



Greater Manchester

Partnership Agreement

Greater Manchester Clinical Commissioning Groups

***Governance arrangements for the development of
Clinical Strategy across Greater Manchester***

1. Introduction

- 1.1 The emerging Greater Manchester CCGs have an opportunity to transform the way in which healthcare is delivered across Greater Manchester. Whilst this transformation will be built from the bottom up, via the work taking place within CCGs, it will be considerably strengthened by a collaborative approach to those issues requiring system level solutions. Such a collaborative approach will ensure that where necessary, CCGs are able to use their collective commissioning powers to mandate GM level developments or implement GM level clinical policies.
- 1.2 This partnership agreement is designed to ensure that, during 2012/13, there is an agreed process for managing this collaboration. This arrangement will continue beyond 2012/13 by agreement, with CCGs acting as statutory bodies in their own right.
- 1.3 The agreement recognises that subsidiarity should remain the guiding principle across NHS Greater Manchester ie the principle of devolving decisions to the lowest practical level. However, for certain pieces of work, it will be necessary to work jointly to develop a Greater Manchester view and approach. This applies to aspects of the Greater Manchester system redesign taking place via the Safe and Sustainable programme but also to a range of other issues.
- 1.4 In setting up the required arrangements, a priority has been to ensure the process does not create duplication or unnecessary administrative overheads. With this in mind, the agreement has considered the existing role and function of the Clinical Commissioning Board, the role and function of the Service Transformation Board and associated proposals for the governance of the Safe and Sustainable programme, together with the role of the GP Council.
- 1.5 The following represent key elements of the agreement:
 - The Clinical Commissioning Board and Service Transformation Board will merge into a single strategic Board. This Board will continue to fulfil the statutory PEC role and therefore requires a clinical majority. A working title for this Board is the Clinical Strategy Board.
 - Specific governance arrangements have been established for the Safe and Sustainable programme. There will be a reporting line to the Clinical Strategy Board and through this, to the Board of NHS Greater Manchester.
- 1.6 The agreement reflects the establishment of shadow Clinical Commissioning Groups across Greater Manchester and the process towards establishment of the CCGs as Statutory bodies from 2013. In this document all references to CCGs refer to Shadow Clinical Commissioning Groups.

2. Greater Manchester Clinical Strategy Board

- 2.1 The co-ordinating body for the partnership commissioning arrangements set out in this agreement will be the Clinical Strategy Board. The Clinical Strategy Board is a committee

comprising representatives of the following Clinical Commissioning Groups, (CCGs), hereafter referred to as 'Members':

- Bolton
- Bury
- Central Manchester
- Heywood, Middleton and Rochdale
- North Manchester
- Oldham
- Salford
- South Manchester
- Stockport
- Tameside and Glossop
- Trafford
- Wigan Borough

Section 5.1 contains full details of membership.

- 2.3 The Strategy Board is established as a committee of the Board of NHS Greater Manchester and fulfils the statutory role of the Professional Executive Committee, (PEC). Outcomes from the Board will be reported to the respective shadow CCG Governing Bodies, (which will also function as Committees of NHS Greater Manchester prior to their authorisation as Statutory Bodies).

As a committee, the Strategy Board will have authority to make decisions on behalf of CCGs across Greater Manchester as described within this partnership agreement.

3. Functions of the Strategy Board

- 3.1 The Strategy Board has been established to enable the Members to make collective decisions on the review, planning, procurement and performance monitoring of agreed services, particularly with regard to the design and development of a QIPP programme and integrated Clinical Strategy for Greater Manchester.

- 3.2 The Strategy Board will undertake the following functions:

- to review and validate the proposals arising from the Safe and Sustainable programme prior to their presentation to the NHS Greater Manchester Board.
- to provide strategic leadership for the QIPP programme across NHS Greater Manchester
- to oversee other Greater Manchester service redesign programmes, ie Trafford redesign, Healthy Futures, Making it Better
- to provide a two way link between NHS Greater Manchester and the North of England Specialist Commissioning arrangements
- to undertake GM wide reviews of services, manage the introduction of new services, drugs and technologies and oversee the implementation of NICE and/or other National guidance or standards relating to the services being commissioned;
- to work in partnership with other commissioners across Greater Manchester and the North West

4. Principles upon which the Strategy Board is based:

- 4.1 The principles on which the Strategy Board is based are;

- i To support CCGs in sharing information and good practice
- ii To provide a focus for the development and reporting of joint work across the CCGs and reducing unnecessary duplication of effort
- iii To provide a properly constituted forum for issues where CCGs consider it beneficial to their own objectives to have a collective decision of the GM CCGs in the spirit of mutuality, or to address issues necessitating formal agreement by the GM CCGs.

