

Collaborative Commissioning Summary Report

Governing Body meeting

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4 July 2013

1. Introduction

This report summarises the latest key issues in relation to South Yorkshire and Bassetlaw collaborative commissioning commitments, including issues arising from the commissioning of Prescribed Services. The report focuses on those areas that will contribute towards Sheffield CCG priorities and aims to secure a collaborative approach to commissioning issues; reducing variation and inequalities and maintaining strong integrity across patient pathways.

The key strategic Board meetings that have taken place in the current period are detailed below, including a summary of the issues raised that are likely to impact upon the Sheffield health economy. It should be noted that due to timings of meetings and publication of formal minutes there will be a time lag between this report and the relevant Board meetings.

2. Summary

This report provides a summary of key issues covered by CCGCOM and SYCOM Boards.

3. Recommendation

The Governing Body is asked to note the summary report.

Paper prepared by Will Cleary-Gray, Senior Commissioning Manager Specialised, Collaborative and Cancer Commissioning

On behalf of Tim Furness, Director of Business Planning and Partnerships

June 2013

Appendix A

NHS South Yorkshire and Bassetlaw

CCGCOM Meeting

Friday 7 June 2013

1.00 – 3.00 pm – Boardroom, 722 Prince of Wales Road

Present: Richard Cullen, Chris Edwards, Nick Tupper, Steve Kell, Chris Stainforth, Tim Furness, Martha Coulman, Mark Smith, Will Cleary-Gray, Cheryl Hobson

In Attendance: Michelle Oakes

1.	Apologies: Jackie Pendleton (Mark Smith attending), Phil Mettam, Ian Atkinson (Tim Furness attending)	
2.	Declarations of Interest No declarations of interest declared.	
3.	Minutes and Matters arising from 3 May 2013 The notes of the meeting held on 3 May were agreed as an accurate record. <u>MOU revision</u> TF reported a note was sent out for SY&B CCGs to confirm the status of their constitutions with regard to allowing wider collaboration, and noted responses were still outstanding. The deadline for changes to CCG constitutions to be approved was 28 June. TF will follow up after this date.	TF
	FOR AGREEMENT	
4.	Cardiology Commissioning Standards MC gave feedback following on from discussion at last month's meeting. The group were informed that Clare Hillitt has received initial feedback from Peter Bradley, Clinical Director at STH who still felt there was an issue with out of hours cover. There were no quality concerns - patient safety issues have been resolved since the protocol was introduced however the volume of out of hours calls was still an issue. It was noted that CCGCOM had not seen detail, such as numbers of calls. MC stated she had requested this information and that the purpose of the piece of work that had been proposed was to enable a fully informed discussion at CCG. There were concerns about the need for additional resource and CE noted	

	<p>that Chief Officers had agreed that projects should be managed within existing resources.</p> <p>It was agreed that the COs would consider further how to resource the workplan, in the context of the Working Together project and the managerial resources that might be necessary to support that.</p>	CE
	FOR DISCUSSION	
5.	<p>Shared care arrangements for NHS England Commissioned Services</p> <p>NT reported that NHS England Specialised Commission specifications have given him some concern particularly in relation to the delay in publication of the full commissioning policies and service specification and their potential impact on other aspects of care pathways. Both the obesity pathway and gender reassignment pathway were 2 examples that were given where there was not clarity on both commissioning responsibilities for some aspects of services and where there was potential risk on the integrity of the pathway. NT expressed that this issue was not exclusive to these 2 pathways and that there were some general concerns about both maintaining integrity of the pathway and managing risk. The group explored whether there was something collective that they could do to mitigate. It was agreed that this should start with an initial discussion within SYCOM to discuss pathway issues that covered commissioning of primary, secondary and tertiary care and explore whether there was something to be achieved collectively particularly in light of prescribed services going in to contracts in October and the associated work that was expected in relation to assessment against the specifications.</p>	
6.	<p>Prostate Cancer primary care follow up</p> <p>WG-C noted that there will be a paper presented to CCGCOM next month, developed with the Cancer Network, to propose developments to manage follow up in primary care.</p>	
7.	<p>Work Plan</p> <p><u>Management resource</u> The workplan now estimates clinical and managerial resources needed for each area of work. CCGCOM was asked to consider whether it needed a collective management resource (a programme office). CS stated that he would prefer not to create a programme office but to use existing resources, with the work divided up between CCGs. It was agreed that we would need to ensure that work was fairly shared, and that although the default position might be that COs should provide management resource for the pieces of work they lead, there could well be exceptions to take account of existing expertise. COs to discuss further in the context of the Working Together project.</p> <p><u>Clinical leads</u> It was agreed we now need to identify clinical leads for SCNs. TF suggested each to pursue if there are any interested GPs. MC was happy to</p>	

