MEETING: Governing Body – Open Meeting **Item Number: 9.1**

DATE: 25 March 2014

REPORT TITLE:	**GM Association of CCGs: Association Governing Group (AGG) Summary Notes**
REPORT AUTHOR:	**Hamish Stedman (Chair)**
PRESENTED BY:	**Dr Tim Dalton**
RECOMMENDATIONS/DECISION REQUIRED:	**To be received for information.**

EXECUTIVE SUMMARY

The Governing Body is requested to receive the Summary Notes from the GM Association of CCGs meeting held on the 4 March 2014.

FURTHER ACTION REQUIRED:	**No further action**

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GM ASSOCIATION OF CCGs: Association Governing Group (AGG)
4th March 2014 @ 8.00 – 11.30 am
SALFORD & WORLSEY SUITE, ST JAMES'S HOUSE, SALFORD

Attendance:	Trish Anderson	NHS Wigan Borough CCG
	Laura Browse	Greater Manchester LAT **for Rob Bellingham**
	Alan Campbell	NHS Salford CCG
	Julie Daines	NHS Oldham 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
	Michael Eeckelaers	NHS Central Manchester CCG
	Ranjit Gill	NHS Stockport CCG
	Denis Gizzi	NHS Oldham CCG
	Nigel Guest	NHS Trafford CCG
	Roz Jones	NHS England Specialised Commissioning **for Jenny Scott**
	Su Long	NHS Bolton CCG
	Angela Lynch	NHS England – Specialised Commissioning
	Wendy Meridith	Bolton Council – Public Health
	Lesley Mort	NHS Heywood, Middleton & Rochdale CCG
	Gaynor Mullins	NHS Stockport CCG
	Stuart North	NHS Bury CCG
	Kiran Patel	NHS Bury CCG
	Hamish Stedman **(Chair)**	NHS Salford CCG
	Bill Tamkin	NHS South Manchester CCG
	Leila Williams	Service Transformation
	Ian Williamson	NHS Central Manchester CCG
	Simon Wotton	NHS North Manchester CCG
Apologies:	Steve Allinson	NHS Tameside &Glossop CCG
	Wirin Bhatiani	NHS Bolton CCG
	Gina Lawrence	NHS Trafford CCG
	Jenny Scott	NHS England – Specialized Commissioning
	Tony Ullman	NHS Tameside& Glossop CCG
	Clare Watson	NHS Tameside & Glossop CCG
	Martin Whiting	NHS North Manchester CCG
	Ian Wilkinson	NHS Oldham CCG
In Attendance:	Peter Moseley	GMCSU

1.WELCOME & APOLOGIES FOR ABSENCE

2. MATTERS ARISING

The GM allocation was discussed briefly as an outstanding action but that there was further information circulated which needs to be reviewed. All agreed that a view of all the allocations across GM in terms of CCGs, Specialist Commissioning, Primary Care and Public health would be very useful. WM has some of the information and will share with members.

3.1 (a) GM Pioneer Zone Bid
(b) Primary Care Demonstrator sites

3.1

a) GM Pioneer Zone Bid

The Pioneer bids process is that only two bids can be prioritised to go through to the final selection process. The selection process will be according to the merit of the proposals. There has been consensus gained in support of supplementing a further GM wide bid with the opportunity of doing something at scale but that will not be at the detriment the locality bids. LB highlighted to members that there was an unexpected regional step noted in the process in that the bids were being assessed on a North West basis. LB confirmed that 2 bids from GM have been selected but could not at this point in time announce which bids these were.

b) Primary Care Demonstrator sites

LB presented an overview of the demonstrator sites with particular reference to the common themes and challenges. These related to:

- Integration and access
- IT in terms of shared electronic records, telehealth interventions and web based consultation

Across all sites challenges with integrating IT systems and securing the necessary governance approvals to share information have been common. Whilst each site has gained important knowledge about local systems and solutions there is a need for a systematic and strategic exploration of these issues. This will be an important element in the evaluation process being led by CLAHRC.

The AGG:

1. **Noted the progress for both of the items**
2. **Agreed that shared learning must be derived from the Demonstrator sites**
3. **LB confirmed that this shared learning is to be included in the NHS IQ offer**
4. **LB agreed to share timeframes**

3.2 Healthier Together – Update

Concerns were noted about the 'conversation process' in terms of variability of what was happening across CCGs. A number of CCGs confirmed that the conversations have been put into the context of their strategic plans with the emphasis that the current hospital services need to change to promote

sustainability. To do this certain services need to be delivered differently that is through improved integrated and primary care services. Emphasis placed on the fact that certain hospital services are continuing to deliver care that is not to the required standards. This helps to keep the Healthier Together conversation aligned to the localities. An outline and clarity of what paper needs to go to the public part of the CCG meetings would be helpful. Overall CCGs are in the best place to agree what can and cannot be shared with local partners.

