

**Specialised and Collaborative Commissioning Summary Report**

**Governing Body meeting**

**N**

**6 June 2013**

**1. Introduction**

This report summarises the latest key issues in relation to South Yorkshire & Bassetlaw collaborative commissioning commitments. 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 Board.

**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

24 May 2013

**NHS South Yorkshire and Bassetlaw**

**CCGCOM Meeting**

**Notes of meeting held on Friday 3 May 2013**

**Present:**

Richard Cullen, Tim Moorhead, Chris Edwards, Phil Mettam, Nick Tupper, Steve Kell, Chris Stainforth, Tim Furness, Martha Coulman, Linda Daniel, Carol Ferguson, Matt Powls, Vicky Peverelle, Jackie Pendleton

**In Attendance:**

Michelle Oakes, Ian Galton Clare Hillit

<b>1.</b>	<b>Introduction and apologies</b> Ian Atkinson, Dr Mehrban Ghani, Mark Wilkinson,	
<b>2.</b>	<b>Declarations of Interest</b>  No declarations of interest declared.	
<b>3.</b>	<b>Minutes and Matters arising from 5 April 2013</b>  <b>111</b> Rotherham went live on 111 but has not been advertised. 200 calls received in first week in April. Also running normal out of hours service.  Barnsley – anticipated for middle of May. Sheffield – currently running both. Launch date not confirmed.  <b>IVF</b> It was agreed that this would be included on the Chief Officers agenda for next week, for feedback at next meeting.	CE
	<b>FOR INFORMATION</b>	
<b>4.</b>	<b>Contract Negotiations, including contracting board reports</b>  Nothing further to report	
	<b>FOR AGREEMENT</b>	
<b>5.</b>	<b>Draft Memorandum of Understanding - Emergency Planning</b>  Agreed that this MoU with the AT should be signed, CCGs will not have official on call arrangements but will have 3 people potentially available via a phone call, i.e. without having to travel. CCGCOM agreed to sign the MOU. Chris Edwards (CCGCOM lead for the LHRP) was delegated responsibility to sign on behalf of the SY&B CCGs. ALL to provide contacts to Brian.	CE  ALL

6.	<p><b>Divert Policy</b></p> <p>Covered as above.</p>	
7.	<p><b>CCG Workplan</b></p> <p>TF presented the revised workplan which needs to identify clinical leads.</p> <p>Networks – wait to see what is happening before they are assigned. CE suggested that it would be helpful to put something in as a temporary measure. Members of the group to identify volunteers for clinical leads as an interim measure to set things up for the next 3 months with a review to follow.</p> <p>It was agreed this would be discussed again in September and that the lead arrangements in place for now should be clearly understood to be interim.</p> <p>PM advised that the Critical Care ODN are about to write to ask for a representative on the ODN on behalf of CCGCOM. Business would be as usual with a review in September. It was agreed that the CCGs would not make a firm commitment to ODNs, as they should be provider forums, but would participate in their development and become members where there was a benefit to doing so.</p> <p>Resource for doing the workplan – a development meeting has been arranged next week. One solution would be a Programme office funded by us all with proportionate share of effort. CE to include on the Chief Officers agenda for next week.</p>	<p>Agenda</p> <p>CE</p>
8.	<p><b>Cardiology Commissioning Standards</b></p> <p>MC presented the papers previously circulated which was looking to develop and implement clinical standards. Scope of SCNs to support the work was noted – IA has discussed with Ian Galton.</p> <p>Members were not clear of the relative priority for this work or the scale of the problem it was designed to solve. It was agreed that the proposal should be considered in light of CCGCOM's work programme. Need to work out which the priorities are. Agreed to bring back to the meeting in June.</p>	<p>Agenda</p>
	<p><b>FOR DISCUSSION</b></p>	
9.	<p><b>Strategic Clinical Networks – following discussion at SYCOM</b></p> <p>Ian Galton presented an update on the development of SCNs. It was noted that a local structure is planned for cancer and cardiovascular networks. IG felt that SCNs should be about delivering CCG and AT priorities collaboratively, rather than forums for issuing guidance to commissioners and providers. By 1 September aim to have as much as</p>	

