MEETING: Governing Body – Open Meeting **Item Number: 9.6**

DATE: 25 February 2014

REPORT TITLE:	**GM ASSOCATION OF CCGs: Association Governing Group (AGG)**
REPORT AUTHOR:	**Hamish Stedman, Chair AGG**
PRESENTED BY:	**Tim Dalton**
RECOMMENDATIONS/DECISION REQUIRED:	**Information**

EXECUTIVE SUMMARY

Summary notes of the meeting held on 4 February 2014 for information of the Governing Body members.

FURTHER ACTION REQUIRED:	

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Greater Manchester Association of
Clinical Commissioning Groups

GM ASSOCATION OF CCGs: Association Governing Group (AGG)
Salford& Worsley Suites, St James's House, Salford
Tuesday, 4 February 2014 (13.30 – 17.30pm)

Attendance:	Steve Allinson	NHS Tameside & Glossop CCG
	Rob Bellingham	Greater Manchester LAT
	Ivan Benett	NHS Central Manchester CCG - ***for M Eeckelaers***
	Alan Campbell	NHS Salford CCG
	Tim Dalton	NHS Wigan Borough CCG
	Andrea Dayson	GM Association of CCGs
	Chris Duffy	NHS Heywood, Middleton & Rochdale CCG
	Ranjit Gill	NHS Stockport CCG
	Denis Gizzi	NHS Oldham CCG
	Nigel Guest	NHS Trafford CCG
	Gary Jones	NHS Stockport CCG – ***for G Mullins***
	Gina Lawrence	NHS Trafford CCG
	Su Long	NHS Bolton CCG
	Joe McGuigan	NHS Trafford CCG - ***for J Daines***
	Wendy Meredith	Bolton Council (Public Health)
	Stuart North	NHS Bury CCG
	Jenny Scott	NHS England – Specialist Commissioning
	Hamish Stedman **(Chair)**	NHS Salford CCG
	Mike Tate	NHS Wigan Borough CCG
	Bill Tamkin	NHS South Manchester CCG
	Martin Whiting	NHS North Manchester CCG
	Leila Williams	Service Transformation
	Ian Williamson	NHS Central Manchester CCG
Apologies:	Trish Anderson	NHS Wigan Borough CCG
	Wirin Bhatiani	NHS Bolton CCG
	Julie Daines	NHS Oldham CCG
	Alan Dow	NHS Tameside & Glossop CCG
	Michael Eeckelaers	NHS Central Manchester CCG
	Lesley Mort	NHS Heywood, Middleton, & Rochdale CCG
	Gaynor Mullins	NHS Stockport CCG
	Kiran Patel	NHS Bury CCG
	Clare Watson	NHS Tameside & Glossop CCG
	Simon Wootton	NHS North Manchester CCG
	Ian Wilkinson	NHS Oldham CCG
In Attendance:	Laura Foster	Service Transformation (HT)
	Helen Hosker	GP Clinical Lead – 111 Service
	Julie Rigby	SCN – Quality Improvement Lead
	Louise Sinnott	NHS England-Specialised Commissioning

1. WELCOME & APOLOGIES FOR ABSENCE

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

2. MINUTES OF THE LAST MEETING & REVIEW OF ACTION LOG

2.1 Minutes of the last Meeting: 7.1.14

- The Minutes of the last meeting were accepted as an accurate record.

2.2 Papers for Future Meetings

- Noted that some papers, due to various reasons, had arrived within a very short time frame.
- There was discussion on a reasonable timeframe for the receipt of papers.
- It was agreed that it was reasonable for all papers to be sent to Andrea Dayson 1 week in advance of the meeting. Thereafter, the agenda item would be deferred until the next meeting.

The AGG Agreed:

- **The deadline for the receipt of agenda item papers is 1 week prior to each meeting.**

3. STRATEGIC WORK PROGRAMMES

3.1 Healthier Together/CCG Working Arrangements

A presentation from IW described the proposed future working arrangements between HT and CCGs. The aim is to improve governance, accountability and communication/CCG ownership of the programme. The issue was addressed by convening a small group of COs and the ideas generated from this were discussed at the Development Session held following the last CiC meeting.

