



Item 18m

Commissioners Working Together Board

**Meeting held 2 February 2016,
in the Boardroom, Doncaster CCG**

Decision Summary for CCG Boards

1	Minutes of the previous meeting	
CWTB 01/16	(a) that discussions will take place with the Sheffield Test Beds project to determine governance arrangements	MADDY RUFF, WILL CLEARY- GRAY
2	Specialised Commissioning Update	
CWTB 03/16	(a) that outcome data available in Specialised Services will be circulated (b) that a clinical area be selected and the Specialised Services team and CCGs will bring together the data on outcomes available	MATTHEW GROOM MATTHEW GROOM
3	The Working Together Programme Strategic Review	
CWTB 04/16	(a) that the Strategic Review presentation is circulated to all post meeting (b) to further discuss the gap emerging and concerns raised around looking at outpatient follow ups in isolation to general practice and community services	KATE WOODS WILL CLEARY- GRAY, CHERIE COPE
4	Commissioners Working Together Board Governance and Organisation	
	(a) that members further explore governance and organisation of the CWT Board at the meeting of the Clinical Chairs and Accountable Officers (4/2/16)	ALL
5	Cancer	
	(a) that the recommendation from the South Yorkshire Cancer Strategy Group to take the next steps around developing a cancer alliance was supported (b) that the governance framework, the membership and terms of reference of the LWABC Programme Executive Board, and the membership and terms of reference of the LWaBC Prioritisation Panel are approved	WILL CLEARY- GRAY WILL CLEARY- GRAY



**Minutes of the meeting of Commissioners Working Together Board,
held 2 February 2016, 9:30 – 11:30, Doncaster CCG Boardroom**

Present:

Dr Nick Tupper, Clinical Chair, NHS Doncaster CCG (Meeting Chair)
 John Boyington, Lay Member
 Will Cleary-Gray, Programme Director, Working Together Programme
 Moira Dumma, Director of Commissioning Operations, NHS England
 Michelle Ezro, Associate Director, NHS Wakefield CCG
 Chris Edwards, Chief Officer, NHS Rotherham CCG
 Steve Hardy, Lay Member
 Dr Stephen Kell, Clinical Chair, NHS Bassetlaw CCG
 Alison Knowles, Locality Director, NHS England
 Phil Mettam, Chief Officer, NHS Bassetlaw CCG
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG
 Julia Newton, Director of Finance, NHS Sheffield CCG
 Maddy Ruff, Chief Officer, NHS Sheffield 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 Julie Kitlowski, Clinical Chair, NHS Rotherham CCG
 Dr Steven Lloyd, Clinical Chair, Hardwick CCG
 Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
 Mark Smith, Interim Chief Officer, NHS North Derbyshire CCG
 Chris Stainforth, Chief Officer, NHS Doncaster CCG
 Jo Webster, Chief Officer, NHS Wakefield CCG

In Attendance:

Cherie Cope, Project Support, Working Together Programme
 Tracey Bray, Head of Supply Management, NHS England Specialised Services
 Matthew Groom, Assistant Director Specialised Commissioning, NHS England Specialised Services

