



Item 22j

Commissioners Working Together Board

Meeting held 26 April 2016, The Boardroom, 722 Prince of Wales Road

Decision Summary for CCG Boards

1	Working Together Programme (WTP) Projects	
11/16	<p>(a) that Stroke and Children’s Surgery and Anaesthesia work remained a high priority and the WTP should proceed according to the timetable planned.</p> <p>(b) that the Commissioners Working Together Board (CWTB) supported the Yorkshire and Humber Strategic Clinical Network Blueprint.</p> <p>(c) that each Clinical Commissioning Group (CCG) would continually ensure stakeholders were updated on potential system changes</p> <p>(d) that a paper would be prepared for CCG Governing Bodies on Stroke and Children’s Services for June cycle</p> <p>(e) that all CCGs would contact the WTP Communications Team for support or guidance on stakeholder engagement</p> <p>(f) that the CWTB would send comments on the pre consultation summary and the formal consultation strategy to Helen Stevens</p> <p>(g) that CCGs would hold responsibility to carry out formal consultation on Stroke and Children’s when options were clear and requirement for formal consultation had been agreed.</p>	<p>The WTP project team</p> <p>All</p> <p>The WTP project team</p> <p>All</p> <p>All</p> <p>All</p>
2	Sustainability and Transformation plan (STP) progress	
12/16	<p>(a) that a discussion would take place around primary care involvement with the STP at the 19/20th May STP Steering Group time out</p> <p>(b) that the approach was ratified by CWTB</p> <p>(c) that further examples of primary care commissioning models, aside from the Birmingham model be explored by Gillian Laurence</p> <p>(d) that a draft plan submitted on 15 April was ratified by CWTB</p> <p>(c) that local place-based CCG plans would be placed on the Basecamp information sharing portal</p>	<p>Tim Moorhead</p> <p>Gillian Laurence</p> <p>Kate Woods</p>

3	Joint Committee Arrangements	
13/16	(a) that the approach and proposal to strengthen joint decision making through a joint CCG was supported and an initial draft of the Terms of Reference discussed with CCG governing bodies	All
4	Business Case: Bisphosphonates to improve breast cancer survival	
14/16	(a) that Chief Officers would have delegated authority to recommend the business case to CCG governing bodies and all comments would be circulated virtually prior	All



**Minutes of the meeting of Commissioners Working Together Board,
held 26 April 2016, 9:30 – 11:30, Sheffield CCG Boardroom**

Present:

Will Cleary-Gray, Programme Director, Working Together Programme
 Michelle Ezro, Associate Director, NHS Wakefield CCG
 Chris Edwards, Chief Officer, NHS Rotherham CCG
 Gillian Lawrance, Head of Clinical Strategy, NHS England
 Phil Mettam, Chief Officer, NHS Bassetlaw CCG
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
 Jackie Pederson, Chief Officer, NHS Doncaster CCG
 Mandy Philbin, Service Transformation Manager, Commissioners Working Together Programme
 Lesley Smith, Chief Officer, NHS Barnsley CCG
 Helen Stevens, Associate Director of Communications and Engagement, Working Together Programme
 Kate Woods, Programme Office Manager, Working Together Programme

Apologies:

Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
 John Boyington, Lay Member
 Dr David Crichton, NHS Doncaster CCG
 Moira Dumma, Director of Commissioning Operations, NHS England
 Dr Philip Earnshaw, Clinical Chair, NHS Wakefield CCG
 Steve Hardy, Lay Member
 Alison Knowles, Locality Director, NHS England
 Julia Newton, Director of Finance, NHS Sheffield CCG
 Maddy Ruff, Chief Officer, NHS Sheffield CCG
 Dr Andrew Perkins, Bassetlaw CCG

Minute reference	Item	ACTION
09/16	Welcome, Introduction and Apologies	
	The Chair opened the meeting, noting apologies for absence.	
10/16	Minutes of the previous meeting and matters arising	
	The minutes were accepted as a true and accurate record. The group were asked to note that minutes of the meetings were published online and presented to Clinical Commissioning Group (CCG) Governing Bodies across the Working Together Programme (WTP) geographical footprint.	

