



**Commissioners Working Together Board**

**Item 15h**

**Meeting held 26 November 2015,  
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

**Decision Summary for CCG Boards**

<b>1</b>	<b>Expectations for the first collaborative session</b>	
<b>CWTB 01/15</b>	(a) that there is a need to work differently with an ambitious collaborative agenda to address the significant challenges faced across the Working Together footprint	
<b>2</b>	<b>The journey so far</b>	
<b>CWTB 02/15</b>	(a) the next steps for the Programme would have a focus on sustainability with a considered approach to planning on a larger geographical footprint.  (b) that there was a need for the Commissioning Working Together Board (CWTB) to evolve priorities at significant pace including a system approach to delivery of efficiencies through transformation.	
<b>3</b>	<b>Clinical Workstreams – summary of progress and next steps</b>	
<b>CWTB 04/15</b>	(a) that progress of the workstreams was noted	
<b>4</b>	<b>Urgent and Emergency Care Network</b>	
<b>CWTB 05/15</b>	(a) that the proposed governance arrangements including the establishment of a Network Steering Board and workstreams were agreed.  (b) that next steps and the development of a vision, agreed priorities and work Programme were supported and the delivery approach and resources as outlined in Working Together Programme (WTP) delivery approach were agreed.	<b>RACHEL GILLOTT</b>  <b>RACHEL GILLOTT</b>
<b>5</b>	<b>NLAG Hull/Sheffield collaboration</b>	
<b>CWTB 06/15</b>	(a) that the CWTB would be kept updated on discussions around a Clinical Network approach across being developed between Northern Lincolnshire and Goole Hospitals and Sheffield Teaching Hospital Foundation Trust which may impact on WTP Partners.	<b>MADDY RUFF</b>

<b>6</b>	<b>Sheffield city region Devolution agreement</b>	
<b>CWTB 07/15</b>	(a) that a clear process for inclusion of health as part of discussions on devolution was required	
<b>7</b>	<b>Specialised commissioning devolution and co commissioning</b>	
<b>CWTB 08/15</b>	(a) that the CWTB were updated on developments around the specialised services agenda. Assistant Director of spacialised commissioning for Yorkshire and the Humber, Matthew Groom to attend a future meeting.	<b>ALISON KNOWLES, KATE WOODS</b>
<b>8</b>	<b>Governance and organisation</b>	
<b>CWTB 09/15</b>	<p>(a) that the Governance Framework described in the Memorandum of Understanding for Collaborative Commissioning was formally agreed by CWTB.</p> <p>(b) that requested amendments to the Memorandum of Understanding be made including request that the no worse off principle for individual CCG patients and the whole group is applied, and there is a rigorous exploration of any dissenting CCG view that intentions around a structured and ambitious approach for the CWTB would be discussed at the next meeting</p> <p>(c) that a form of words would be circulated by the Programme Management Office in the event of CCG constitution changes in light of the agreed MOU and Terms of Reference</p> <p>(d) that Organisational Development (OD) work is undertaken around governance; AK to share West Yorkshire best practice, MR to share contact details of a facilitator involved with 10cc governance OD work</p>	<p><b>KATE WOODS</b></p> <p><b>WILL CLEARY- GRAY/CHRIS EDWARDS</b></p> <p><b>WILL CLEARY GRAY</b></p> <p><b>ALISON KNOWLES, MADDY RUFF</b></p>
<b>9</b>	<b>Working Together Programme Delivery Approach</b>	
<b>CWTB 09/15</b>	<p>(a) that CWTB supported the Programme delivery approach, the mandate for the CFO group and SMT Group to recommend a proposal for how CCG teams make best use of the Working Together delivery programme team.</p> <p>(b) that resolution to the issue raised about BI input to the programme be taken to the next WTP Executive meeting.</p>	
<b>10</b>	<b>Lay members representation</b>	
<b>CWTB 09/15</b>	(a) that CWTB agreed to proposals to enhance discussions and strengthen decision making by the inclusion of CCG lay members on the CWTB board and key projects, to be reviewed in 1 years' time	<b>HELEN STEVENS</b>

