Northern CCG Joint Committee

Approved extracts from minutes of the meeting held in private on 9th June 2022 for CCG Governing Bodies and publication on CCG websites

Present

CCG members		
Mark Adams	MA	NHS Newcastle Gateshead CCG NHS North Cumbria CCG NHS North Tyneside CCG NHS Northumberland CCG)
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Tees Valley CCG
David Jones	DJ	NHS Newcastle Gateshead 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

Siobhan Brown	SB	NHS Northumberland CCG
Stephen Childs	SC	North of England Commissioning Support (NECS)
Claire Dovell	CD	NHS Newcastle Gateshead CCG
Alison Featherstone	AF	Northern Cancer Alliance
Kate Hudson	KH	NHS South Tyneside CCG
Dan Jackson	DJ	NENC Integrated Care System
Gillian Stanger	GSt	North of England Commissioning Support (NECS)
Julie Turner	JT	NHS England and NHS Improvement

Lay members (non voting)

Michelle Thompson	MT

01 Welcome, apologies and declarations of interest in relation to the agenda	**Action**
Apologies were received from Amanda Bloor (NHS North Yorkshire CCG), Neil O'Brien (NHS County Durham, NHS South Tyneside and NHS Sunderland CCGs) and Matthew Walmsley (NHS South Tyneside CCG) The Committee's Register of Interests was received (see item 04 below)	
02 Minutes of previous meeting	
02.1 The minutes of the private meeting held on 12 May 2022 were accepted as an accurate record. **Decision: to approve items 01-04 to be circulated to CCGs for publication.**	
03 Matters arising from the previous meetings and action log	
The action log was updated. The Chair noted that, whilst the outstanding action to discuss performance issues was not on the agenda, there was an item which covered the wider performance framework which did highlight some current issues and risks. The action would therefore be closed.	
04 Non-surgical clinical oncology workforce challenges	

BP declared an interest in this item as a family member was currently receiving treatment for breast cancer. The Chair thanked BP for the information and indicated that he was content for him to remain in the meeting and take a full part in the discussion due to the generality of the topic.

AF and JT presented a report which outlined the current non-surgical oncology workforce pressures in the North of the region and the interim measures requested by Newcastle Hospitals FT to support equity of access for breast, lung and colorectal services for first-time outpatient appointments so that treatment planning is not delayed. These involved changing the number of local outreach clinics on a temporary basis to ensure that all patients still have fast access to staging diagnostics and treatment: a phased approach to establishing fewer outreach clinics, that allow the consultant oncologists in post to see as many patients as possible on the relevant cancer pathway. It is hoped this interim approach will increase resilience within the existing workforce as there will no longer be lone workers and hopefully recruitment to vacant consultant oncologist posts will be more attractive. Without consolidating the number of outreach clinics, patients in some areas would be disadvantaged in how quickly they can be seen by the appropriate specialist Consultant Oncologist compared to other parts of the region.

The following points were noted:

- The proposed measures will impact only the north of the patch due to the pressures on the Newcastle service
- The temporary changes were requested by Newcastle Hospitals FT and are supported in principle by regional NHS England Specialised Commissioners, the Northern Cancer Alliance, the ICS leadership team for NENC and the wider hospital network that are part of this system. The regional Provider Collaborative, the Cancer Board and Health Overview and Scrutiny Committee (OSC) leads have also been briefed regarding the challenging workforce position in non-surgical oncology services and the likely need to consolidate the number of outreach clinics as a temporary measure. A report will be going to the Joint OSC Committee in July.
- Newcastle Hospitals are leading on communication with patients, supported by the Cancer Alliance. It would also be useful for consistent communications to be released to staff to raise awareness of the changes
- Medium and longer-term solutions to address the challenges faced and an options appraisal are being developed for consultation and the patient's voice will be used to help design these
- Discussions are taking place regarding the future governance for mainstream commissioning as ICB business
- Continuity of care for patients is essential
- The proposals have been through the Cancer Alliance's Patient Involvement and Accountability Forum, which includes lay representation, and some engagement work has taken place
- It was felt that telephone reviews should not be the norm – these should be an option for patients but if patients wished to have face-to-face appointments these should be offered in order to avoid inequalities for patients. However, this also needed to be considered in relation to the needs and demands of the service at the current time. These points were noted and would be raised with Newcastle Hospitals.
- The Network is sighted on current private provider difficulties which are not expected to impact the proposed measures
- Discussions are taking place with the 'Daft as a Brush' charity in relation to patient transport.
- There will still be an oncologist on each of the hospital sites

The Committee noted the report and update provided.

05 Performance, Improvement and Transformation ICS workstream – Draft Integrated performance dashboard NENC ICS

approved

SB and CD presented the report which provided the draft framework for a NENC ICB Integrated performance dashboard as agreed at the May 2022 ICS Development and Transition Board. The first fully populated report is due at the first ICB Board meeting in July 2022.
The key aim of the report, which has been developed through the Performance, Improvement and Transformation ICS workstream, is to give high level oversight and assurance of local progress at ICS level against the key national priorities, with a clear line of sight to area and place level performance, risks, and mitigations. It is expected that the report, once operational will be underpinned by further detailed reports at local area and place level.

The report encompasses outcomes, quality and safety alongside performance and finance to ensure a parallel view together in one report so that we commit to providing high quality services and care for our patients and our local populations.

Discussion ensued and points noted included:

- Work is taking place on primary care data (appointment trends) which will be available at ICS aggregated level and it will be possible to replicate that at area or place level and draw down PCN data
- Work is being developed at wider ICS level in relation to unmet need, inequalities and primary care attendances.
- The importance of having real time data side-by-side be able to see what is going on was noted
- In relation to quality exception and how much of that will be informed by potentially long standing issues, it will be possible to bring out these issues in the free-text narrative and in reporting to quality committees. The ICB will want to be briefed on pre-existing issues and the team will take this into account and develop ways to weave these in to reporting.
- CD will be linking in with CCGs and NECS quality teams to provide information to include in the reports
- Work is underway with NECS with a view to bringing all sources of data together in real time, linked to the ICS data strategy. It is important to have a digital approach and to capture the things which are important and which are priorities at place, whilst maintaining the overall picture. Adopt a risk management perspective, not to change how everything looks but to retain granularity at place and be careful about the transition.

The Committee noted

- the content of the report for information.
- ICS Workstream transitions to working under the incoming Director of Strategy and System Oversight – start date 6 June 2022
- SPC Training will be delivered by NHSE National Team – TBC
- The final version of the Integrated ICB Performance Report will have most up to date data from mid-June data publications

Update from Chair and future meetings

As this would be the final meeting of the Joint Committee, it was agreed:

Decision: to delegate responsibility to the Chair to approve these minutes for circulation to CCG Governing Bodies and to approve appropriate extracts of the minutes to be made available for publication on CCG websites.

The Chair thanked GS for her support to him and to the Joint Committee.

There would be no future meetings of the Committee.

However, to facilitate future connection between senior clinical place based leadership with the ICB Accountable Officers and Medical Director, three meetings had been scheduled as follows:

14th July

Approved

11th August 8th September MA and DG would co-ordinate these meetings and any support required. BP thanked JR for chairing the Joint Committee since its inception. The Chair responded accordingly and also thanked MT and JH for their support as lay members.	
Any other business	
There were no other items discussed.	

approved