Recent meeting with NHSE and Hempson's to review the current governance arrangements in terms of legality should a challenge ensue was deemed helpful. The current arrangements of the CiC are an interim solution until the new amendment to the act has been confirmed. Confirmation will be sent to all CCGs to outline what is required to manage this process.

IW presented an overview of the governance proposals which now includes a Programme Management Group (PMG) for the In Hospital programme. This will include all of the Senior Responsible Officers for GM Health and Social Care reform. Some concern noted that we do not replicate the issues from the disbanded Steering Group. The PMG is a required to ensure we adhere to the requirements of the governance arrangements.

Update on healthier Together to inform members of key achievements, timescales, and progress of the Healthier Together programme. Key meetings and milestones were shared with members; these outlined the process up to agreeing the decision to launch the consultation in 17 weeks.

- NHS England Assurance framework now received, reviewed and queries identified. Criteria aligned to the relevant sections of the Pre-Consultation Business Case (PCBC)
- Work is underway to develop the short list of options. There are 3 inputs to this process:
    - CCG commissioning groupings
    - Workforce analysis
    - Local and Specialist fixed points
- Currently revising the communications and engagement strategy and key messages.
- Commissioning groupings - to agree recommendation for CiC on 26 Feb

The AGG noted:

1. **The importance of continuing and supporting the conversations locally.**
2. **Noted changes may be required to CCG constitutions.**
3. **Noted the changes in the governance arrangement but accepted members needed time to review aims and purpose due to paper being tabled.**

4.1 RADAR

The proposal is to consider continued provision of a Rapid Access (Alcohol) Detoxification Acute Referral (RADAR) Service for all GM Acute Trusts for Complex Alcohol Presentations resulting in unnecessary A&E presentations and admissions.

In 2012/13, the NHS North West Strategic Health Authority (SHA) agreed to fund Greater Manchester West Mental Health NHS Foundation Trust (GMW) pilot for a pathway for the rapid transfer of patients

from acute hospital beds for inpatient alcohol detoxification. It is a 10-bedded unit within GMW's Chapman Barker Unit (CBU) which has established expertise in delivering safe and effective alcohol and drug detoxification to patients in the North West who present with high degrees of complexity in terms of physical and mental health plus complexity relating to the substance misuse problem. RADAR combines the benefits of a bespoke detoxification programme (5-7 days, NICE compliant, evidence-based and symptom-triggered detoxification) with the delivery of a range of effective psycho-social interventions, physical and mental health treatment (as required), and a strong focus on detailed aftercare planning and engagement in aftercare. RADAR is medically-managed and operates a multi-disciplinary team approach to detoxification. 24-hour medical and nursing (Hospital at Night) cover is provided.

The continued funding will enable the delivery of the following key strategic outcomes relevant to all CCGs:

- Targets for reducing alcohol-related hospital admissions and re-admissions;
- Reducing health burden and inequality relating to alcohol dependence; and
- Reducing burden on A&E departments and acute hospitals, through:
- Reducing alcohol-related admissions rate (formerly NI39);
- Reducing avoidable admissions (<24 hours);
- Reducing readmission within 30 days and associated loss of tariff for the previous admission
- Transferring from A&E within 12 hours.

The AGG:

1. **Agreed to the funding to support the 10 beds to continue for a further 12 months to allow for a more detailed review of the evidence**
2. **Through this time need to address the disparity in access.**

4.2 Cancer Commissioning

The AGG have been working for some time developing lead roles for CCGs for different work streams. Cancer is an area that requires a single approach by the 12 CCGs to ensure that services are commissioned consistently across Greater Manchester. Trafford CCG has agreed to lead on behalf of the CCGs to create oversight and input from the localities into the cancer agenda.

The following have lead roles in elements of the cancer pathways:

- **Cancer NetworkSpecialist commissioners**
- **Provider board**
- **Healthier togetherThe Local Area team**
- **The CCGs**
- **Public health**
- **The wider health economy**

All will provide support to the board to ensure alignment of expertise, previous history and alignment of all pathways.