	<p>we can sorted and will review where we are.</p> <p><u>A&amp;E</u>  CE reported on a SYB discussion and proposed summit to be arranged to address current performance issues. A regional A&amp;E summit is also proposed and it was agreed to send representation to that, rather than hold a SYB event. CCGCOM agreed to send 1 lead clinician and 1 lead officer to the regional event. Chris Stainforth or Chris Edwards happy to attend, Tim Moorhead or Steve Kell happy to attend depending on the date.</p>	CS/CE/ TM/SK
10.	<p><b>MoU revision, including N Derbys and Hardwick membership and future arrangements for Chairing</b></p> <p>TF noted that to revise the membership to include North Derbyshire and Hardwick CCGs we need to be sure all CCG's constitutions allow the change. TF agreed to email the group to check.</p> <p>RC confirmed he was happy to continue as the chair, however the group agreed to have a recognised deputy – TM happy to be deputy.</p> <p>Hardwick asked if they would become liable to pay a percentage of funding. Agreed to sort out case by case as a possible 2 tiered approach.</p> <p>JP agreed to circulate the guidance she had received on changes to CCG constitutions.</p>	TF       JP
11.	<p><b>CSU Customer Delivery Board - Future requirements across SYB CCGs</b></p> <p>NT - ToR – need for a workplan. Working towards September as an agreed review. DMIC going out to procurement. Come to CCGCOM to have involvement in the procurements principals and scoring how to shape it. CE suggested having a CCGCOM rep on the DMIC – CE offered Robin Carlyle with NT as lead clinician. CE to report back to Robin.</p> <p>Concerns around procurement due to capacity and members of staff leaving. Want early involvement in business cases with the process.</p> <p>Internal audit to be done by the CFOs. For now are financial sustainable. JP asked to share prices.</p>	CE
12.	<p><b>Primary Care Quality</b></p> <p>NT circulated a paper reporting on the primary care quality event held with the ATs. A potential framework setting our respective responsibilities had emerged, with three elements of primary care quality: 1) improvements and innovations 2) individual contractor 3) performance assurance of practices.</p>	

	<p>TF asked whether the outcome of the meeting gave sufficient clarity for us to be clear about who does what operationally. NT said that he thought that it did.</p> <p>MC will bring back to SYCOM in June.</p>	TF
<b>13.</b>	<p><b>Any Other Business</b></p> <p>TF in debate with David Black about which organisation was responsible for commissioning local screening programmes. TF to report back.</p>	
<b>14.</b>	<p><b>Date of Next meeting</b></p> <p>Friday 7 June 2013 1.00pm</p>	

**SOUTH YORKSHIRE AND BASSETLAW NHS JOINT COMMISSIONERS & PROVIDERS FORUM  
(SYCOM & PROVIDERS FORUM)**

**TERMS OF REFERENCE**

**1. PURPOSE**

The role of SYCOM & Providers Forum is to enable the South Yorkshire and Bassetlaw and North Derbyshire Clinical Commissioning Groups (CCGs), the South Yorkshire and Bassetlaw Area Team of NHS England and NHS Provider Organisations in South Yorkshire & Bassetlaw to collaborate and take joint decisions in the areas where there is a common interest, including patient pathways .

**2. SYCOM & Providers Forum VALUES**

We will:

- Be guided by the NHS Constitution and the 'mandate'
- Place patients at the heart of all our decisions
- Seek to achieve the highest quality healthcare and reduce health inequalities for our population
- Empower our clinical leaders
- Take account of the different needs of local communities
- Seek evidenced based best practice.
- Respect difference, whilst seeking to build a collective approach where this will deliver added benefits.
- Listen to others, share information, be transparent
- Embrace innovation & learn from best practice
- Seek to work cooperatively to ensure services are integrated across patient pathways.
- Develop strong collaborative relationships with partners where decisions are transparent and in line with these values
- Above all, work to benefit the population of South Yorkshire and Bassetlaw.