4.2 Consequently, there are three levels of joint working between CCGs;

- i level 1 **consultative** (sharing of information and good practice), examples include the sharing of strategic plans, sharing specifications for community services, exchanging information on the use of resources and commissioning approaches to specific treatments.
- ii level 2 **collaborative** (electing to work together), examples include areas where CCGs agree a common commissioning framework in relation to areas such as unscheduled care or implementation of specific national guidelines or policy such as Any Willing Provider.
- iii level 3 **collegiate** (formal collaboration), examples include the development of networked models of care across GM's hospital network. for example, design options for key elements of the Safe and Sustainable programme.

4.3 It is recognised that the bulk of collaboration between CCGs will take place without the need for formal recourse to this partnership agreement. CCGs will share information and practice, establish and disestablish joint programmes of work and do so without recognition of a formal mode of operation (i.e. without explicit acknowledgement of whether the work sits at levels 1 or 2).

4.4 It is in relation to the collegiate level, or formal collaboration (i.e. level 3) where it is more necessary to acknowledge the level of joint working both to provide clarity of commissioning intent to the provider network and to provide robust commissioning assurance to the integrity of the service model. A level 3 decision is binding on all CCGs.

4.5 The following criteria will be used to assess whether an issue is subject to a level 3 approach. Level 3 decision making will apply where one or more of the following apply;

- Where the issue under discussion comes under the remit of the collaborative commissioning programme.
- Where a proposal cannot be implemented unless it is implemented on a Greater Manchester wide basis.
- Where the GM CCGs seek a collective and unanimous approach in the spirit of mutuality in order to ensure they can continue to prioritise improving the health of their communities and improving services.

4.6 Level 3 decisions can only be taken at the Clinical Strategy Board and then only where each CCG representative who votes at that meeting has been appropriately mandated. In all but exceptional circumstances CCG Governing Bodies are responsible for mandating the CCG representative at the group to vote on a level 3 issue.

4.7 The process for agreeing Level 3 decision-making is as follows.

- a) The Clinical Strategy Group will make an initial decision that an issue will be subject to Level 3 (Collegiate) decision-making. This decision must be unanimous. In the event of failure to achieve unanimity on an issue, the resolution process defined in section 10 of this document will be invoked.
- b) The CCG representative is expressly empowered by the Governing Body to attend the Clinical Strategy Group and vote on a level 3 decision.
- c) It is the responsibility of each CCG to ensure there is an appropriately authorised person present at the meeting to vote as required on a level 3 decision.
- d) All level 3 (collegiate) decisions will be based on majority voting and will be binding on all CCGs
- e) Decisions taken at level 3 are only binding when taken by the group within an agreed scheme of delegation and where there is a quorum.
- f) A quorum in any group is defined by a minimum of nine CCGs present with at least seven being represented by those expressly mandated by CCG Boards to vote on a level 3 decision.
- g) A majority vote is defined as a minimum of nine CCGs.
- h) Each CCG has one equal vote. Where local CCG partnership arrangements dictate and with the agreement of the other members, it will be possible for proxy voting to be exercised by a single CCG on behalf of a group of CCGs, ie a single CCG representing one, two or more CCGs. Any such arrangement would need to be unanimously agreed and minuted at the start of the meeting.
- i) Where a level 3 decision is recommended by a group other than the Clinical Strategy Board, the recommendation will need to be ratified by the Clinical Strategy Board.
- j) A register of Level 3 decisions taken will be maintained. This register will indicate whether a level 3 decision was unanimous, or which CCGs voted for or against a particular decision. They will be reported to the next meeting of the NHS Greater Manchester Board for formal adoption.
- k) Level 3 decisions are binding on all GM CCGs. The only circumstance when a level 3 decision is not binding on a CCG is if the level 3 decision is in contravention of directions handed down by the Secretary of State or the SHA to a CCG. In these circumstances an individual CCG will be excluded from the ambit of the level 3 decision.
- l) an individual CCG will be excluded from the ambit of the Level 3 decision.
- m) All CCGs shall be notified of any Level 3 decision made by the Clinical Strategy Group