	<p>co-ordinate the names and identify any gaps. It was agreed we should aim to share the roles out across CCGs, and noted that CCGs might need to provide additional funding to support their clinical leads.</p> <p>WC-G suggested that it might be helpful to outline some principles with regards to expectation of working arrangements. W C-G agreed to work with MC to give a description for the workplan on the areas. MC identified that there are no names on any of the ODNs in terms of clinical input and it was agreed that, at the moment, CCGs did not expect to be closely involved in ODNs and therefore clinical leads might not be required.</p> <p>SK met with the MD of NHS Improvement Quality around CCGs and transformational change. The group asked if we could obtain free resources from them on a regional basis. SK agreed to pursue further.</p>	<p>ALL MC</p> <p>SK</p>
8.	<p>Working Together</p> <p>CE reported on the Finnamore session where North Derbyshire was not involved in the original session. CE will arrange a follow up session with Eleri.</p>	CE
9.	<p>AOB</p> <p><u>Information Governance issues</u> It was noted that CCGs are increasingly worried about the impact of IG rules preventing CCGs from holding patient identifiable data. TF said that IA was going to write to NHSE, and would like that to be a collective letter from SYB. SK has spoken to Ros Roughton and felt that NHSE understood the problems and that there was likely to be an extension to current flexibilities. It was agreed that IA would draft a letter, seeking clarification and support for CCG interpretation of the law, and send to the group for comment before sending to NHSE.</p> <p><u>Obesity</u> WC-G reported that the city council in Sheffield is considering commissioning the local service (which transferred to SCC responsibility as part of the Public Health transfer) differently, which could affect patients ability to access bariatric surgery and therefore negatively affect the integrity of the pathway. It was suggested that this might not be isolated to Sheffield and that other CCGs may be having a similar conversation with their respective LA.</p> <p>It was agreed, after some discussion that, although all CCGs were faced with this issue, there was little benefit in a collective response and each CCG would need to discuss with their respective LAs, possibly via the Health and Wellbeing Board. The broader matter of integrity of the obesity pathway and access to bariatric surgery would be discussed at SYCOM.</p>	IA
10.	<p>Date of Next meeting Friday 5 July 2013 1.00pm, Boardroom, 722 Prince of Wales Road</p>	

**Minutes of the SYCOM Commissioners and Providers meeting held on Friday 3
May 2013 at 10:30 a.m. in the Boardroom at 722 Prince of Wales Road.**

Present:

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| David Black | - | Medical Director (South Yorkshire and Bassetlaw) – NHS England (Chair) |
| Martha Coulman | - | Head of Strategy and Partnership, Doncaster CCG |
| Richard Cullen | - | Commissioning Executive, Rotherham CCG |
| Maxine Dennis | - | Director of Patients Service Utilisation – Rotherham NHS FT |
| Eleri de Gilbert | - | Director (interim) (South Yorkshire and Bassetlaw) – NHS England |
| Cathy Edwards | - | Head of Specialised Commissioning (South Yorkshire and Bassetlaw) – NHS England |
| Chris Edwards | - | Chief Officer, Rotherham CCG |
| Carol Ferguson | - | Network Manager (South Yorkshire and Bassetlaw) – NHS England |
| Tim Furness | - | Chief of Business Planning and Partnerships, Sheffield CCG |
| Ian Golton | - | SCN and Senate Associate Director (South Yorkshire and Bassetlaw) – NHS England |
| Steve Hackett | - | Director of Finance (South Yorkshire and Bassetlaw) – NHS England |
| Clare Hillitt | - | Network Manager (South Yorkshire and Bassetlaw) – NHS England |
| Brian Hughes | - | Director of Operations and Delivery (South Yorkshire and Bassetlaw) – NHS England |
| Kirsten Major | - | Director of Strategy and Planning, Sheffield Teaching Hospitals |
| Phil Mettam | - | Chief Officer, Bassetlaw CCG |
| Vicky Peverelle | - | Head of Corporate Affairs, Barnsley CCG |
| Chris Stainforth | - | Doncaster CCG |
| Jennifer Stothard | - | Head of Planning – CRHFT |
| Nick Tupper | - | Chief Officer, Doncaster CCG |
| Jill Turner | - | Deputy Director of Strategic and Service Development - DBHFT |

Apologies:

- | | | |
|-------------------|---|---|
| Ian Atkinson | - | Chief Officer, Sheffield CCG |
| Margaret Kitching | - | Nurse Director (South Yorkshire and Bassetlaw) – NHS England |
| David Peverelle | - | Chief Operating Officer, Barnsley Hospital NHS Foundation Trust |

In Attendance:

- | | |
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| - | Rebecca Copley – Senior Administrative Support (South Yorkshire and Bassetlaw) – NHS England |
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13/13 DECLARATIONS OF MEMBERS INTERESTS

No declarations of interest were made.