<b>11</b>	<b>Working Together Board to Board actions and next steps</b>	
<b>CWTB 10/15</b>	(a) that key points from the Programme Executive Group Board to Board meeting were noted	



**Minutes of the meeting of Commissioners Working Together Board,  
held 26 November 2015, in the Boardroom, 722 Prince of Wales  
Road, Sheffield S9 4EU**

**Present:**

Dr Nick Tupper, Clinical Chair, NHS Doncaster CCG (Meeting Chair)  
 Rebecca Brown, Project Lead, Working Together Programme  
 Will Cleary-Gray, Programme Director, Working Together Programme  
 Linda Driver, Head of Service Development and Transformation (Strategic Lead Mid Yorkshire Systems Resilience) and Wakefield CCG Specialised Services Commissioning Lead, NHS Wakefield CCG, NHS Wakefield CCG  
 Moira Dumba, Director of Commissioning Operations, NHS England  
 Chris Edwards, Chief Officer, NHS Rotherham CCG  
 Alison Knowles, Locality Director, NHS England  
 Phil Mettam, Chief Officer, NHS Bassetlaw CCG  
 Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG  
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG  
 Julia Newton, Director of Finance, NHS Sheffield CCG  
 Maddy Ruff, Chief Officer, NHS Sheffield CCG  
 Laura Sherburn, Chief of Partnership Commissioning, NHS Doncaster CCG  
 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  
 Dr Philip Earnshaw, Clinical Chair, NHS Wakefield CCG  
 Dr Stephen Kell, Clinical Chair, NHS Bassetlaw CCG  
 Dr Julie Kitlowski, Clinical Chair, NHS Rotherham CCG  
 Mark Smith, Interim Chief Officer, NHS North Derbyshire CCG  
 Chris Stainforth, Chief Officer, NHS Doncaster CCG  
 Jo Webster, Chief Officer, NHS Wakefield CCG

<b>Minute reference</b>	<b>Item</b>	<b>ACTION</b>
<b>01/15</b>	<b>Welcome, Introduction and Apologies</b>	
	The Chair opened the meeting noting apologies for absence.	
<b>02/15</b>	<b>Expectations for the first collaborative Board session</b>	
	The Commissioning Working Together Board (CWTB) members were asked to outline their expectations of the first collaborative session. Comments are noted as follows:	

- The CWTB would be about making commissioning decisions at the right level in order to achieve the best outcomes for patients. The devolution bill would mean a different long term approach, working to different models
- Commissioners had reached a point where there was a need to plan together alongside Providers
- It was useful to have a sense of scale of the ambition moving from phase one into a wider hospital configuration
- Hoping to gain an appreciation of the broad agenda of the Programme outside of the smaller projects
- The challenge would be to balance and utilise resources and expertise and skills as the between the Commissioner and the Provider Programmes
- The CWTB should consider a response to the forward view, including health and clinical outcomes across the wider population
- Ambition would be important. The role of the Public Health preventative agenda around improving outcomes for patients and efficiency savings and how it would fit into transformation agenda would need to be considered
- The meeting signaled an important milestone in coming together and the CWTB should be clear on what Clinical Commissioning Groups (CCGs) were doing collectively. Also would like clarity around what Programme priorities moving forward
- There was a need to reach a position as CCGs, where all work priorities were set against what needed to be done around hospital reconfiguration and local plans and consider opportunities to do it differently across a number of CCGs
- The CWTB was an opportunity to move from discussing ambition and the scale of the challenge to leading system change. The Board needed to consider sustainability and the transformation plan to address the £853m challenge
- The huge QIPP and workforce challenge was noted and the need for strong links to the provider