5. Membership of the Clinical Strategy Board

5.1 Membership of the Strategy Board will be as follows:

- NHS GM Medical Director (Chair)
- Non-Executive Director (NHS GM)
- CCG Representatives (1 per CCG)
- Director of Finance
- Director of Nursing and Quality

- Director of Service Transformation
- Director of Public Health
- Director of Policy and Partnerships
- Representative from North of England Specialised Commissioning Group

- 5.2 The Strategy Board will meet monthly and the quorum for a meeting will be as defined in 4.7 f) above.
- 5.3 Provision will be available for others to attend the meeting in a non-voting capacity, based on the requirements of the agenda. The NHS Greater Manchester Business Manager will provide management support to the Board and will attend its meetings.
- 5.4 When the meeting is considering a confidential matter, non-Members may be asked to leave the meeting at the discretion of the Strategy Board Chair. Such discussions will be recorded in a separate confidential minute, (see also 11.1 below).
- 5.5 The meetings will be chaired by the NHS Greater Manchester Medical Director and in the absence of the Chair by the Vice-Chair who will be selected at the inaugural meeting. In the absence of both the Chair and Vice-Chair, an acting Chair will be nominated from the members present. The Chair will ensure adequate administrative arrangements are available.

6. Conduct of the Meetings and Delegations of Business

- 6.1 Save in the case of emergencies or the need to conduct urgent business, at least fourteen days written notice of the date and place of each meeting will be given. The agenda and supporting papers shall be sent to Member representatives no later than 7 days before the date of the meeting.

When the Chairman shall deem it necessary in the light of urgent circumstances to call a meeting at short notice, the notice period shall be such as he/she shall specify. If the Chair refuses to call a meeting following the request from at least one third of the whole number of members, has been presented to them or if, without so refusing, the Chair does not call a meeting within 7 days after such requisition has been presented to them, such one third or more members shall forthwith call a meeting.

- 6.2 A Member desiring a matter to be included on an agenda shall make their request in writing to the Chair at least 10 clear days before the meeting. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- 6.3 Any change to this Agreement shall require a unanimous decision of the Membership.
- 6.4 The Strategy Board may delegate tasks to such individuals, sub-committees or individual Members, as it shall see fit provided these are formally documented, within the minutes, and governed by approved terms of reference, reporting and monitoring arrangements.
- 6.5 Minutes of each meeting of the Strategy Board or any sub-committees shall be circulated within a week of the meeting taking place. Their approval shall be considered as an agenda item at the next meeting.

6.6 The reporting back from the Strategy Board to individual CCG Governing Bodies should be the responsibility of the nominated representative and follow guidance contained in section 11.1 of this document.

7. Accountability of the Strategy Board

7.1 This Strategy Board is established on the basis of a Greater Manchester approach to key areas of service design and development.

7.2 The Strategy Board is a committee of NHS Greater Manchester and the Member representatives can on behalf of their organisation: -

- commit resources within delegated responsibilities and agreed resource limits;
- decide policy within the scope of the Terms of Reference of the Board;
- commission research / reviews to inform decisions;
- agree, review and update action plans;
- act as an agent for the Strategy Board;
- commission and monitor service level agreements /contracts between Members and between the Strategy Board and other service providers.

7.3 Each representative on the Strategy Board will be able to commit resources on behalf of their organisation within the limits set out in the NHS Greater Manchester Standing Financial Instructions.

7.4 For the avoidance of doubt, in the event of any conflict between the terms of this Agreement and the Standing Orders or Standing Financial Instructions of NHS Greater Manchester, the latter will prevail.

7.5 In order to ensure that time is allowed for a Member's representative to consult within their own CCG and with other key stakeholders, adequate notice, which should be not less than 28 days prior to the meeting, will be given of proposals to change commissioning policies, commit resources and/or enter into service agreements and contracts.

