharing	x
Discussion	☐

Actions required by Northern CCG Joint Committee:

To note that all 12 CCGs have approved the revised Terms of Reference for the Joint Committee.

Sponsor: **Jon Rush**
Report Author: **Gillian Stanger**
Job Title: **Business Support Manager, North of England Commissioning Support (NECS)**
Date: **24 October 2019**