11/16	Working Together Programme Projects	
	<p>Documents relating to all current projects were circulated to Commissioners Working Together Board (CWTB). The CWTB discussed the circulation of papers that had been received in other forums, however it was noted that the core membership of CWTB consisted of Clinical Chairs as well as AOs and had not previously had sight of the material and therefore the papers circulated in accordance with appropriate governance structures.</p> <p>Stroke</p> <p><u>The Yorkshire and Humber Hyper Acute Stroke Unit (HASU) Blueprint</u></p> <p>CWTB noted that a final business case on HASU configuration was being prepared. This would be complete by the end of May 2016. A South Yorkshire steering group would be discussing the options that would go to public consultation at the end of July 2016. The CWTB noted that the Stroke work was continuing on a different timeline to the Sustainability and Transformation Plans (STP).</p> <p>CE gave feedback from Rotherham GPs on this project:</p> <ul style="list-style-type: none"> - Will there be increase in transport cost and how will this be dealt with? - Current performance needs taking into consideration - Questions raised around the level of patient engagement in the project - The language used at the Strategic Clinical Network (SCN) Yorkshire and Humber Stroke Workshop had felt as though preferred options being moved towards - Should discussions on this project at Scrutiny Panels be linked to the impact of the STP? <p>LS highlighted that current performance across the units formed part of all the work within the case for change. Data was presented to the CWTB by WCG. The numbers used were from Trust submitted data and had been ratified and although performance would change on a quarterly basis, the data had not changed the course of the work. The blueprint had also enabled the impact of fewer units. CWTB noted that if performance was improved there would be a significant impact on the independent survivor figures. It was also highlighted that the case for change had been discussed at all Governing Bodies across the WTP footprint and the Provider Working Together Programme had also agreed to take the case for change through local Trust boards.</p> <p>The CWTB noted that communication with GPs and Providers as part of this transformational change programme was crucial. A standard approach was required to consistently communicate with all stakeholders and discussed in terms of population health outcomes.</p> <p>In response to the SCN workshop issue raised by the Rotherham GPs, LS highlighted that there had been discussions around all options at that session.</p>	

	<p>The CWTB received detail on next steps for this project:</p> <ul style="list-style-type: none"> - A Steering Group would address options that this project would go to consultation on - Detailed options would be prepared and shared with the Senate and Governing Bodies - An NHS England Assurance meeting would take place on 24 May 2016 - All CCGs would communicate with stakeholders <p>The CWTB agreed this work remained a high priority and the WTP should proceed according to the timetable planned. The CWTB supported the blueprint.</p> <p>Children’s Services</p> <p>The CWTB were sighted on the outcome of the assessment panel that took place 3 March 2016 regarding the Surgery and Anaesthesia work. The options for this project were being developed around three levels of service. The panel had highlighted that Level 1 day case surgeries should be as widely accessible as possible on current sites. There should be tiering between levels 2 and 3 where there was a need for some facility for overnight stay for elective work. For non-elective surgery, numbers were small, however the assessment of the child would need to be carried out by a trained consultant. Small numbers requiring significant surgery should take place in specialised services, and not in every District General Hospital. Detail around the intermediate tier would require some further work. It was noted that to be able to have an appropriate configuration of service, one provider would need to develop under the current thinking and to be able to manage some cross boundary issues.</p> <p>CWTB noted that a discussion would take place with Overview and Scrutiny around if this project would need to go out to formal consultation due to small numbers involved.</p> <p>It was also noted that as the Acute Vanguard were developing managed clinical network around paediatrics, a discussion had taken place at the Children’s Services Core Leaders Meeting as to whether this project should be evolutionary over a longer period of time however the CWTB agreed that the project should build on significant and crucial work to date and committed to continue on the agreed timelines.</p> <p>The CWTB noted that there may be a need for training for the complicated cases for surgeons and anaesthetists.</p> <p>The CWTB were asked to continually update stakeholders and ensure all were aware of potential changes.</p> <p>A paper would be circulated on both the Children’s Services and the Stroke project for Governing Bodies.</p> <p>Communications and engagement</p> <p>The CWTB received an update on the pre consultation work that had been taking place for Stroke and Children’s Services. Local conversations had been held by CCGs as well as high level strategic discussions. This had been clinically led and Clinicians had been</p>	<p>All</p>
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	<p>involved in shaping the messages online as well as patients and the public. Digital events, 1-1s, and the media had been the main approaches for this work in addition to clinical workshops.</p> <p>Key themes were highlighted to the CWTB.</p> <p>Noting the discussions on Stroke and Children's by the CWTB, all were asked to contact the WTP Communications team for any support required for this process. A pack would be developed also.</p> <p>The communications report would be taken through assurance procedures and through the Overview and Scrutiny Panel.</p> <p>Comments on the circulated documents were welcomed to HS.</p> <p>Principles on the formal consultation strategy were outlined to the CWTB. The framework to hold the conversations were bound by various pieces of legislation. Within the strategy and each plan paid particular attention to patients with seldom heard protected characteristics to ensure equity of care. Evaluation and monitoring would be carried out throughout the process. The CWTB noted this was a draft and any further comments were welcomed prior to moving this to a formal document.</p> <p>The CWTB were asked to note that when a clear sense of the options was outlined, it would be individual CCG responsibility to carry out the formal consultation, supported by the WTP communication team.</p> <p>It was noted that links were in place between the WTP communication team and the NHS England communication team.</p> <p>The CWTB noted that leads across the Y&H would manage messages around Stroke proactively and this may bring about local discussions.</p> <p>Urgent and Emergency Care</p> <p>The CWTB were sighted on the Urgent and Emergency Care (UEC) Network Operational Plan that was submitted as part of STP, supporting the implementation of the Willets review based around the 9 key themes. This would form basis of work that will take place within STP UEC work.</p> <p>The CWTB discussed the plan, and noted this it gave a reflection of a locality position according the national strategy rather than local ones.</p>	<p>All</p> <p>All</p> <p>All</p> <p>All</p>
<p>12/16</p>	<p>STP Progress</p>	
	<p>The CWTB ratified the outline of approach for the STP and the initial STP plan submission of 15 April 2016.</p> <p>The CWTB were asked for reflections on the STP System Wide Coalition meeting that took place 25 April 2016. It was noted that the event was well run, and from an engagement perspective, successful. A comment was made around the sheffield focus of the speakers, and the lack of representation for Primary Care. It was noted that the Mental Health break out table had had a healthy debate. It was felt at that table that the STP was not ambitious enough around inequalities currently. The patient representation at the session was effective. It was noted that it would be crucial that clear metrics were in place to enable appropriate</p>	