- Two part workshop for commissioners to map out there work and interdependency and then meet with members of the provider board to understand the best way to work together and ensure services are joined up.
- Workshop to look to agree achievements that are required over the next few years.
- This will be a pre- meeting to prepare before the main board begins to function fully. This is expected to take place on the 3rd April 2014.
- Trafford CCG is looking to recruit an Associate Director of transformation team with a main part of their role being around cancer work – this will help to keep this very large agenda focused and clear. With the associate acting as the single point of contact for the CCGS

There are a number of specialist cancer services that do not comply with NICE Improving Outcomes Guidance and national service specifications with respect to population size and/or surgical volumes. A Greater Manchester Cancer Commissioning Panel, led by NHS England has been established to oversee and direct the commissioning process for *these services.* Trafford CCG is a member of this task and finish group to ensure an integrated strategic approach between all commissioners to changes in cancerpathways. At its meeting in January 2014, the commissioning approach for the four non-compliant services was agreed as follows;

- Hepato-pancreato biliary (HPB) cancers – Central Manchester (CMFT) and Pennine Acute Trust will merge in 2014 into a single specialist team/single operating site at Central Manchester.
- Urology – Four specialist multi-disciplinary teams (SMDT) provide specialist urological care hosted at CMFT, SRFT, UHSM and Stockport. In addition there are flows to The Christie including highly complex pelvic work and robotic surgery. A procurement process will be initiated in April 2014 in order to achieve compliance. The commissioning requirement is for a single service/SMDT working to a single set of guidelines and pathways with operating on two sites, to ensure consistency and equal access for all patients within GM.
- Oesophago-gastric (OG) – Three SMDTs provide specialist OG care at CMFT, SRFT and UHSM. Consensus has not been reached; a competitive procurement process will also be initiated for specialist OG services in April 2014 for a single service/single SMDT across two operating sites.
- Gynaecology – Single service model is being developed between Central Manchester and The Christie in line with commissioner requirements which will involve a single team working to a common set of guidelines. A detailed operational plan to meet compliance is being developed. Salford and UHSM have confirmed that they support this proposal and do not intend to continue providing a specialist gynae cancer service.

JD noted concern that the issue of Acute Oncology MDT not on the list as a requirement as five trusts have still not implemented MDTs. NG confirmed that this would be added for consideration.

The AGG:

1. **Agreed that Trafford represents the views of the 12 CCGs through the Cancer Commissioning Board**
2. **Agreed that quarterly updates are presented to the AGG and include AGG members for the circulation of the minutes for information.**
3. **Supported the process for the management of non compliance; all in agreement that we can no longer support non compliant service any longer.**

4.3 Specialist Commissioning

Roz Jones provided an overview of specialist commission:

Development of 5 year strategy -6 national work streams being progressed as part of 'Call to Action'.

- A national strategy for specialised services addressing key issues raised in planning guidance '*Everyone Counts'* including a move to fewer centres of excellence.
- Boston Consulting Group appointed nationally to support the economic and clinical modelling of options around reconfiguration of services to the 15-30 centres.
- Development of a coherent view on a single centre, single contract, and number of sites. Where the focus is on improving equity of outcomes and access.
- Early indications are that a single site approach is being considered as a priority.
- Angela Lynch is the named lead for GM. KPMG supporting 10 Area Teams final draft June 2014.

Development of a 2 year operational plan

- National template developed to reflect the priority work areas and highlight QIPP plans.
- £40m gap from the national targets allocated to the Area Team and the local schemes available.
- Actions identified include a mix of legacy issues (IOG compliance and Neuro-rehab), national and regional priorities (CAMHS tier 4 review), Cardiac review, and Mental Health Secure services.
- The 2 year plan is intended to be the first phase of the 5 year strategy.

Service specification compliance

- Derogations have now been reviewed for consistency and communication nationally – one year to meet compliance.
- Area Team footprints reports will be prepared and circulated in early March 2014.

Contracting

- Single NHS England contract per provider; in exceptional cases NHS England may need to become an associate in line with the regional guidance on coordinating arrangements

Service specific issues

- The non-compliant cancer surgery services in GM are : HpB/Urology/Upper GI/Gynaecology
- GM provider Board to reach clinical consensus on models of care and lead providers.

CAMHS tier 4:

- National review of demand and capacity is underway and is due to report in March 2014.
- There may be a requirement to undertake a procurement process to secure a range of compliant providers of CAMHS tier 4 services across the North West.
- Ensure appropriate level 3 services to prevent patients being admitted to tier 4 inappropriately.

Paediatric Cardiac Surgery (PCS) and Adult Congenital Heart Disease (ACHD):

- National service PCS specification refers to co-location with adult services (ACHD)
- Currently adult services are provided at CMFT and Children's services at Alder Hey – awaiting definition of co-location.

- Academic Health Science Centre identified Cardiac services as a critical area commissioners meeting to develop joint understanding for the Cardiac Review.

Vascular services:

- In all 3 former geographical areas, reviews of vascular services were undertaken.
- Cheshire and Merseyside confirmed their 2 centres as RLBUHT and COCH
- GM and Lancashire completed reviews there is not consensus regarding the named centres.
- Procurement process will be required in GM. A project manager has been appointed to set up this work programme and establish governance, process and approach.