Minute reference	Item	ACTION
01/16	Welcome, Introduction and Apologies	

	The Chair opened the meeting noting apologies for absence.	
02/16	Minutes of the previous meeting and matters arising	
	<p>The minutes were accepted as a true and accurate record.</p> <p><u>NLAG/Hull/Sheffield collaboration update</u> Commissioners Working Together Board (CWT Board) noted that a meeting to discuss the collaboration between Sheffield, NLAG and Hull had been deferred and likely to be rescheduled for March 2016. The proposed footprint for the Strategic Transformation Plan (STP) for South Yorkshire and Bassetlaw had included those areas as associates. There was further work to be done locally and noted that all must remain cited on this due the potential impact particularly on Doncaster provision.</p> <p><u>Sheffield City Region Devolution agreement - update</u> CWT Board noted the need to remain cited on the development of the devolution agenda.</p> <p><u>Test beds press release</u> Members received a copy of the media release on the success of the Sheffield Test Beds bid. This was a significant piece of work, linked to the digital roadmap with many partners engaged. CWT Board noted the need to remain cited on the detail of this programme of work the value in influencing the agenda. Governance arrangements were to be determined. MR and WCG would be part of those discussions.</p>	MADDY RUFF, WILL CLEARY GRAY
03/16	Specialised Commissioning Update	
	<p>The CWT Board was presented with an update on Specialised Commissioning.</p> <p>Prescribed Specialised Services was made up of 143 services and had a commissioning responsibility for £1.3bn specialised services across Yorkshire and the Humber. A piece of work was taking place around how to tier services and where they were most appropriately commissioned. As part of this strategy, the eight “bundles” were clarified for the CWT Board:</p> <ul style="list-style-type: none"> • Cardio respiratory • Cancer • Maternity and children • MH • Trauma • Internal medicine 	

- Lower GI and pelvis
- Blood and infection.

Work was taking place to build service scenarios.

6 principles of collaboration had been developed nationally:

- Improve pathway integrity for patients
- Enable better allocation of investment decisions
- Move towards population accountability
- Improve financial incentives over the long term
- Ensure providers can effectively be held to account
- To focus NHS England on services that are truly specialised

A query was raised from the CWT Board around how to assess improvements to patient outcome through the principles outlined. The challenges around collection of data were noted. Specialised service specifications had been developed and therefore the standards expected were clear and could be used to work through the STP process and start to measure using the quality outcomes framework. There were opportunities to build on this work and the ambition was to improve outcomes while also improving specialised services.

It was noted that there was agreement with the national team from a Clinical Commissioning Group (CCG) perspective to understand the finance at CCG level before delegating and commissioning, develop a strong narrative from a patient perspective on why things should change, and also quality data around the size and scale of the gap. The STP would need to contain the financial gap, the health gap and the quality gap for specialised services. Members noted the importance of working together with Specialised Services team to identify this within South Yorkshire and Bassetlaw and at an individual CCG level.

The CWT Board were updated on the latest position of segmentation levels, noting 143 services had been stratified and put into the level at which they would be commissioned.

- Tier 1:** NHS England national commissioning
- Tier 2:** NHS England collaborative commissioning
- Tier 3:** CCG +LA / delegated commissioning
- Tier 4:** Devolved and/or could delist

At a local level, the Y&H Specialised Commissioning Oversight Group (SCOG) had discussed the segmentation work and projects highlighted to the group would be carried out in partnership with the CCGs. A discussion would take place with SCOG around how CCGs could collaborate, addressing pooling and financial risk.

	<p>The Working Together Programme challenges were outlined to member.</p> <p>A further discussion was had by members around patient outcome and the need for data on health outcomes to ensure all were meeting patient need in the right way. In response to work carried out by the Specialised Services team around cardiac device outcomes, which included mapping services through and examining the position, a comment was made around the need for data demonstrating better outcomes, post device and that evidence was required that the service being delivered matched the evidence base to translate into better patient outcomes.</p> <p>A comment was made that the understanding of clinical networks was becoming less clear and coherent from a commissioning perspective.</p> <p>It was confirmed that in terms of quality service, there were dashboards mandated within Specialised Services giving outcome indicators and standards. These were increasing year-on-year and providers were mandated to submit this information.</p> <p>The CWT Board noted that the issues around data on patient outcome was a challenge to all and CCG commissioners required the same level of understanding of services being commissioned.</p> <p>A request was made for the presentation of outcome data available in Specialised Services to be circulated and this was agreed.</p> <p>The CWT Board requested that a clinical area be selected and the Specialised Services team as well as CCGs would bring together the data on outcomes available to consider what further was required.</p> <p>It was agreed that there needed to be a clear understanding of the specialised commissioning over-allocation, noting that this was contracted by provider (50% by needs-based and 50% on historical spend).</p>	<p>MATTHEW GROOM</p> <p>MATTHEW GROOM</p>
<p>04/16</p>	<p>The Working Together Programme Strategic Review</p>	
	<p>A presentation was delivered to the group on the piece of work undertaken to give CCGs a high level collective overview of local health systems from a number of viewpoints. The review pulled together a range of datasets for the whole footprint to allow the development of a baseline and to form the basis of discussions around opportunities to develop the STP. Areas of focus for the review were noted as health and wellbeing, quality and meeting constitutional</p>	

standards, finance and activity flows and workforce. The group were asked to note that the report was currently an initial iteration and detailed document would be shared with the group when ready.