	<p>financial decisions. Place-based discussions were also required. A consistent approach was required for health and social care place based plans that had linkages to each transformation work stream. Comments were noted from the session around being aware of replacing one set of inequalities with another in implementing this work.</p> <p>The CWTB discussed the 11 May 1-1 with Simon Stevens and Jim Mackey. It was agreed that finance colleagues must be engaged with this process. A system wide finance group would be convened. It was crucial this came together at pace to give assurance around a baseline. Place-based plans needed to reflect a financial position across the health system by area. Discussions were taking place around engaging an external financial consultancy to support the work.</p> <p>A discussion took place around engaging primary care with the STP. It was noted that a group was being convened led by Dr Andrew Hilton of primary care federation leads and LMC representatives. A discussion took place on a Birmingham model of primary care being commissioned at scale, with elements being done in secondary care outside of tariff, moving towards risk share/ accountable care arrangements. A discussion would take place at the STP Steering Group time out on 19th/20th May. A query would be raised around any other existing examples around Primary Care.</p> <p>The CWTB ratified the approach, the plan submitted on 15 April and that all place-based plans would be shared on the online information sharing tool, Basecamp.</p>	<p>Tim Moorhead Gillian Laurance Kate Woods</p>
13/16	Joint Committee Arrangements	
	<p>PM left the meeting and confirmed approval of the circulated documents from a Bassetlaw perspective.</p> <p>WCG updated the CWTB on the journey to date, noting that he had been tasked, following a meeting of the Accountable Officers and Clinical Chairs, with progressing formal arrangement to make collective decisions around the WTP projects to develop a legal framework so there was a scheme of delegation into a joint forum. Advice had been sought from Capsticks on a Joint Committee approach. A detailed set of Terms of Reference had been worked up and a flexible framework to support the CWT Board was proposed.</p> <p>The CWTB noted a change to membership to allow for Local Authority representation if required. The group also noted the proposal of an independent Chair. This Chair would not have a casting vote on decisions. How decisions would be made was outlined in the document circulated, with an expectation there would be a scheme of delegation to take future decisions.</p> <p>The CWTB agreed the approach and proposal to strengthen joint decision making through a joint CCG was supported and an initial draft of the Terms of Reference would be discussed with CCG governing bodies</p>	<p>All</p>
14/16	Business Case: Bisphosphonate to improve breast cancer survival	

	<p>The CWTB agreed Chief Officers at their meeting on 9 May 2016 would have delegated authority to recommend the business case to CCG governing bodies. Comments on this business case would be submitted to Marianna Hargreaves (Marianna.Hargreaves@nhs.net)</p>	<p>ALL</p>
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