

MEETING: Governing Body

Item Number: 9.1

DATE: 27 May 2014

REPORT TITLE:	Association of Governing Group (AGG)
REPORT AUTHOR:	Chris Duffy (Chair)
PRESENTED BY:	Tim Dalton
RECOMMENDATIONS/DECISION REQUIRED:	Information
EXECUTIVE SUMMARY Summary notes of the meeting held on 6 May 2014 for the Governing Body members to receive for information.	
FURTHER ACTION REQUIRED:	None.

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SUMMARY - GM ASSOCIATION OF CCGs: Association Governing Group (AGG)

6 May 2014 08.30 – 13.30

SALFORD & WORSLEY SUITE, ST JAMES'S HOUSE, SALFORD

Attendance:	<p>Trish Anderson Rob Bellingham Wirin Bhatiani Alan Campbell Julie Daines Tim Dalton Andrea Dayson Alan Dow Chris Duffy(Chair) Michael Eeckelaers Ranjit Gill Denis Gizzi Nigel Guest Caroline Kurzeja Gina Lawrence Su Long Stuart North Kiran Patel Jenny Scott Bill Tamkin Clare Watson Leila Williams Ian Williamson Simon Wotton Warren Heppolette</p>	<p>NHS Wigan Borough CCG Greater Manchester LAT NHS Bolton CCG NHS Salford CCG NHS Oldham CCG NHS Wigan Borough CCG GM Association of CCGs NHS Tameside & Glossop CCG NHS Heywood, Middleton & Rochdale CCG NHS Central Manchester CCG NHS Stockport CCG NHS Oldham CCG NHS Trafford CCG NHS South Manchester CCG NHS Trafford CCG NHS Bolton CCG NHS Bury CCG NHS Bury CCG NHS England – Specialized Commissioning NHS South Manchester CCG NHS Tameside & Glossop CCG Service Transformation NHS Central Manchester CCG NHS North Manchester CCG Strategic Director</p>
Apologies:	<p>Hamish Stedman Lesley Mort Steve Allinson Wendy Meredith Martin Whiting Ian Wilkinson Jerry Martin Gaynor Mullins</p>	<p>NHS Salford CCG NHS Heywood, Middleton & Rochdale CCG NHS Tameside & Glossop CCG Bolton Council (Public Health) NHS North Manchester CCG NHS Oldham CCG NHS Bury CCG NHS Stockport CCG</p>
In Attendance	<p>Angela Lynch</p>	<p>NHS England – Specialised Commissioning</p>

1. WELCOME & APOLOGIES FOR ABSENCE

- Members were welcomed to the meeting and apologies noted.

2. MINUTES OF THE LAST MEETING & REVIEW ACTION LOG

2.1 Minutes of the last Meeting: 1.4.14

- The Minutes of the last meeting were accepted as an accurate record.
- AD highlighted that at the last meeting, the EUR policies had been circulated with the agenda for members to note. However, in the future these and GMMMG policies will be included within the main agenda, as although they have received approval by the HoC and CFO Boards, require final approval by the AGG.

4.1 Independent Sector Clinical Assessment and Treatment Services (GM ISCATS)

This item was moved up the agenda:

- CW as HOCs Chair presented the GM ISCATS report which highlights the completed tasks and next steps required to manage the exit of this contract across GM. The intention is to provide the AGG assurance that there is a collective GM process for the exit of the contract being led through the HOCs forum.
 - Meetings have taken place with CSU and CCG ISCATS leads to formulate plans based on CCGs commissioning intentions for the future.
 - CCGs need to decide on their commissioning intentions for the ISCATS activity and timeline for this has been set. The future commissioning agreement will be a complex one to re-procure as not all CCGs will want to maintain all services.
 - Commissioning Intentions and re-procurement decisions are the responsibility of individual CCGs.
 - GM Market Management will procure future tendering arrangements.
 - NHS England will not be involved in any re-procurement.

The AGG:

- **Agreed that the Heads of Commissioners work to provide assurance that there is a collective GM process for the exit of the contract.**
- **Approved that for support the Market Management days from CSU be utilised to support the procurement process.**
- **Recognised that CCGs need to consider their commissioning intentions for further consideration of CCG, sector or GM planning purposes.**
- **Further update to be provided at a future meeting.**

3. Strategic Work Programmes

(Item taken prior to HT update)

3.3 Primary Care Demonstrator Sites Summaries

- Summaries currently not available but will have the detail from CLAHRC tomorrow for onward circulation.
- Acknowledgement of Bury's success with the Prime Minister Challenge fund bid.
- Continuing to work with the 5 other demonstrator sites.
- Funding issues highlighted due to the Primary Care budget not yet being confirmed but this does not mean the sites will not be supported.
- Joint presentation at the strategic planning event with SN to include co commissioning which is an emerging policy area identified by Simon Stevens new NHS Chief Executive.