	<p>Vanguard. This would require working on a wider footprint. There was a need to consider QIPP as part of the Programme, and have a clear objective that the CWTB sets to be held accountable to</p> <ul style="list-style-type: none"> <li>- The best outcomes for the patient population was crucial. The transformation agenda faced was significant and the effect would reach across geographical boundaries and therefore there was a need to work collectively</li> <li>- Discussions would be required around the tension between local and collective properties underpinned by outcomes for patients. There was a requirement to be clear about why we need to come together and behaviours</li> <li>- The CWTB was a positive step forward, bringing together senior leadership. Consideration should be given around mutual accountability to deliver challenge. The CWTB had a responsibility to lead the different way of working</li> <li>- The CWTB was a starting point for developing a collective narrative. This would need to be translated into a language that would make sense for local populations</li> </ul>	
<b>03/15</b>	<b>The journey so far</b>	
	<p>The CWTB received a presentation on the journey to date.</p> <p><b>Key Events</b></p> <p>There had been significant change on a national and regional level alongside the timeline of progress of the WTP. Following the implementation of the new Health and Social Care Act, 2012, many of the structures and networks to support collaborative commissioning had been lost.</p> <p>It was recognised that CCGs were relatively new organisations and that they had made significant progress in establishing both forums and relationships to enable collaborative commissioning and planning. This work was now progressing.</p> <p>Initial priorities for Working Together had been agreed by Clinical Chairs and Chief Officers to address sustainability issues and primarily focused on improving quality and sustainability. A formal Programme had been established to support CCG deliver collective</p>	

priorities across multiple commissioners and providers and geographical boundaries.

Programme funding had been formally committed to in 15/16, and saw a significant change to working in response to the Gateway review that took place in 2014. Feedback from review was noted by CWTB:

- Strong relationships
- Governance arrangements needed reviewing
- Recommendation to implement efficiency schemes

An acute provider collaboration existed across the same geographical area and work had taken place around how to align more effectively.

A mandate had been given from NHS England to establish Urgent and Emergency Care (UEC) Networks and the Programme had supported CCGs to establish these. The provider collaboration had been successful in becoming a national Vanguard for new models of acute care which was starting to shape.

A significant step in this Vanguard approach was the development of a collective clinical strategy across all seven acute provider which would determine a provider view of which services could be ceded to a federated provider model. CWTB Would need to establish a commissioner view of the future configuration of hospital services that were based on need and the outcomes commissioners collectively were seeking for their local populations. Board to Board meetings were being established to begin to fully align the Programmes and build momentum to meet the challenges.

Agreement to establish a joint Overview and Scrutiny Committee (OSC) would also influence conversations with stakeholders and the public. This was a key milestone in the Programme.

The scope of CWTB had now shifted considerably to enable CCGs to respond to the many challenges facing the NHS which meant that collaborations had become a key enabler to the delivery of local priorities.

**What Have We Achieved**

CCG through Working Together had built capacity and capability to deliver large scale change in a coordinated way using a Programme approach. Two cases for change had been developed with CCGs and partners and were supported by Governing Bodies. There had

	<p>also been a positive stage one assurance process with NHS England. Significant progress had been made on UEC as well as Cancer. Robust governance arrangements were developing to enable the key discussions around the challenges faced, and to make collective decisions around difficult issues. A strategic review was underway, developing a baseline view of the system (finance, activity flows, quality) to consider emerging themes.</p> <p><b>What have we learned</b></p> <p>Trying to achieve large scale change across eight CCGs and seven acute providers and a 2.3 million population took time and the importance of including all partners and stakeholders was crucial. Capacity that was required to achieve was underestimated initially. The Programme needed to consider this and work in a different way. The strategic review had enabled a clear view of the size of the financial challenge locally and this was a risk to effective outcomes if the challenge was not resolved.</p> <p><b>Priorities now</b></p> <p>Delivery for 16/17 would see a commitment to the continuation of delivering current change in Children’s, Stroke and Smaller Specialties but there would be a shift also to a wider hospital configuration and a strategy for how we commissioning an acute vanguard to enable change at pace to deliver sustainability, Quality, Innovation, Productivity, Prevention (QIPP) savings and Cancer, including risks around performance and reconfiguration within Cancer services.</p> <p><b>Next steps</b></p> <p>The Programme would have a focus on sustainability, and a considered approach to planning would help. A system approach to QIPP for the CWTB to determine would be required. The Programme would deliver transformation of services. The CWTB would need to consider how increased pace for change could be achieved, considering the opportunities around Vanguard.</p> <p>The CWTB agreed there was a need to evolve priorities at significant pace.</p>	
04/15	<b>Clinical Workstreams - summary of progress and next steps</b>	
	The CWTB was updated on progress of the	

workstreams.