Range of ideas/options discussed at the Development Session and in particular:-

- The continuance of the Steering Group – and should it be more inclusive?
- Is the Steering Group still required now that the CiC is established?
- Concerns from non-members of the Steering Group that the pace is too fast/too slow
- What is the difference between HT and Service Transformation – this needs to be clarified further so that there is a common understanding.

Summary:

There are 5 proposals put forward:-

- Improve HT governance
- Clearer team accountability
- Improved external links
- Agreed budget
- Improved communications

The AGG agreed:

- **The five proposals – acknowledging there is a separate budget discussion (see item 3.3),**
- **There is a need for the development of an organogram – IW/LW**
- **That the process is commissioner-led with provider management in advisory capacity**
- **There is a need to consider the long term planning of the HT team (hosting arrangements)**

Healthier Together: BRIEFING

IW tabled a paper which highlighted some keys points for the attention of the AGG:-

Commissioner (CCG) Groupings session

- The last two meetings of CiC have discussed the need for commissioning (CCG) groupings.
- A workshop next week will discuss this issue and the outcome will be reported to the next CiC meeting.

Monitor meeting

- A visit has taken place with the competition arm of Monitor.
- Monitor is only in a position to provide informal advice.

Informal AGMA Leaders

- Work is in progress to build on district discussions and will move to sector level meetings.

Potential March Workshop

- Workshops events will be planned to ensure there is sufficient time to allow for detailed discussion at each locality.
- It is expected that some of these will be held early in March.
- The details / facilitation is subject to discussion with Andrea Dayson.

Committee in Common update

- The first meeting was held in January and in public.

Neighbouring CCGs involvement

- Currently East Cheshire (Macclesfield Hospital) are a member of the CiC in a non-voting capacity.
- There may be pressure from them to become a voting member and this needs to be considered as it may also apply to other areas.

The AGG noted:

- **IW/LW to circulate notes from the Monitor visit**
- **CiC: Consideration of the voting rights of neighbouring CCGs**
- **AD to assist in facilitation of the March workshops**

(NB: 3.2 deferred – no agenda item)

3.3 Proposed Service Transformation Budget for 2014/15

Introduction:

This paper has been produced in response to a request by the AGG (Dec 2013) for further information on the budget for 2014/15. The scope had been increased to cover the period up to 2016/17.

The paper covers 3 specific areas with a request for decision/approval by the AGG:-

- Note the forecast spend for 2013/14 is in line with the budget.
- Agree 2014/15 budget of £4m including a contingency of £686k with a review in July 2014.
- Approve the assurance arrangements to support the programme.

Summary

There is some difficulty in estimating and quantifying programme costs and it is not without risk as reconfiguration on this scale has not been attempted before - GM is the first to do so post-April 2012. The Assurance Framework has now been published and there is a commitment to continue a transparent process and regularly report on expenditure to commissioners/AGG.

Concerns noted that full business case should be produced to support this level of expenditure. Proposal put forward for (a) the forecast spend in 2013/14, (b) budget for 2014/15 of £4m with a contingency of £686k, (c) assurance arrangements.

The AGG Agreed:
- **The forecast spend for 13/14.**
- **In principle to the 14/15 budget as outlined within the paper BUT noted concerns regarding FBC support.**

The AGG Noted:
- **JN to request guidance from NHSE in respect of FBC and required process**

3.4 GM Strategic Levy

Introduction to the Paper:

Joe McGuigan attending on behalf of Julie Daines introduced the paper.

The AGG was asked to consider/note the following:-

- forecast commitments in 2013/14
- the degree of remaining uncertainty of some elements of the 2013/14 assumptions
- the recommendation to release surplus resources to CCGs and request from GM CSU for additional IM&T funding
- the on-going consideration by GM CCG CFOs of elements of the Health & Social Care Reform programme in respect of 2014/15 running costs
- the CFO proposal for 2014/15 and 2015/16 mandated non-recurrent resource

Forecast Commitments in 2013/14

Introduction:

- Breakdown summary of the forecast expenditure compared to agreed funding for the 5 schemes in 2013/14.