13/14 WELCOME AND INTRODUCTIONS

Eleri de Gilbert welcomed everyone to the meeting and introductions were made.

13/15 MINUTES OF THE PREVIOUS MEETING

The minutes of SYCOM Commissioners and Providers meeting held on Friday 5 April 2013 were agreed to be a true and accurate record.

13/16 MATTERS ARISING

Divert Policy

Brian Hughes discussed the revised version of the divert policy. The Group had no issues with the policy but it was noted that comments from YAS were still outstanding. Brian Hughes agreed to cascade the policy formally by Wednesday 8 May for organisations to sign up to.

BH

Major Trauma

Cathy Edwards provided an update on major trauma and confirmed that the forum continued to be Yorkshire and Humber wide. Kirsten Major informed the Group that the National Peer Review information had been received.

Vascular Services

Cathy Edwards informed the Group that the team was awaiting the final national specifications for vascular services. Providers would have to self assess against the specifications to show compliance.

David Black discussed the Coroners Rule 43 verdict and queried whether the local commissioning of vascular services would be managed in line with the national process or separately in order to expedite. Cathy Edwards confirmed that the process would not be expedited as the service specifications would be released week commencing 6 May 2013.

Kirsten Major raised concern regarding the expiry of the interim arrangements put in place until 1 May 2013 for vascular services between Sheffield and Doncaster. The Group discussed the responsibility of DBHFT to ensure the service delivered was safe and sustainable – either through a partnership with STHFT or through its own arrangements. Jill Turner agreed to pick up the issue outside of the meeting and provide urgent feedback to Cathy Edwards as to what arrangements DBHFT had put in place from 1st May.

JT

**Cathy
Edwards**

Concern was raised by Nick Tupper about the governance around the service and stressed the importance of commissioners taking a view. Cathy Edwards agreed to feedback to Nick Tupper when the information was received from DBHFT

13/17 DRAFT TERMS OF REFERENCE

The draft Terms of Reference circulated prior to the meeting was discussed.

Suggestions were made that future meetings could include mental health & community services providers, local authority representatives and primary care representatives. It was agreed that reports from screening and strategic clinical and operational delivery networks would be requested quarterly for consideration at the meetings. The next quarterly reports would be requested for the next meeting in June. Eleri de Gilbert agreed to feedback any Primary Care issues through the LMC Strategic Liaison Meetings.

Tim Furness suggested that the Terms of Reference should include a statement of commitment of integration rather than competition.

The Group agreed to continue with the current membership and review again in 6 months as to the added value of extending the membership. Eleri de Gilbert agreed to amend the Terms of Reference and circulate the amended version.

EdG

Kirsten Major left the meeting at this point.

13/18 STRATEGIC CLINICAL NETWORKS AND SENATES

Ian Golton provided an update on strategic clinical networks and senates. It was confirmed that the networks for cancer, cardiac and stroke would continue and draft work plans had been put place. A meeting would take place on Tuesday 7 May 2013 to discuss the National clinical direction for networks.

Carol Ferguson requested feedback from the Group on what priorities should be focused on.

ALL

13/19 OPERATIONAL DELIVERY NETWORKS UPDATE

Cathy Edwards provided an update on ODNs. The networks currently support the delivery of adult's critical care, children's critical care, major trauma, vascular and burns care. The networks are hosted by providers but funded through specialised commissioning contracts. Cathy Edwards agreed to speak to Kirsten Major regarding how feedback from the networks could be reported back into this Forum and agreed to provide a briefing for the next meeting on ODNs.

**Cathy
Edwards**

13/20 PPCI SERVICES

Cathy Edwards discussed the operational management issues around PPCI services particularly the West Yorkshire footprint. There was a resilience issue across all 3 footprints and action was required to ensure that sufficient capacity was available across Yorkshire and Humber. Cathy Edwards agreed to work with Ian Golton to look at capacity.

**Cathy
Edwards/
IG**

13/21 ANY OTHER URGENT BUSINESS

Children's Neonatologist Cover

Chris Edwards agreed as Chair of the Neonatal Network to write to confirm cover arrangements.

**Chris
Edwards**

13/22 DATE AND TIME OF THE NEXT MEETING

The next meeting of the SYCOM Commissioners and Providers Forum would be held on Friday 7 June 2013 at 10:30 a.m. to 12 noon in the Boardroom at 722 Prince of Wales Road, Sheffield.

DRAFT