**a) Urgent & emergency care**

This update would be picked up later in the agenda.

**b) Hyper acute stroke**

The case for change had been discussed at private and public Governing Bodies across the footprint. The project was now at the end of phase one. Support had been received from the Clinical Senate to transform and centralise models of Hyper Acute Stroke Unit services with a blueprint being developed on a Y&H footprint. This work would complete by March 2016 and a business case was expected April 2016 with public consultation taking place between May and September. The CWTB noted that this work would complete ahead of the work of the UEC Network.

**c) Children's surgery**

The CWTB noted this was a joint piece of work with the Provider Programme. A case for change had been discussed at private and public Governing Bodies across the footprint. The importance of considering patient outcomes was highlighted, and the project had followed good practice with this work. It had been clinically led, with sign up from multiple organisations and was in a strong position. A point of learning after an external review was noted around data and evidence outcomes to enable external stakeholder discussions in that there may always be gaps and there would be a point in time where decisions would be required based on the evidence available. The CWTB agreed that there needed to be a culture change across the system to engender change. The providers were also taking the case for change to Trust boards for discussion.

**d) Living with and beyond Cancer**

The Living With and Beyond Cancer (LWcBC) was a new Programme of work for the WTP. £6.5 million of funding had been secured from by Macmillan over the next 5 years and would have implications for local populations. The focus would be on transformation of cancer care breast, colorectal and prostate Cancers and the project

	would roll out models across all eight CCGs. It was anticipated that these models would be embedded and would deliver sustainable cancer services by 2019/20.	
<b>05/15</b>	<b>Urgent &amp; Emergency Care Network</b>	
	<p>The CWTB received an update the journey taken with this work stream, with achievements over the last 15 months noted:</p> <ul style="list-style-type: none"> <li>- An UEC Network and held its first meeting</li> <li>- A Clinical Chair had been appointment for the UEC Network.</li> <li>- Priorities had been proposed for the UEC Network to explore further its second meeting in December.</li> </ul> <p>The CWTB agreed to the proposed governance arrangements, in particular, the establishment of a Network Steering Board and Workstreams, including Terms of Reference (ToR), and a Memorandum of Understanding (MOU) and endorsed the next steps in the continued development of ‘the network’s’ Programme of work, development and governance structures. These arrangements would be revisited in one years’ time. It was agreed that the proposed name of the UEC Steering Board would be amended to reflect its reporting structure into the CWTB.</p>	<b>RACHEL GILLOTT</b>
<b>06/15</b>	<b>NLAG Hull/Sheffield Collaboration</b>	
	<p>The CWTB noted the developing discussions around service delivery across Northern Lincolnshire. There were significant sustainability issues within Hull, particularly around workforce, and a debate was taking place in those areas around how services would be delivered and configured across that population.</p> <p>Providers had been considering a clinical network approach to sustaining services and although had not been successful with a Vanguard bid, this was something that would require continued consideration due to the impact this would have on South Yorkshire.</p> <p>WCG highlighted that links were required with discussions on Stroke in light of the proposed Y&amp;H footprint for the review of HASU services.</p> <p>After discussion, the CWTB agreed the following principles needed considering:</p> <ul style="list-style-type: none"> <li>- Any proposals must be correct for population/</li> </ul>	