8. Funding Arrangements

8.1 Each Member will contribute appropriate staff resources to support the operation and activities of the Strategy Board. It is anticipated that this requirement will be met from existing resources within the member organisations.

There will be no subscription arrangement for members of the Strategy Board.

9. Scope of activities

9.1 The Strategy Board will agree via its Terms of Reference the scope of the work it will undertake.

9.2 The members agree to work collaboratively in pursuit of these objectives.

9.3 Whilst the Strategy Board will endeavour to act on behalf of all the CCGs working collaboratively, each Member remains responsible for performing and exercising the duties set out in their Accountability Agreement with NHS Greater Manchester.

10. Facilitation and Arbitration

10.1 In the event of disputes between members of the Strategy Board and any NHS Trust or Foundation Trust, the procedures set out in the contract should be followed.

10.2 In the event of disputes between Strategy Board members, the following options for resolution exist:

- Resolution Process (as set out below)

Stage 1 – Facilitation

A meeting is held which includes the following:

1 CCG clinical member for each CCG involved in the dispute.

1 CCG management representative for each CCG involved in the dispute

A nominated Chair for the meeting, (a Chief Officer/ Clinical Chair from a

CCG not involved in the dispute. If all CCGs are involved then a Chair to be nominated/ agreed, via NHS GM)

If resolution is reached, the process will conclude here.

Stage 2 – Arbitration

The CCGs involved in the dispute will produce a joint statement of facts as well as a separate report setting out their positions and submit them to NHS GM.

NHS GM may invite the CCGs to present their positions or they may choose to decide on the basis of the information submitted. The decision of NHS GM will be binding.

11. Communication

11.1 The representative(s) of each Member CCG will act as the overall communication link to their organisation and shall present the approved minutes for each Strategy Board meeting to the next following public meeting of the Board of their CCGs Governing Body. These minutes will not include minutes of any Strategy Board meeting, or part of any Strategy Board meeting, which is a closed Member-only session. Any such minutes will be presented to Part 2 of the next CCG Board Meeting.

12. Other Documents

12.1 Other documents which form part of the overall governance arrangements are:

- NHS Greater Manchester Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation
- Accountability Agreement between NHS Greater Manchester and each of the CCGs

13. Signatures to the Establishment Agreement

13.1 Each of the undersigned agrees on behalf of their respective partner organisation to the above arrangements.

CCG	Name	Signature	Date
Bolton			
Bury			
Central Manchester			
Heywood, Middleton and Rochdale			
North Manchester			
Oldham			
Salford			
South Manchester			
Stockport			
Tameside and Glossop			
Trafford			
Wigan Borough			

Greater Manchester Clinical Strategy Board Terms of Reference

Purpose of the Group

The Strategy Board has been established to enable the Members to make collective decisions on the review, planning, procurement and performance monitoring of agreed services, particularly with regard to the design and development of a QIPP programme and integrated Clinical Strategy for Greater Manchester.

The Strategy Board will undertake the following functions:

- to review and validate the proposals arising from the Safe and Sustainable programme prior to their presentation to the NHS Greater Manchester Board.
- to provide strategic leadership for the QIPP programme across NHS Greater Manchester
- to oversee other Greater Manchester service redesign programmes, ie Trafford redesign, Healthy Futures, Making it Better
- to provide a two way link between NHS Greater Manchester and the North of England Specialist Commissioning arrangements
- to undertake GM wide reviews of services, manage the introduction of new services, drugs and technologies and oversee the implementation of NICE and/or other National guidance or standards relating to the services being commissioned;
- to work in partnership with other commissioners across Greater Manchester and the North West

Objectives of the Group

The Clinical Strategy Board will support NHS GM's central roles of tackling health inequalities and improving health through commissioning and work with partners. This will be achieved through strong clinical leadership and active clinical engagement.

