

MEETING: Governing Body – Open Meeting

Item Number: 10.1

DATE: 28 January 2014

REPORT TITLE:	GM Association of CCGs: Association Governing Group (AGG) Summary Notes
REPORT AUTHOR:	Trish Anderson
PRESENTED BY:	Trish Anderson
RECOMMENDATIONS/DECISION REQUIRED:	Information
<p>EXECUTIVE SUMMARY</p> <p>Summary notes of the meeting held on 3rd December 2013 for information of the Governing Body members.</p>	
FURTHER ACTION REQUIRED:	

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GM ASSOCIATION OF CCGs: Association Governing Group (AGG)
Salford&Worsley Suites, St James's House, Salford
Tuesday, 3 December 2013 (13.30 – 17.30pm)

Attendance:	Trish Anderson	NHS Wigan Borough CCG
	Rob Bellingham	Greater Manchester LAT
	WirinBhatiani	NHS Bolton CCG
	Alan Campbell	NHS Salford CCG
	Tim Dalton	NHS Wigan Borough CCG
	Andrea Dayson	GM Association of CCGs
	Alan Dow	NHS Tameside & Glossop CCG
	Chris Duffy	NHS Heywood, Middleton & Rochdale CCG
	Ranjit Gill	NHS Stockport CCG
	Nigel Guest	NHS Trafford CCG
	Caroline Kurzeja	NHS South Manchester CCG
	Gina Lawrence	NHS Trafford CCG
	Su Long	NHS Bolton CCG
	Wendy Meredith	Bolton Council (Public Health)
	Lesley Mort	NHS Heywood, Middleton, & Rochdale CCG
	Gaynor Mullins	NHS Stockport CCG
	Stuart North	NHS Bury CCG
	Hamish Stedman (Chair)	NHS Salford CCG
	Claire Watson	NHS Tameside & Glossop CCG
	Martin Whiting	NHS North Manchester CCG
	Leila Williams	Service Transformation
	Ian Williamson	NHS Central Manchester CCG
	Jenny Scott	NHS England – Specialist Commissioning
Apologies:	Michael Eeckelaers	NHS Central Manchester CCG
	Denis Gizzi	NHS Oldham CCG
	Bill Tamkin	NHS South Manchester CCG
	Ian Wilkinson	NHS Oldham CCG
	Julie Daines	NHS Oldham CCG
	Simon Wootton	NHS North Manchester CCG
In Attendance:	Alison Tongue	NHS England - Specialised Commissioning
	Mike Burrows	NHS England
	Chris Brookes	Service Transformation
	Julie Rigby	Network Manager
	Janet Ratcliffe	SCN Associate Network Director
	Pat McKelvey	Early Years Team
	Donna Hall	Early Years Team
	Julian Cox	New Economy
	Joanne Newton	North, South & Central Manchester CCGs

1. WELCOME & APOLOGIES FOR ABSENCE

- Members were welcomed to the meeting and apologies were noted.

2. MATTERS ARISING

2.1 MINUTES OF THE LAST MEETING: 3.9.13

Were agreed as an accurate record with the exception of 3.1 needs to be altered to Out of Hospital from Out of hours.

No matters arising all included on the agenda.

3. STRATEGIC WORK PROGRAMMES

3.1 Healthier Together

3.2 Approach of CCGs to Healthier Together in 2014 (both items aligned)

IWil presented an HT overview with potential solution for 14/15 management;

- Ownership of Healthier Together being clearly led by CCGs needs clearer communication and focus on governance, management of overall budget, clinical and financial sustainability.
- Benefits which are 1000 lives in 5 years and the management of the £700m gap.
- NHSE: 5 year CCG plans and the Integrated Transformation Fund of £150.
- Conversation in January this needs to be communicated with shared local ownership.
- Possible sector approach to be discussed at the next CiC with proposed sector criteria
- The Ruth Carnell letter to providers was intended to encourage collaboration.
- Need to be clear how we got to this position with clear discussion around scope.
- May need a smaller working group to define the scope.

Mike Burrows provided a NHSE perspective to the discussions:

- MB has met with the national top team who confirmed overall support.
- The reform is supported through 'call for action' other areas developing similar programmes
- Concerns noted around competition: MB and LW have met with Monitor who has agreed to operate on an advisory basis.

Summary

Need to ensure that the AGG can effectively work together as one to ensure the visibility of CCG ownership of the programme. Although the sector approach may not fit with flows it was recognised as a potential solution to provide additional support and foster local ownership required.

The AGG noted:

- 1. Must not lose this opportunity to redefine the current unsustainable system**
- 2. Continued support for the programme supported through more transparent processes**
- 3. Discuss the sector proposal or an agree and improved approach at the next CiC**
- 4. The continued value provided by IWil leadership**

3.3 Service Transformation/Healthier Together Budget Report

- Review of programme costs to has reduced the 13/14 requirements.
- NHS secondments are proposed to replace external consultants.