THE AGG NOTED:

- **That the Primary Care Budget summary will be presented by Claire Yarwood and RB at the next AGG**

3.1 Healthier Together Update

6 WEEKS UNTIL PROVISIONAL CONSULTATION START DATE

- Timetable of key dates discussed and alert to ensuring full representation.
- Recent Leadership event received good feedback and a positive meeting with AGMA leaders who are very supportive.
- Met GM MPs last week only issues raised were that of timing
- SRO group discussion concentrated on the Primary Care element in that we need clear plan in the consultation as the issues consistently raised by the public is access to GPs. Need to agree clear consistent messages with a vision across 12 CCGs to be agreed at the next AGG.
- WH added that at the last EAG the leadership engagement was reviewed and new terms of reference are being drafted.
- LW added that of the 92 NHSE assurance requirements already met over 50.
- Modeling scenarios from the PCBC as ready for tomorrow's CIC important to have these discussions and provide the opportunity to see what this looks like in more detail.
- Need to keep the focus post consultation for Primary Care with all 12 CCGs fully committed.
- AGG have approved Community Based Standards and the Primary Care Strategy with the CFOs reviewing the reconciliation 2-5 yr plans and where possible alignment to the acute trust plans.

Healthier Together Update available:

Provide key update on:-

- Comms and Engagement
- Service redesign
- Finance and Estates and

- Strategic Risks

THE AGG:

- **Noted the requirement to ensure full representation at the forthcoming CiCs.**
- **Agreed to review a clear and consistent message for the Primary Care element of the consultation.**
- **Primary care to be included within the next HT update.**
- **WH to present EAG Terms of Reference to future AGG meeting.**

3.2 Health and Social Care reform budget (14/15)

- The revised budget has returned to the AGG with further work requested through both the AGG and CFOs. This included the formation of a business case to fulfil CCG Governing Board requirements, further details relating to the consultancy costs including process of approval and further wording to provide assurance on governance.
- Financial governance is provided by the Central Manchester CCG Audit committee and Finance Committee, and by the Central Manchester CCG Chief Finance Officer.
- Budget reports will be formally presented to the Chief Finance Officers Group and to the meeting of Senior Responsible Officers for Greater Manchester health and social care reform.
- Any increases to budget will require formal sign off by the Associated Governing Group (AGG) of Greater Manchester CCGs
- Regular performance monitoring of the programme is conducted via a weekly meeting and generation of a programme Highlight Report.
- The controls around the Healthier Together budget received 'substantial assurance' in the recent internal audit report.

The AGG:

- **Approved the 14/15 HT budget as outlined in the AGG paper.**
- **CFOs have approved and agreed that as much information as possible has been provided to make a decision and that there is some contingency funding built into the budget to manage risks.**

Noted:

- **There is a clear process if additional funding is required – would require AGG approval.**
- **CFOS are signing off monitoring reports.**

4. Association of CCGs

4.1 Lead CO Responsibility: Resilience

Trish Anderson presented a Resilience update a role that Wigan Borough CCG lead on behalf of GM.

- NHS England to manage the changed NHS system.
- Public Health England to inherit the responsibilities and functions of the Health Protection Agency (HPA).
- Local Health Resilience Partnerships to be introduced.
- Local Authorities to have a stronger role through responsibility for local health improvement.
- Directors of Public Health to have a new role in Local Authorities.
- Clinical Commissioning Groups (CCGs) to commission the majority of NHS services and support NHSE to discharge EPRR functions.
- Provider organisation responsibilities do not change.
- System not yet tested at a major level.
- As we take on more smaller providers, CCGs may need to support to ensure they fulfill their responsibilities.