The Clinical Commissioning Board will actively support the delivery of NHS GM's Business Plan objectives to:-

- Tackle inequality
- Deliver financial balance
- Improve clinical standards
- Engage with the public and patients
- Improve health and well being
- Work in partnership with others
- Increase choice
- Ensure safe and effective services
- Ensure robust emergency plans
- To identify emerging clinical leaders and support their development
- To support existing clinical leaders to develop their skills and to provide advice and mentorship to them as required

Within these objectives the Clinical Strategy Board will be to:-

- ensure the QIPP programme will both support a viable and sustainable provider system and recognises the role of partner organisations through the alignment and integration of health, social care and public health.
- oversee the development and agree the “level 3” Greater Manchester QIPP programme which will include a “Greater Manchester Strategy for Service Redesign” – a strategic redesign of key areas of secondary and tertiary healthcare to achieve high quality, safe, accessible hospital services across Greater Manchester.
- ensure co-ordination and oversight of the development and delivery of supra-local (level 2+) plans is achieved, without competing or conflicting developments.
- ensure oversight, reporting and assurance processes are in place to provide the DH and other key stakeholders that GM QIPP plans are robust and meet the defined objectives.
- assess progress and performance against key tasks and key milestones contained with QIPP plans and within the GM Strategy for Service Redesign. If and where underperformance is identified, implications are explored and corrective action is identified and direction given.
- ensure a comprehensive and robust programme management approach to service transformation is developed and implemented coherently by the GM Programme Management Office (PMO) for all projects within the work programme.
- ensure that there is a robust and effective clinical assurance process in place that is robustly applied to all service transformation projects.
- ensure that all service transformation projects have clearly identified quality benefits.
- ensure that there is an effective risk management strategy and following that, following analysis, appropriate action is taken.
- Provide strong clinical leadership to NHS GM;
- Support NHS GM in developing and delivering its commissioning strategy;
- Support business continuity of GM level commissioning business;
- Lead clinical communications with partners and stakeholders on behalf of NHS GM;
- Providing clinical scrutiny of service innovation: safety, quality and appropriateness;
- Support the creation of and ultimately relate to the establishment of Clinical Senate(s) within Greater Manchester;
- Provide oversight of commissioning reform across Greater Manchester ensuring that local decisions are coherent and that pace of change is aligned;
- Provide leadership and direction to the Greater Manchester Clinical Networks;
- Provide commissioning authority for Clinical Networks work programmes; and
- Provide a mechanism to support effective engagement with the developing Clinical Commissioning Groups through routine engagement (and, where possible, common membership) with the Greater Manchester GP Commissioning Council. To ensure a Greater Manchester programme is in place to meet the requirements of QIPP, as set by national policy and direction.

The Clinical Strategy Board will scrutinise clinical protocols and pathways and recommend approval where appropriate.

Clinical Strategy Board members will work with GP Commissioning partners to develop new pathways and business cases for innovation. The Chair(s) will contribute to the approval process when cases and projects are brought to NHS GM’s Executive Team for approval. Where a conflict of interest or financial benefit could occur the relevant CCB member must declare their interest and absent themselves from any discussion or decision in that case.

The Clinical Strategy Board will ensure that it develops mechanisms to hear from and represent the views of local clinicians.

The Clinical Strategy Board will support the delivery of NHS GM's communications strategy, by providing clinical input to any relevant media campaigns, public education and reactive responses to media enquiries.

The Clinical Strategy Board will produce an annual work plan, supported by a published Forward Plan with clearly identified priorities, timescales and identified leads which will align to NHS GM's Business Plan and strategy.

Membership

Membership of the Strategy Board will be as follows:

- NHS GM Medical Director (Chair)
- Non-Executive Director (NHS GM)
- CCG Representatives (1 per CCG)
- Director of Finance
- Director of Nursing and Quality
- Director of Service Transformation
- Director of Public Health
- Director of Policy and Partnerships
- Representative from North of England Specialised Commissioning Group

Quorum

A quorum in any group is defined by a minimum of nine CCGs, (or their agreed proxy), present with at least seven being represented by those expressly mandated by CCG Boards to vote on a level 3 decision.

A majority vote is defined as a minimum of nine CCGs.

Frequency of Meetings

Clinical Commissioning Board meetings will be held monthly and all members as described above will be expected to attend, wherever possible.

Accountability

The Clinical Commissioning Board is formally constituted as a committee of the NHS Greater Manchester Board and will submit a written report to the Board after each of its meetings

The NHS Greater Manchester Board will delegate decision making to the Clinical Commissioning Board according to the NHS Greater Manchester Scheme of Reservation and Delegation.