- The responsible officer for the Service Transformation budget is Leila Williams, Director of Service Transformation, with Ian Williamson the SRO for the programme.
- 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 Healthy Together Steering Group.
- Any increases to budget will require formal sign off by the A.G.G.
- Possible Strategic Levy next year to allow for time to review the programme spend.

The AGG noted:

1. **The AGG agreed 13/14 budget with the additional NHSE support confirmed by MB**
2. **CFOS to produce a paper on the requirements for a GM wide strategy levy fund for 2014/15**
3. **Agreed 14/15 budget in principle; paper to AGG in February outlining future spend**

3.3 Public Service Reform Early Years New Delivery Model (NDM)

- To increase the number of children who are ready for school by making the best use of resources to improve outcomes for all children in their early years (EY).
- The NDM offers a robust means to triage EY pathway interventions which means using the best use of staff time and the best use of buildings and locations to deliver them from
- The model components include:
 1. A shared outcomes framework
 2. An eight stage common assessment pathway across GM
 3. Evidence-based assessment tools
 4. A suite of evidence-based interventions
 5. Ensuring better use of day-care
 6. A new workforce approach, to drive a shift in culture
 7. Better data systems
 8. Long-term evaluation
- GM lottery bid for a 5 Ward approach in Bolton, Manchester, Oldham, Rochdale and Salford.
- Need a strategy to Co commission to improve outcomes to ensure benefits realised.

The AGG:

1. **Support GM developments – actively support work at GM level**
2. **Support CCG engagement through the H&WBB in the development of LA plans**
3. **To promote all providers support for pathway development to ensure swift access from assessment into interventions and specialist services.**
4. **Supported the information provided and requested updates as required**

4. CLINICAL WORK PROGRAMME UPDATES

4.1 Neuro Rehabilitation

- Based on recent progress through increased focus from the specialised commissioning team from NHS England, AGG are asked to agree to extend the funding for the 20 additional beds for a further 6 months.

- This will provide time to reach a decision on the re-procurement of the whole model led by the specialised commissioning team.
- Complexity of funding arrangements between CCGs and Specialist Commissioners.
- The clinical model for in-patient neuro-rehabilitation services was agreed through consensus at two clinical summits held in July and October.
- The model is based on national guidelines and the national service specification for complex rehabilitation and supports service provision for patients whose needs have proved difficult to address previously.
- Concerns noted re: Primary Care input which was difficult due to limited engagement. IB confirmed he would review the paper and provide a primary care view.
- Point prevalence study identified the need for additional beds at varying levels.
- Paper returned to AGG as an update on the additional beds and the need to agree a process to support the now confirmed requirement to re-procure.

The AGG:

- 1. Noted the paper and the requirements for the need to provide and interim solution**
- 2. Requested that the paper is reviewed through CFOs and HOCs**
- 3. Could not confirm agreement 14/15 without understanding of the finances**
- 4. Additional beds are supported for 13/14 - CFOs to work with Specialist Commissioners to provide a financial overview to return to February AGG.**

4.2 Specialised Commissioning

To be a standing item for update at each AGG;

- SC/AT provided a brief overview to support a lead CCG model with a programme approach and end to end review.
- North West Oversight Group supported by AC and MW.
- Review of the service specifications highlighted that GM had only minor issues with compliance.
- On-going work with Cancer IOG and Major trauma compliance.
- Alignment being sought across GM Vascular services.
- Issues with sexual health and commissioner ownership.
- National burn review has been re-energised.

The AGG:

- 1. Support to the AGG provided through Specialist Commissioner membership**

5. ASSOCIATION OF GM CCGs

5.1 EUR Policy Governance

- Paper provided a clear overview of the EUR policy process.
- AGG agreed to support as a level A decision allowing for some CCG flexibility when required.
- A repository available for EUR decisions would be helpful for all previous decisions.

The AGG:

- 1. Agreed to support the paper with EUR policy managed as a level A decision**
- 2. Request if a repository or system of managing previous EUR decisions exists in CSU**

5.2 Governance Paper Review

- AD has circulated the updated version with all amendments made from the previous AGG.
- The wording around delegated authority has been removed and replaced with CFOs/HOCs will work within agreed affordability and report through to the AGG as and when required.

The AGG:

1. Acknowledge progress to date to return to as later AGG for final approval
2. CFOs delegated authority process to be discussed at next week's AGG

6. ANY OTHER BUSINESS - NONE

Next meeting Tuesday 7th January 2014 at 08.30 – 12.30pm St James House

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