Health and wellbeing

The report demonstrated that all areas shared common health need challenges, particularly around south Yorkshire and Bassetlaw in terms of deprivation, child poverty, smoking and the main preventable causes of premature mortality; cancer and cardiovascular disease. Local communities fared worse than the national average in many areas.

Quality and Performance

It was highlighted that demand for services was growing year on year and the ability to meet constitutional standards was challenging. Significant variation in terms of the way services were delivered across the patch, both in terms of local access, pathways and cost were noted.

Finance and activity

The group noted the predicted funding gap across the health community of £750 million over the next five years across all sectors, with the greatest challenge facing the acute sector.

Workforce

The group were advised on an overall increasing trend for acute workforce. The known national and regional shortages in key workforce groups were noted. Some risks were noted with the expected number of GPs and the workforce to enable the implementation of out of hospital strategies.

The presentation would be circulated to all post meeting.

The CWT Board noted feedback from the Strategic Planning Forum (Commissioners and Providers) had been a helpful start in developing the STP.

It was commented that detail on primary care would be a useful inclusion in this report. An example was raised that in Sheffield it was known that activity increases 30% in winter months and this data reflected in the review would be useful.

After discussion around the gap emerging and concerns raised around looking at outpatient follow ups in isolation to general practice and community services. This would be discussed further outside the meeting.

A comment was noted around the necessity of configuring care differently in order to address the £850m financial gap.

Members noted shared learning across the country; the changes

**KATE
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**CHERIE
COPE, WILL
CLEARY-
GRAY**

	<p>implemented needed to be system management as was as transformational.</p> <p>The CWT Board were advised that the detail of this work would be shared with Y&H public health colleagues as a next step on 3 February 2016.</p> <p>A discussion took place on the benefits of establishing a collective commissioner efficiency target as well as starting to change the pace around care in different settings. The work undertaken with the review was noted as a helpful start. Members noted that the financial position varied across the patch and may impact on the pace of change.</p> <p>The need to broaden the range of the work streams was highlighted, to address community and mental health and primary care need. Consideration would be required as part of the STP, around how to drive the management of complex patients and how to move towards prevention longer term. The CWT Board agreed that each of the local plans would drive this detail.</p> <p>A discussion took place around the criteria to achieve transformational funding noting that providers must achieve the constitutional targets. Therefore setting accountability was crucial.</p> <p>It was agreed that consideration was required around programme priorities and this would be discussed further at the forthcoming Clinical Chairs and Accountable Officers meeting on 4 February.</p> <p>It was noted that there was commitment for each place to reconvene on 14 March and there needed to be significant reframing of local strategies, priorities and ambitions to achieve what was required. This should align to discussions at the Clinical Chairs and Accountable Officers meeting when considering priorities.</p>	
<p>05/16</p>	<p>Commissioners Working Together Board Governance and Organisation</p>	
	<p>Lynne Copp was invited by the CWT Board to discuss governance and organisation. A presentation was delivered highlighting the need for a clear vision and strategic intent of an organisation to be translated into objectives to drive any business operational model.</p> <p>This business model design and organisational design strategies should be underpinned by the culture and values of the organisation. The need to achieve effective patient outcomes and sustainability was noted and methods by which to create this environment noted:</p> <ul style="list-style-type: none"> • to begin with an understanding of the current position 	