The AGG noted:

1. **The need to align the specialist centre reduction process into the Healthier Together programme**

4.2 Pathology Network

The Greater Manchester Clinical Commissioning Groups (GMCCGs) have been asked to decide whether to discontinue the work of the current Pathology Network. The Pathology Network is currently funded by GMCCGs with a budget of £157k (£12.5k per CCG) which supports the core team. The core team includes;

1. Clinical lead on 4 sessions a week; permanent contract with NHS Salford.
2. Network Director has a shared Director role with the Sexual Health and Pathology Networks; permanent contract with NHS Manchester.
3. Project Manager on 30 hours per week Band 5; permanent contract with NHS Manchester

In the March 2013 transition the three staff members of the Pathology Network were transferred from Manchester PCT and Salford PCT to GM Commissioning Support Unit (CSU) under host arrangements including payroll management to support employment. The GMCSU are not accountable for the delivery of the Pathology Network's work programme.

In terms of legacy:

- The providers are reconfiguring services – 20:20 saving achieved
- Work on the specification now completed, this now needs taking into contracts.
- Activity benchmarking data is being collected routinely by practice by CCG
- 100% roll out of GP order communications and lab-lab communications
- Work on a results sharing portal currently under technical assessment by CSU
- Ideally the 4 x Clinical Advisory Discipline Based Groups would continue to meet subject to facilitation and support and link in with respective SCN, Senates, PHE and CCGs.

It has become apparent that the Pathology Network has now come to a natural end as such for 14/15 the AGG is asked if they wish to further support the network or to agree to close down. Noted that the Chief Officers reviewed the proposal and agreed the need to close down the network. GM CSU have agreed that the staff can be part of the Change Programme as such they will be entitled to all the support offered through this process.

The AGG agreed:
1. To support the close down of the Pathology Network
2. To manage the HR process and any agreed consequences through the CSU Change Programme

5.1 IT Performance (GMCSU)

Peter Moseley presented an overview of CSU IT,

- 200 staff approx
- £23 million budget
- 4 discrete products;
    - IT Operations
    - Information Governance
    - Business Intelligence
    - GP support
- 9 work streams
- 25 project managers
- Standard management approach
- Corporate tool kit
- System migrations
- EPS, SCR, GP2GP roll out
- NHS 111 support

Transition Projects included:

- Data centre: online October 2013
- Service Desk: migrated July 2013
- BI toolkit: March 2014
- Staff mobilisation: October 2013
- Core COIN online: September 2013
- IG service delivery: April 2013
- IT support delivery: April 2013

Known Issues:

- Monitoring escalation issues
- Procurement delays
    - Availability of kit
    - High number of varying contracts
- IM&T allocations:
    - Actual expenditure against allocation not accurate
    - Uncertainty regarding funding sources
- Inherited estate:
    - Replacement programme – 60 days notification requirement
    - Prior under investment

Currently not in a position to standardize equipment and recoupe benefits from reduced costs due the equipment issues transferred during transition; out of warranty and not kept updated. Continued confusion around the IT budget not helped by lack of national guidance.

SN noted that the CFOs have worked hard to unpick the finances to provide a much needed clearer oversight. Unfortunately through transition CCGs were sighted on the principles but not the funding. Need to agree how to fund the non recurrent costs either CCGs self fund or use part of the 0.3%

strategic levy. SN Chairs the IM&T Steering Group membership moving forward this should include all CCGs. GP IM&T leads need to pull together a GP IM&T strategy and we need to categorise projects that are a priority for next year. Need to work in partnership to overcome issues such as ProCo together.

PM confirmed that despite the CSU Change Programme there will be no affect to continued service delivery. We need to be clear what the future CSU IM&T offer is so that CCG can decide whether other options need to be considered.

The AGG:

1. Noted the difficulties relating to inherited transition issues which have been difficult to manage.

2. Agreed that a risk registered with the interdependencies highlighted would be beneficial

3. Agreed that an update would be required in 2 months time

5.2 111 Service Update – deferred

6. Any other business

SL has previously discussed the MIB standard of 1-28 births to midwife ratio with the Chief Officers and wanted to raise concerns with the AGG members in terms of how other CCG are managing this through contracting.

- The issue has been raised nationally.
- Most trust s have indentified that the tariff does not support this standard due to the tariff deflator.
- LW from MIB recollection added that the ratio is not the key output measure it was 1-1 nursing care and appropriate supervision for midwives.
- Need to confirm what the status of this standard; is it just an input to overall achievement of the standard
- WM noted that this needs to be Joined up within the Early Years pathway which has a focus on the maternity pathway
- Consensus that we should wherever possible we should be ensuring standards are delivered and that commissioners should stand firm as there is variability across all tariffs.
- All to share the recent Monitor letter responses and enquire whether Sam Bradbury (Children's Commissioner) re 1-1 services has any further information to support CCGs.
- MIB issues to be forwarded to HOCs

DATE/TIME OF NEXT MEETING

The next meeting will be held 1 April 2014 St James House 13.30 – 17.30

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