	<p>patient flow</p> <ul style="list-style-type: none"> <li>- A particular geographical area must not be left isolated as a result of proposals</li> <li>- Discussions on a larger footprint collaboration must make sense</li> </ul> <p>MR would be attending the next meeting on 17<sup>th</sup> December and would provide feedback to the group</p>	<b>MADDY RUFF</b>
<b>07/15</b>	<b>Sheffield City Region Devolution agreement</b>	
	<p>The CWTB received an update on the deal announced on 2 October, noting significant investment into the area. At present this did not include health and social care. Agreement had been reached with the Treasury however this needed to be agreed by the Councils and an elected Mayor would be required.</p> <p>CWTB discussed this and agreed that significant transformation could be achieved across the city of Sheffield and on a broader footprint. A similar situation was reported in Barnsley.</p> <p>PM confirmed that there was a Nottinghamshire and Derbyshire devolution bid and would require discussion on sensible flows and flexibility around the borders of geographical areas to meet patient need.</p> <p>The CWTB agreed that integration would be positive; however a clear process for the inclusion of health as part of these discussions was required.</p>	
<b>08/15</b>	<b>Specialised commissioning devolution and co commissioning</b>	
	<p>CWTB received an update and the development of the specialised service strategy. The work was currently awaiting a critical amendment, and was dependant on the devolution bill.</p> <p>The Specialised Services Team were developing likely scenarios for future configuration of specialised services, clustering 108 specialised services into 8 areas and developing a blueprint to offer to local commissioners to then align specialised elements of pathways to secondary and community care services. There would be opportunity to consider this as part of the Programme. The Specialised Services team were considering consolidation of centres into networks of care.</p> <p>It was noted that discussions were taking place around delegation of some specialised commissioning into local</p>	



- Membership of the group would consist of CCG AOs, Clinical Chairs and NHS England
- The purpose of the CWTB was articulated under the key objectives and it was highlighted that the role of the Board was to support CCGs to collaborate and to take collective decisions where required

It was agreed intentions around a structured and ambitious approach would be discussed further at the next meeting.

WCG agreed to circulate a form of words to all in the event of any constitutional changes as a result of the agreement of the MoU and ToR and these would be reflected in any changes.

CWTB noted that Barnsley had requested two addendums around principle of outcomes for local populations to the MOU, noted below:

(1) The no worse off principle for individual CCG patients and the whole group, i.e.) All patients in the WT, and;

(2) Rigorous exploration of any dissenting CCG view.

The CWTB discussed the current arrangements, noting a comment around risk of clinical disengagement if Governing Body decision making was devolved to the CWTB. A discussion also took place on the outcome of the NHS England Stage One review recommendation that the collective required a sound and robust governance mechanism in place before the business cases for Stroke and Children's Services were taken forward in 2016. This would also need to work alongside NHS England governance processes.

The CWTB agreed that there was some OD work required around this issue and AK agreed to share some best practice from positive work around governance in West Yorkshire and the 10cc Programme. MR agreed to share contact details of the facilitator that worked with the 10CC Programme.

**b) Working Together Programme delivery approach**

**WILL CLEARY-GRAY**

**WILL CLEARY-GRAY**



	<p>geography. Possible remuneration would be for the CCGs to review.</p> <p>The CWTB agreed to the proposal and review in one years time.</p>	<b>HELEN STEVENS</b>
<b>10/15</b>	<b>Working Together Board to Board actions and next steps</b>	
	<p>Key points from the Board to Board meeting were noted by the CWTB:</p> <ul style="list-style-type: none"> <li>- Engagement with local providers to help to shape the work taking place around tiering was crucial.</li> <li>- Clinical discussions were taking place with the Vanguard as it developed</li> <li>- Consider collective commissioning intentions must be clear alongside clarity about the commissioner challenges for the vanguard in 16/17</li> </ul> <p>There would be further meetings of the two Programme executives in that forum the next being in January</p> <p>Thanks were recoded to MD for chairing the board to board session.</p>	
<b>11/15</b>	<p><b>AOB</b></p> <p><b>Dates for next year</b>  Significant issues for one CCG around attendance were noted and this would be picked up outside of the meeting. A possibility of revised dates would be explored.</p>	<b>KATE WOODS</b>