THE AGG:

- **Noted appreciation to Wigan Borough CCG for their lead role in resilience for GM CCGs.**
- **Supported TA in continuing to provide clarity around roles and responsibilities.**
- **Role of the Resilience Team/support to CCGs requires further clarification**

4.3 GPIT Update

Verbal update provided by SN as Chair of the GM IM&T Steering Group:

- Funding should follow same basis as GP Practices which currently it does not.
- Opportunity to bid for transformation funding the CFOs are reviewing a GM wide submission.
- Meeting with NHSE to further clarify the funding gap and agree actions as NHSE remain accountable organization.
- GMIM&T Steering Group meeting next Monday to discuss and agree how to progress a strategy and how much work we do as a GM collaborative and CCG level supported by agreed common standards.
- Process for reviewing capital access should it be CCG level or GM?
- Need confirmation on what exactly is being delegated - it is up to the CCGs to then provide assurances.

THE AGG:

- **Agreed further update report / IT Strategy to be included on the July Agenda**
- **Item also for discussion in September**

4.4 AGG timeout

- AD asked for a consensus agreement on how to manage further OD which has been agreed is required to agree the AGG aims, objective and future priorities. The opinion is 2 days split over summer and autumn this rose concerns of limited attendance in summer. The other option to have 2 days in the autumn

THE AGG:

- **Agreed for AD to plan for 1 full day in autumn and agree at that event if further days were required.**

5.1 Specialised Commissioning

JS / AL gave an overview of the development of the 5 year strategy and the following noted:-

- National specialised commissioning funding deficit of £800m.
- There is a national drive to reduce the number of specialised service providers.
- There is to be a review of the specialised services definition.
- The national strategy is not expected to be published until the Autumn.
- 42 Providers in the North West and specialised commissioners engaging and having constructive dialogue re: future behaviours in terms of loss/gaining of services
- Neuro-rehabilitation previously presented to AGG represents co-commissioning in action as CCGs commission level 2 & 3 beds and specialised commissioning level 1 beds – consensus in place to work together through the Operational Delivery Network which will need contractual agreement to bind providers in and the service accessed by each CCG will be reviewed.
- RG raised issue of the transitional funding in respect of IOG non-compliant services – AGG confirmed that this has been agreed in a recent cancer paper and the decision should not be reopened - to re-circulate the CFOs paper which provides the funding breakdown by CCG.
- Greater Manchester and Lancashire have completed their vascular reviews but at this stage, there is no consensus regarding the named centres.
- Further guidance is waited on the national process for the model to support Paediatric Cardiac Surgery (PCS) and Adult Congenital Heart Disease (ACHD)
- Concern that national strategy for specialised commissioning / consultation and definition of “specialised hospital” doesn’t create confusion with HT consultation which involves “specialist centres”. JS responded she is working with LW and her team and it is expected that the national strategy – single service model – will align with HT.
- National Burn Care Review – never fully implemented across the North and no active work in this area at the moment as waiting for national direction – will be a Region North discussion.
- Role of Boston Care Group queried – asked to undertake a range of work which includes exploring research base, indicates strong evidence of consolidation of specialised surgery but less clear in terms of medicine and MH – work is to be quality assured by PHE. Also looking at co-dependencies – what services need to be co-located or geographically close. May move to hub & spoke, prime vendor model.
- 80-90% of specialised services are within pathways of care and therefore not entirely specialised.

- SN to circulate post Simon Stevens briefing – may be an opportunity for CCGs / Association to influence specialised commissioning in terms of co-commissioning

THE AGG:

- **Agreed to support previous agreement to support transitional funding for HpB IOG non compliant services**
- **To redistribute the CFO paper broken down by CCG**
- **CFOs to discuss approval of transitional funding at next week's CFOs meeting to allow the process to support IOG for HpB to continue.**

6. GMMMGM papers – approved through HOCs and CFOs

- No comments received all policies approved.

7. AOB

7.1 Representation: Primary Care Transformation Group

- WB highlighted the need for representation on the Primary Care Transformation group all members agreed important group to support and that the 4 current members on the Primary Care Strategy Group decide membership which should be a clinician. Agreed to wait for Hamish Stedman to return from leave to discuss and agree.

THE AGG:

- **Agreed the current 4 members of the Primary Care Strategy Group to decide on clinical representative for the Primary Care Transformation group.**

7.2 MIB – 1:28 midwife to birth ratio

- SL was planning to submit a report to support MIB 1-28 births as more trusts are not meeting the standard so possibly need a GM position. SL to send paper to AD for circulation to request comments and for discussion at the next meeting.

THE AGG:

- **Agreed that AD would take this forward and for discussion at the next meeting.**



DATE/TIME OF NEXT MEETING

The next meeting will be held on Tuesday, 3 June 2014, 13.30– 17.30pm, St James's House, Salford.