Summary:

It was felt opportune to review the CFO /AGG remit in respect of (a) level of detail (b) post-evaluation report (c) reporting intervals (d) risk/escalation register. The strategic levy monitoring / reporting processes are to be discussed at a future CO meeting.

2014/15 & 2015/16 Proposal

Introduction:

- CCGs are requested to reserve 2.5% (in 2014/15) and 1% (in 2015/16) of their recurrent allocation to be spent non-recurrently.
- As there are already known commitments for next year, the CFOs propose that 0.3% be ring fenced for the 2014/15 strategic levy.
- The strategic levy (0.3%) schemes include: HT, Health & Social Care Reform, Neuro-Rehab, Trafford/CMFT residual, uncommitted balance.

Summary:

The details of the proposed 2014/15 strategic levy were noted and each recommendation addressed. The level of financial governance/sign off by CFOs is to be agreed at a future meeting.

The AGG Agreed/Noted:

- **Recommendation 1: AGG noted the forecast commitments against the Levy for 2013/14**
- **Recommendation 2: AGG noted the degree of uncertainty associated with some element of the 2013/14 assumptions**
- **Recommendation 3: AGG agreed the £1.4m uncommitted funds be released back to CCGs**
- **Recommendation 4: AGG noted the on-going consideration by CFOs of the 2014/15 costs of the Health & Social Care Reform Programme**
- **Recommendation 5: AGG agreed to the Levy being capped at 0.3% for 2014-15 and 2015-16**

Action: (Additional Recommendation by the AGG):

- **Recommendation 6: AGG to agree the autonomy/governance level of CFOs**
- **AD: Forward Plan for future CO meeting - future arrangements for strategic levy budget monitoring/reporting/post evaluation**

4. CLINICAL WORK PROGRAMME UPDATES

4.1 Neuro Rehabilitation

Introduction:

An update report on the work programme for GM in-patient neuro rehabilitation services and presentation had been circulated.

The AGG were asked to:-

- Note the development of the business case
- Approve the establishment of a joint commissioning/procurement working group
- Note the case for recurrent capacity
- Note the impact of not proceeding

Summary:

There was support for the work that has been undertaken and approval of the recommendations.

The AGG Agreed:

- **The development of the business case**
- **The establishment of a joint commissioning/procurement working group**
- **The case for recurrent capacity**
- **Approval of continued non recurrent funding for the 20 beds pending completion of the procurement process**
- **The impact of not proceeding**

ADDITIONAL ITEM NOT ON MAIN AGENDA: Specialised Commissioning

Specialised Commissioning presentation by Jenny Scott

Introduction:

- JS presented the 'Everyone Counts: developing the 5 year strategic plan in specialised services'

- Specialised commissioning has a £11.8bn budget which represents 10% of the overall NHS England commissioning budget.
- Most of the budget is spent on pathways of care – very little on innovation/new technology
- CCGs are critical to achieving world class patient outcomes and a strong working relationship/shared decision making are essential.
- The 5 year strategic plan is a key element of Call to Action.
- The 5 year plan for the North West comprises of mission, vision, goals, and objectives.
- The plan will encompass GM, Cheshire & Merseyside and Lancashire and therefore necessary to achieve cohesion and alignment.
- Proposal to have Task & Finish Groups (TFG) comprising of Chair, Spec Comm link, Area Team Strategy Lead, Area Team Quality/Performance Lead, CCG Representation, SCN/Senate rep with Planning and Administrative support. NB: Planning Manager has just been appointed.

The AGG noted:

- **The value of collaboration and alignment of strategic plans**

The AGG Agreed:

- **AD to canvass for clinical representatives as a matter of urgency.**
- **AD to communicate outcome to Jenny Scott**

5. ASSOCIATION OF GM CCGs

5.1 EUR Operational Policy

The EUR Operational policy sets out the operational framework for the GM EUR service. It documents the procedures and processes relating to the consideration of Individual Funding Requests (IFR) and Individual Prior Approvals and the development of GM EUR treatment policies.

The AGG is asked to ratify the policy.