**3. ACCOUNTABILITY**

SYCOM & Providers Forum represents the interests of and is accountable to its members. It therefore reports to each organisation's Governing Body or equivalent.

**4. MEMBERSHIP**

The membership of SYCOM & Providers Forum is as follows:

CCGs:

- Chief Officer, or nominated representative, of each member CCG
- Two clinical members nominated by the CCGs

NHS England:

- Director, or nominated representative, of the South Yorkshire and Bassetlaw Area Team.
- Director of Commissioning of the South Yorkshire and Bassetlaw Area Team.
- Head of specialised commissioning of the South Yorkshire and Bassetlaw Area Team.
- Medical Director of the South Yorkshire and Bassetlaw Area Team.
- Director of Nursing & Quality of the South Yorkshire and Bassetlaw Area Team.
- Director of Operations and Delivery of the South Yorkshire and Bassetlaw Area Team.
- SCN Director, Yorkshire and Humber, Strategic Clinical Networks

Providers:

- A Board level member, or nominated representative, from each NHS Acute Services Provider organisation within South Yorkshire & Bassetlaw.
- A Board level member or nominated representative from each NHS Mental Health/community provider organisation within South Yorkshire and Bassetlaw will be invited to attend on a quarterly basis when there will be a particular focus on integrated care.

The meeting will be chaired by the Director (South Yorkshire & Bassetlaw) NHS England or their nominated deputy.

Other commissioners e.g. Local Authority/Public Health will be invited to attend for specific agenda items.

## 5. QUORUM

The quorum for meetings of SYCOM & Providers forum shall be:

- One Director member from NHS England
- One representative from each CCG, (a CCG may choose to delegate authority to another CCG if it cannot be represented at a meeting)
- At least two clinical members, with at least one being from a commissioning organisation
- At least 2 Provider organisations represented

## 6. SUB-COMMITTEES

SYCOM & Providers forum will establish such task and finish groups as required from time to time

## 7. THE ROLE OF SYCOM & Provider Forum

SYCOM & Provider Forum will:

Achieve better patient experience, better outcomes and more efficient service delivery through collaborating in the commissioning and provision of healthcare across primary care, public health services, non-specialised secondary care and specialised services, by:

- Working together on service issues with providers with whom both CCGs and NHS England hold contracts
- Sharing commissioning & provider intentions
- Working together on quality and performance issues
- Sharing clinical expertise, best practice and management resource in service redesign along patient pathways
- Ensuring Strategic Clinical Networks and Operational Delivery Networks are appropriately informed by Commissioner and provider views
- Ensuring commissioners and providers take account of the work programme of SCNs and ODNs in determining their programme of commissioning work
- Providing leadership to the SY&B health system
- Collaboration and sharing best practice on QIPP

## **8. DECISION MAKING AND DELEGATED AUTHORITY**

SYCOM/Providers forum has no delegated authority as a forum, but each member will act within the delegated authority they hold, as set out in each organisation's scheme of reservation and delegation, i.e. it is the individual member who has the delegated authority to make a decision rather than the forum where decisions cannot be made by members, issues will be referred to each organisation with a clear recommendation from SYCOM/Providers forum.

Decision making should be by consensus of the members. Where necessary, CCGs will establish a single CCG view through CCGCOM.

## **9. COLLECTIVE EVALUATION OF PERFORMANCE AND REVIEW**

SYCOM/Providers forum will review its effectiveness and efficiency in the discharge of its responsibilities and achievement of objectives annually. It will review these terms of reference annually as part of that review.

## **10. FREQUENCY OF MEETINGS**

SYCOM/Providers forum meets monthly.

## **11. MINUTES**

Minutes of the meeting will be circulated promptly to all members as soon as reasonably practical. The target date for issues is 5 working days from the date of the meeting.

Copies of the minutes and agenda papers will also be shared with CCGs in North Lincolnshire and North East Lincolnshire who have an interest in some services due to some patient flows.

