

Collaborative Commissioning Summary Report

Governing Body meeting

X

3 October 2013

1. Introduction

This report summarises the latest key issues in relation to South Yorkshire & 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

22 September 2013

NHS South Yorkshire and Bassetlaw

CCGCOM Meeting

Friday 2 August 2013

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

Present:

Richard Cullen (Rotherham) (Chair), Phil Mettam (Bassetlaw), Tim Moorhead (Sheffield), Mark Wilkinson (Barnsley), Chris Stainforth (Doncaster), Miles Scott (Hardwick), Mark Smith (N Derbys), Keely Firth (Rotherham)
Tim Furness (Sheffield)
Nick Tupper (Doncaster)

In Attendance:

Martha Coulman (Doncaster), Will Cleary-Gray (Sheffield), Michelle Oakes

1.	Apologies: Jackie Pendleton (Mark Smith, North Derbyshire attending), Steve Kell Matt Powls (Miles Scott – Hardwick CCG attending), Ian Atkinson (Tim Furness attending) Chris Edwards (Keely Firth attending).	
2.	Declarations of Interest None	
3.	Minutes and Matters arising from 5 July 2013 The minutes of the meeting held on 5 July were agreed as accurate. AQP – no feedback yet received. Lead CCGs (Sheffield, Rotherham, Doncaster) to provide feedback on performance of AQP services.	CS, CE, TF
4.	Working Together Further to the discussion at SYCOM, it was noted that we need to remain clear about the purpose of the work, so we know where it's going and what it's doing, and that there was a risk we lose that clarity. At the Finnamore session it was decided to look at specific areas and avoid looking at infrastructure issues. We need to confirm that the initial view of the priority areas is the correct one. To do that, we need to be clear about criteria. These should include sustainability of service, clinical quality, the consequences of change, relative risk. TF agreed to write to Laura Sherbourne with CCGCOM thoughts – see	TF

	<p>attached.</p> <p>Specialised Services also included in scope KF suggested producing a risk log with a workstream as a result. Important to keep both two Derbyshire CCGs involved. TF meeting with Sheffield leads on Monday and will include further thoughts from that meeting in the note to Laura.</p>	TF
5.	<p>Robotics</p> <p>TF confirmed there was no further update than provided to SYCOM. No response received from STH.</p>	
6.	<p>Locally commissioned primary care services</p> <p>KF reported she has raised the question of procurement rules on ex-ES services at Y&H CFO meeting. There is a consensus that where there is a requirement for services to be list based, and an expectation that all practices would offer a service, it is appropriate to ask practices to provide as a single tender exercise, but otherwise AQP would be required. This is consistent with the approach being taken by Rotherham, Doncaster and Sheffield. Barnsley, Bassetlaw, Hardwick and N Derbys had not yet determined their approach.</p> <p>TM reported that this had been discussed with other core cities and most have taken a similar approach, but Nottingham City is largely using AQP.</p>	KF
7.	<p>CCGCom Proposal for Cover of 111/999 Clinical Quality Posts</p> <p>TF presented the papers, proposing that Sheffield continued to act as the lead for 111/999 and seeking agreement to the on-going, recurrent, support for both posts that are already in place.</p> <p>The group questioned how we knew the model and scale of managing the contract was right. The papers did not address this issue and it was agreed recurrent agreement could not be given without that, but that an extension of non-recurrent funding was acceptable.</p> <p>TF agreed to liaise with Daniel Mason and feedback. (post meeting note – TF emailed COs on 5/8 seeking confirmation of extension of non-recurrent support and proposing to bring a business case to CCGCOM later in the year for the recurrent model).</p>	TF
8.	<p>Survivorship Programme – Expressions of Interest for Primary Care Champions</p> <p>WCG reported that the programme is part of a bid to have primary care champions to support this work. The bid was originally put in to</p>	

	have one champion; however there may be an opportunity to have more than one. WCG asked for the group to consider.	All
9.	<p>Obesity</p> <p>Further to the discussion at SYCOM, TM noted that whilst CCGs have no direct commissioning role, he has a strong interest in ensuring the pathway works for our patients. He has asked Eleri to consider possible solutions, including potentially devolving responsibility for the pathway to one commissioner.</p> <p>It was agreed CCGs should pursue this issue on behalf of our patients, with the AT, and through Health and Wellbeing Boards.</p>	
10.	<p>Planning for 2014/15</p> <p>TF has produced some further work on this with Mark. Agreed to bring to further meeting.</p>	MW
	<p>AOB</p> <p>TF asked how CCGs were approaching the Monitor requirement that CCGs identify "Commissioner Request Services" in their contracts and suggested a common approach, noting that the guidance is suggesting a huge and quite model. A further conversation is needed.</p>	
9.	<p>Date of Next meeting</p> <p>Friday 6 September 2013 1.00pm, Boardroom, 722 Prince of Wales Road</p>	