	<ul style="list-style-type: none"> • to carry out a diagnosis • to define what will be required to work alongside one another <p>Members were invited to comment.</p> <p>CE set context of the collaborative work to date, with an initial formal gateway review taking place in November 2014, and key feedback from this had been around decision making and governance. Work had also taken place with the Kings Fund.</p> <p>The scale of the challenge ahead was noted.</p> <p>It was agreed that the STP would require a different way of working and the expectations of the Working Together Programme would be different. Work would be required around understanding the shared values to enable difficult decisions to be made when required.</p> <p>The current Working Together Programme projects would require a collective decision making structure and it was agreed there was immediate work to address this alongside a longer-term piece of work around developing a strategic approach to collaborating in South Yorkshire, Bassetlaw and North Derbyshire.</p> <p>It was agreed that the diagnostic presented to the CWT Board would be effective for an organisation to adopt, however a different approach would be required to develop skills around complex adaptive systems and system leadership. A comment was raised that this should also be a concurrent piece of work with providers.</p> <p>LC confirmed that the group needed to define what readiness capacity looked like to use as a bar to measure all in terms of readiness and capacity and development plans. Next steps would arise from there.</p> <p>The group agreed to explore this further at the session on 4 February.</p>	ALL
06/16	Clinical Workstreams - a summary of progress	
	<p>Hyper Acute Stroke</p> <p>The CWT Board noted the resolution to risks that were included in the highlight report with changes to the Strategic Clinical Network, and recruitment within the Working Together Programme team being brought forward to address this. Members were updated on a preconsultation event that had taken place with Providers and Commissioners. This had been a useful session although options could have been further explored. Work was taking place to</p>	

	<p>develop the blueprint in the context of Yorkshire and the Humber. It was noted that this work would go through the assurance process in April 2016, and Summer 2016 had been identified as the point of a consultation decision point when the options were fully developed.</p> <p>A query was raised around the pace of change and the content of the STP would be around significant transformation. It was agreed that consideration was required around how to drive this transformation. To do this stronger connections were required with providers to enable the wider transformation discussions.</p> <p>The CWT Board agreed that there was a need, with some organisations in South Yorkshire that were not sustainable in their current form, to be challenging with providers and each other collectively and to be clear on provider accountability in this process. A framework was required and set this against the integration of local plans, tiering and delivery of key targets.</p> <p>UEC</p> <p>The CWT Board was updated on activity around the Networks and the Programme. A Network plan was due to be submitted on 8 February. WCG reported that MR (who had left the meeting) had wished to reflect the pace expected of this work and the challenge of this against the current resources. A request was made to consider how collectively this might be resourced in an appropriate and effective way. It was noted that the timetable for Designation had not yet been released. Further guidance was expected. It was noted that by 2017 it was anticipated that 20% of the country would be delivered in this model. MD advised on the West Yorkshire structure which clearly defined the work of the Vanguard and the work of the commissioners. It was agreed that further consideration of this issue was required at the meeting of the Clinical Chairs and Accountable Officers on 4 February.</p>	
07/16	Planning guidance	
	The CWT Board noted reflections from the Strategic Planning Forum with Providers that took place 1 February 2016.	
08/16	Cancer	
	<p>Development of Cancer Alliance for South Yorkshire, Bassetlaw and North Derbyshire</p> <p>The CWT Board was asked to support the recommendation from the South Yorkshire Cancer Strategy Group to take the next steps to developing a cancer alliance. A discussion took place, and the need to be clear what the expectation of the members would be; to implement change.</p>	

	<p>The CWT Board supported the recommendation.</p> <p>Living With and Beyond Cancer – Accountability and Governance Framework</p> <p>The CWT Board was presented with a report setting out the detail of the Macmillan Living with and Beyond Cancer governance framework. In October 2015, the Project Initiation Document was agreed by the Commissioners Working Together Programme Executive. The presented paper set out the detail of the structures for delivery of the programme.</p> <p>The CWT Board:</p> <ul style="list-style-type: none"> ● Approved the governance framework ● Approved the membership and terms of reference of the LWABC programme executive board ● Approved the membership and terms of reference of the LWaBC prioritisation panel <p>Due to time restrictions, all were asked to feedback comments directly to WCG outside of the meeting.</p>	<p>ALL</p>
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