## OPERATIONAL DELIVERY NETWORKS IN YORKSHIRE AND THE HUMBER

MAY 2013

### 1. NATIONAL CONTEXT

The national guidance on ODNs was published by the NHS Commissioning Board on 21<sup>st</sup> December – Developing Operational Delivery Networks: The Way Forward.

This guidance set out that with effect from 1<sup>st</sup> April 2013, ODNs will be commissioned by specialised commissioners in line with national service specifications, and hosted by agreed lead providers within the geographical area.

The scope in the national guidance covers: adult critical care, paediatric critical care, neonatal critical care, burn care; and major trauma.

Funding of ODNs is via specialised services CQUINs funds (0.1% topslice in 2013/14); moving over time to tariff structures through identification in reference costs.

The host provider is responsible for ensuring that the Network Steering Group is accountable to the organisations represented on the Group. The Chair of the Network needs to be an experienced leader unlikely to be employed by the host.

### 2. LOCAL CONTEXT

In line with the national guidance, the ODNs in Yorkshire and the Humber have been safely transferred to host providers.

For adult services there is an ODN staffing “hub” based in each of the tertiary providers for each sub-regional area. For children’s services there is a single network infrastructure hosted by one provider. Details of the host providers and the network scope/footprints are shown in Appendix A.

The national service specifications will be included in the contract documentation. There have been formal handover meetings with each of the four Trusts concerned.

Existing staff associated with the ODN function have been transferred under TUPE. All the Trusts have also inherited a range of vacancies.

All the Trusts have received a funding allocation which will be included in the contract with NHS England.

All the Trusts are planning to support the existing meeting arrangements until such time as new ways of working can be safely established.

### **3. OUTSTANDING ISSUES**

As this is a completely new way of working and all the Trusts have inherited vacancies, it will be necessary to set realistic and deliverable outputs for the first half of the year. All Trusts will need to recruit to achieve a full complement of staff.

There is also a need to undertake further work with all the Trusts on establishing robust governance arrangements, appointing network chairs and reporting arrangements.

A further piece of work will be to develop a service specification for a vascular network.

### **4. NEXT STEPS**

The initial priorities for the specialised commissioning team and the host providers to focus on include: -

- staff recruitment, including clinical sessions;
- developing, agreeing and implementing a robust governance model;
- assessing system compliance against the national service specifications and identifying core areas for action;
- developing / adopting an annual work programme for each network (exploring where work can be undertaken once and shared across the ODNs)

There are plans to hold a local workshop in June involving all the relevant stakeholders, including commissioners, to facilitate ODN development across the area.

**Cathy Edwards**  
**Head of Specialised Commissioning**  
**23 May 2013**

**OPERATIONAL DELIVERY NETWORKS IN  
YORKSHIRE AND THE HUMBER –  
TRUST, SCOPE, GEOGRAPHICAL FOOTPRINT**

**1 Sheffield Teaching Hospitals Trust**

- North Trent Critical Care Network
- North Trent Major Trauma Network
- South Yorkshire and Bassetlaw Vascular Network \*
- Northern Burn Care Network

**2 Leeds Teaching Hospitals Trust**

- West Yorkshire Critical Care Network
- West Yorkshire Major Trauma Network
- North Yorkshire Vascular Network \*

**3 Hull & East Yorkshire Hospitals Trust**

- North Yorkshire and Humber Critical Care Network
- North Yorkshire and Humber Major Trauma Network
- North Yorkshire and Humber Vascular Network \*

**4 Sheffield Children's Hospital**

- North Trent Neonatal Network
- Yorkshire Neonatal Network
- Yorkshire Paediatric Critical Care Network
- North Trent Paediatric Critical Care Network

**5 "Miscellaneous"**

- Clinical sessions for Major Trauma to be provided on a Yorkshire and Humber-wide basis not allocated to a specific provider.
- Clinical sessions for Vascular Services to be provided on a Yorkshire and Humber-wide basis not allocated to a specific provider.

\* NB: Vascular Networks require development.