Minutes of the SYCOM Commissioners and Providers meeting held on Friday 2 August 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 |
| 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 (Chair) |
| Cathy Edwards | - Head of Specialised Commissioning (South Yorkshire and Bassetlaw) – NHS England |
| Keely Firth | - Chief Finance Officer, Rotherham CCG |
| Tim Furness | - Director of Business Planning and Partnerships, Sheffield CCG |
| Steve Hackett | - Director of Finance (South Yorkshire and Bassetlaw) – NHS England |
| Isabel Hemmings | - Chief Operating Officer, Sheffield Children's NHS Foundation Trust |
| 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 |
| Juliet McKervey | - Head of Patient Access and Contracting, Chesterfield Royal Hospital NHS Foundation Trust |
| Phil Mettam | - Chief Officer, Bassetlaw CCG |
| Chris Stainforth | - Chief Officer, Doncaster CCG |
| Nick Tupper | - Chair, Doncaster CCG |
| Jill Turner | - Deputy Director of Strategic and Service Development - DBHFT |
| Mark Wilkinson | - Chief Officer, Barnsley CCG |

Apologies:

- | | |
|-------------------|---|
| Ian Atkinson | - Chief Officer, Sheffield CCG |
| Chris Edwards | - Chief Officer, Rotherham CCG |
| David Gardner | - Assistant Director, Procurement and Contracting, Hardwick CCG |
| Margaret Kitching | - Nurse Director (South Yorkshire and Bassetlaw) – NHS England |
| David Peverelle | - Interim Chief Executive, Barnsley Hospital NHS Foundation Trust |

In Attendance:

- Rebecca Copley – Senior Administrative Support (South Yorkshire and Bassetlaw) – NHS England

13/43 DECLARATIONS OF MEMBERS INTERESTS

No declarations of interest were made.

13/44 WELCOME AND INTRODUCTIONS

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

13/45 MINUTES OF THE PREVIOUS MEETING

The confidential minutes of SYCOM Commissioners and Providers meeting held on Friday 5 July 2013 were agreed to be a true and accurate record with the exception of the job titles for Phil Mettam and Nick Tupper and a section on page 3 under the clinical senates section which should read “the Senate Chair role had been advertised”.

13/46 ACTION LOG

13/46.1 SY13/06 – Yorkshire and Humber NHS Footprint Escalation Policy

Brian Hughes confirmed that the issues around the escalation policy had been resolved and a copy had been circulated on 1 August 2013. It was agreed to also circulate a copy of the policy to the Group for information.

BH

13/46.2 SY13/20 – PPCI Services

Cathy Edwards provided an update on PPCI Services and confirmed that discussions would be on-going with West Yorkshire until early Autumn. It was envisaged that a meeting would be arranged for November/December to discuss the service across the Yorkshire and Humber footprint.

13/46.3 SY 13/26.3 – Strategic Clinical Networks

A report on the Strategic Clinical Networks would be shared with the Group for the September meeting.

DB

13/47

SPECIALISED COMMISSIONING NATIONAL SERVICE SPECIFICATIONS

Cathy Edwards confirmed that all provider self-assessments had been received but due to technical difficulties the UNIFY system had crashed causing delays in the timetable for progressing the data analysis.

The next steps of the process involved the local specialised commissioning team reviewing the data and identifying and issues/risks. The team was aiming to finish this part of the process by 9 August 2013. This analysis would then feed into the regional team.

Following the above process the regional and national teams would be producing a report showing the national picture which would be presented to the NHS England National Board at the end of September.

Cathy Edwards informed the Group that a WebEx or teleconference would be arranged during the next 2 weeks for both acute and mental health providers to provide feedback. The dates and times etc would be confirmed by letter week commencing 5 August 2013.

CE

Eleri de Gilbert confirmed that work was still on-going nationally on derogation policies. NHS England had set up a governance framework for Direct Commissioning which included an oversight subcommittee for Specialised Commissioning which would report to the Direct Commissioning Committee.

Isabel Hemmings commented that some issues around the impact of new specifications would need to be discussed as contract negotiations. Cathy Edwards stressed that no new money would be available to support specification implementation.

CE

Eleri de Gilbert recognised that this was a huge challenge for both providers and commissioners and confirmed that a further update would be provided at the September meeting.

13/48

UPPER GI SERVICES

Cathy Edwards informed the Group that the case for change for Upper GI Services would be discussed and agreed at the Commissioners Only meeting that followed. A copy of the paper once agreed would be shared with Kirsten Major and Jill Turner.