- Concerns noted with some difficulties with the policy in relation to process/pathway and decision making and that the process is very lengthy as it includes the wider community.
- The process is to consult the public before progressing to DoFs/DoCs whereas an initial commissioning/financial decision (before public) may be a more logical pathway.

Summary:

- The concerns expressed were noted and agreed it was appropriate to review at the interval suggested within the policy.

The AGG Agreed:

- **To ratify the policy, with concerns noted, and to review at 12 months**
- **AD to Forward Plan review of EUR Operational Policy in February 2015**

5.2 GM Allocations announced by NHS England

Introduction:

Paper presented by SN and declared interest since Bury CCG was one of the most under- funded CCGs. The target allocations for CCGs for 2014/15 and 2015/16 have been published by NHS England and now appropriately taken account of deprivation in addition to age profile and ethnicity. However, the comparison of CCG allocations to the target allocations is striking. GM CCGs are projected to have been under-funded by £87m in 2013/14 and this was set to increase in 2014/15 and 2015/16.

SN put forward a number of recommendations for consideration:-

- AGG write to the Chief Executive of NHS England requesting a commitment to resolve the inequity in CCG funding within 5 years.
- AGG write to AGMA requesting their support in redressing the inequity.
- GM CCGs to commit to briefing local MPS with a view to securing their full support
- CCGs to brief local media on the funding position within GM.

Comments:

- Wigan would be uncomfortable with giving unilateral support unless an 'appropriate form of words' could be found.
- HS: it is impossible to be pathway compliant when there are insufficient funds to support. HS suggested that a form of words be sought to ensure that all CCGs could support SN's proposals.

Summary:

There are clearly inequalities in the funding allocations and members were supportive of the proposals – with the right form of words.

The AGG Agreed:

- **With the proposals within the paper – with careful wording needing prior approval**
- **HS/SN to take forward the proposals.**

5.3.1 Community Based Care Standards (formerly Out of Hospital Care)

Introduction:

The Community Based Care Standards have been developed from locality integrated care plans and the Primary Care Strategy. They have been through an extensive process of engagement with all health and social care partners. It is expected that the standards will be supported by the Health & Well Being Boards and form part of local conversations. Since the last meeting, the standards have been modified by removing the metrics (recommended for public view) and public commitment added as a suggestion for localities to build on during local conversations.

The AGG is asked to formally adopt the standards on behalf of the GM CCGs.

Comments:

- SL: the name has been changed as the former name was confused with Out of Hours. They represent a consistent common approach and reflect the ambition of delivering the highest levels of care. The paper includes the rationale and process through which the standards were developed and as noted in the introduction have been amended.
- The standards had been presented to the AGMA Leaders Group and to provide additonal reassurance would confirm the forums that have had sight of the Standards.

Summary:
All in agreement with the standards and that the implementation / discussion required at locality level. The implementation time frame is 2015/16, it is up to local determination which of the standards are to be met and by when – these do link with the Primary Care Strategy.

The AGG Agreed:
- **With the Community Based Care Standards with local discussion/implementation.**
- **SL to detail the forums at which the Community Based Care Standards have been presented.**

5.3.2 Primary Care Strategy
Introduction:
The 5 year strategy for improving primary care within GM: supporting the development of community based care. The document presented today had received approval from the AT Management Board and the NHSE Executive Team. Members were asked to note that the branding of NHSE was quite deliberate with the intention of supporting CCG Integrated Care Plans and have the opportunity to respond to the strategy.

The AGG is asked to support the next step of developing a detailed delivery programme – initial work has started and this will be shared with CO's and then the AGG at a future date. Progress will be in tandem with the Community Based Care Standards through Health & Well Being Boards and locally through CCG leads. Consideration will be given to working with HT and CCGs on positive publicity.

Summary
A number of bids have been submitted to NHSE who can only prioritise two bids from the whole of GM. However, a supplementary bid as a GM Pioneer zone could be submitted. GM has a history of pioneering work and its current programme of Health & Social Care Reform reinforces that position. The supplementary bid would only be submitted on the understanding that it was not prejudicial to the initial two bids. A meeting to discuss this is being arranged for next week and further details would be circulated shortly.

The AGG Agreed:
- **Support of the Primary Care Strategy and the development of a delivery work programme**
- **RB to share initial delivery work programme details with the COs**
- **AD: to Forward Plan Primary Care Strategy Work Programme for future CO agenda**
- **RB to circulate details of the Pioneer Supplementary Bid meeting**

5.4 111 Service Update
Introduction:
Helen Hosker introduced the paper 'North West NHS 111 Revised Governance arrangements and how the proposed structure will work in GM'. The proposal is to have one Clinical Governance Committee for GM. Each CCG is to be represented at the GM Quality Assurance Committee by their nominated NHS 111 Clinical Lead which provides a link to CCGs and Urgent Care Working Groups/Boards. It is proposed to have a GM Virtual Oversight Group comprising of (the existing footprint) 111 Clinical Lead, 111

Management Lead and NHS England Area Team Lead. These two groups will have links to the Urgent Care Commissioning Leads Group, Heads of Commissioning Group and to the AGG for reporting/feedback. The NW Clinical Governance recommends there is a named Clinical and Managerial Lead for NHS 111 at each CCG. The proposed NW arrangements are due to be discussed and agreed at a Regional Clinical Governance Workshop to be held on 27 February 2014.

The AGG is asked to:-

- Note and support the proposed revised NW Governance and clinical governance structures.
- Note and agree the requirement for nominated CCG NHS 111 Clinical and Management Leads and that there could be an associated resource requirement.
- Agree to the establishment of the GM Virtual Oversight Group.

Comments:

- HH: described information being received in 'real time' receiving health care professional feedback within 24 hrs/days and is able to quickly identify issues. HH had also taken the opportunity to listen to calls and was satisfied with the service being provided by NWAS (stability partner). To date there have been very few clinical incidents which mainly related to call handling/DoS malfunction.
- Patient/public engagement will be achieved through regular bulletins and links maintained through LMCs.
- The national 111 futures group is led by Amanda Doyle and the national service specification is expected in March/April 2014.

Summary:

RB is to explore the issue of local publicity with the NHSE Communications Team.

From each CCG is needed:-

- Clinical Lead/ Managerial Lead– with a sessional commitment to attend one meeting per month and review health care professional feedback.

The AGG Agreed:

- **To support the proposals within the paper**
- **RB: to raise the issue of local publicity with the NHSE Communications Team**
- **Identify a Clinical/Managerial Lead for each CCG – AD to process**

6. ANY OTHER BUSINESS

6.1 Chair/Vice Chair: advice sharing for following year

Noted:

- Consideration of continuance / succession to Chair
- AGG and CO Chairs have agreed to continued leadership.
- A deputy to the Vice Chair (SN) is required with the understanding that within an agreed period this would develop to the role of Vice Chair to allow SN to step down.

The AGG Agreed:

- **AD to include Chair/Vice Chair roles on Forward Plan for discussion at future CO meeting**

6.2 Programme Management Role (ex W Blandamer): New appointment:
A workshop will be conducted at the end of a future CO meeting with a paper to be circulating outlining the issues. For discussion at the next AGG meeting.

The AGG Agreed:
- **AD arrange workshop at the end of a future CO meeting**
- **AD to circulate paper outlining the main issues**
- **AD to include PMO Role on Forward Plan for March AGG**

6.3 GP IT Performance
Noted:
- Issue of the poor CSU performance in respect of GP IT is to be on the March AGG Agenda.
- Peter Moseley will be invited to attend and present to the AGG.

The AGG Agreed:
- **AD: GP IT performance for inclusion on Forward Plan for March AGG**
- **AD: Ensure attendance (presentation) by Peter Moseley addressing the issues**

6.4 Next Meeting in March 2014

Noted:
- There is a clash with the scheduled date for the next meeting with Expo Confederation with Bruce Keogh visiting GM.
- The alternatives are change the time /venue of the meeting.

Agreed:
- AD to canvass members for who can / who cannot attend the scheduled March meeting.

Action:
- **AD to canvass members for attendance at the March meeting.**

7. DATE AND TIME OF NEXT MEETING

Due to a diary clash, as discussed under AOB (item 6.5) , the date/time of the next meeting is to be confirmed.