CE

Meetings would take place with OSC chairs over the new

few weeks to discuss the case for change and the need for consultation given the very small numbers of patients affected.

Kirsten Major agreed to provide a short paper to provide reassurance around the interim service at Sheffield.

KM

Mark Wilkinson agreed to update Barnsley NHS Foundation Trust as no representative was present at the meeting.

MW

13/49

THE NHS BELONGS TO THE PEOPLE – CALL TO ACTION

Eleri de Gilbert briefed the Group on The NHS Belongs to the People- Call to Action initiative which would involve a number of stakeholders to help develop the vision for the NHS. It was not yet decided whether it would result in a 5, 10 or 20 year strategy for NHS England but would also inform the 3 – 5 year commissioning strategies of CCGs.

During August through to November CCGs and NHS England would be talking to key stakeholders and local people under the banner of Call to Action and would feed in responses to shape the local Commissioning Strategies as well as providing feedback to NHS England to develop the national strategy. Kirsten Major suggested that FT Memberships could offer a view and that FTs could facilitate that for CCGs and NHS England providing an extensive database of local stakeholders.

EdG

A further update would be provided at the September meeting.

13/50

URGENT CARE BOARDS

The notes of the Urgent Care Boards for Barnsley, Bassetlaw, Rotherham and Sheffield were received and noted by the Group. The Group noted that the Boards were operating quite differently but there were important lessons and good practice to share. Eleri de Gilbert stressed the importance of the Boards including leaders of key partners to get ownership of the whole agenda and for minutes to effectively record the discussion and actions agreed.

A brief update on the latest positions was provided by each CCG as follows:

Barnsley CCG – Mark Wilkinson informed the Group that issues around escalation of beds and a capital scheme had been raised with the Trust. The Board had also raised concern about the level of information received from the

Trust around patient activity and daily breach analysis. Kirsten Major commented that the capital scheme in Sheffield had made a big improvement and would be happy for someone from Barnsley to have a look at how the scheme was working.

Maxine Dennis and Jill Turner agreed to share details of the analysis systems in place at Rotherham and Doncaster with Mark Wilkinson for information.

MD/JT

Bassetlaw CCG – Phil Mettam confirmed that A & E was the main focus and seemed to be much more sustainable. During the Autumn and Winter the Board would be focusing on Care Homes.

Doncaster CCG – Chris Stainforth provided an update from the July meeting where the main discussions were around the dashboard and A & E issues. The SIS team had arranged to spend 2 days looking at commissioning and 1 day in hospital during September.

Rotherham CCG – Keely Firth confirmed that activity was improving and the measures put in place seemed to be working well. The urgent care public consultation had now closed.

Sheffield CCG – Tim Furness confirmed that Sheffield was on track to deliver the plan and performance in Sheffield had improved.

Brian Hughes discussed the possibility of winter money being made available nationally. NHS England already had information from Urgent Care Boards on the areas money would be spent should this become available but there was a requirement now to ensure that the list was accurate and included KPIs. Brian Hughes agreed to share the current list of potential schemes with each urgent care board for verification and agreed that feedback would be provided to the Group.

BH

It was noted that the TDA & MONITOR had been party to discussions with NHS England to identify areas of greatest risk and need.

13/51 ANY OTHER BUSINESS

13/51.1 Morbid Obesity

David Black informed the Group of a recent letter received from Sheffield Teaching Hospitals regarding the commissioning policy for morbid obesity surgery. Sheffield

Teaching Hospitals were unable to operate the requirements of the policy which stated that a patient must undergo a weight management programme for between 12-24 months prior to being considered for surgery. This service was not currently commissioned by any Local Authority which made it impossible for the policy to be met. It was noted that each Local Authority (based on historical expenditure by PCTs) funded much less than the recommended level of tier 3 weight management programmes, with some areas providing little or none.

Kirsten Major commented that the response received from David Black stated that the service should be closed if the policy couldn't be met. If this was no longer the case a further letter would be required to confirm and there were potentially issues regarding service reconfiguration and major service change as well as contractual notice.

Eleri de Gilbert agreed to pursue this further within NHS England as it had wider implications and to provide feedback urgently week commencing 5 August 2013. In the meantime no change to the current services should be made until feedback is received.

EdG

13.51.2 Forward Programme

Eleri de Gilbert requested any updates to be included on the forward programme.

13/52 **DATE AND TIME OF NEXT MEETING**

The next meeting of the SYCOM Commissioners and Providers Forum would be held on Friday 6 September 2013 at 10:30 a.m. to 12 noon in the Boardroom at 722 Prince of Wales Road, Sheffield.

Please note due to a diary date clash the October meeting will be cancelled.
