

GM JOINT COMMISSIONING BOARD

MINUTES OF THE MEETING HELD ON 17 SEPTEMBER 2019 AT GMCA OFFICES, CHURCHGATE HOUSE, MANCHESTER

Bolton	Councillor David Greenhalgh Su Long
Bury	Councillor David Jones Geoff Little Dr Jeff Schryer
Manchester	Councillor Bev Craig Ed Dyson Dr Ruth Bromley
Oldham	Dr John Patterson Carolyn Wilkins
Heywood, Middleton and Rochdale	Councillor Sara Rowbotham
Salford	Dr Tom Tasker (Chair) Anthony Hassall
Stockport	Councillor Tom McGee Andrea Green
Tameside	Councillor Brenda Warrington Dr Ashwin Ramachandra Steven Pleasant
Trafford	Councillor Jane Slater Dr Sally Johnston Martyn Pritchard
Wigan	Councillor Keith Cunliffe Dr Tim Dalton Craig Harris
GM Commissioning	Rob Bellingham
GMCA	Lindsay Dunn Liz Treacy
GM Directors of Commissioning	Margaret O'Dwyer

GM Health and Social Care Partnership

Sarah Price

Jon Rouse

Dr Christina Walters

HSCJCB 33/19 WELCOME AND APOLOGIES

Dr Tom Tasker, Clinical Chair, Salford CCG welcomed all locality members to meeting of the GM Health and Care Joint Commissioning Board.

Newly appointed Accountable Officer at Stockport CCG, Andrea Green was introduced by the Chair and welcomed by the Board. Appreciation for the contribution and leadership to the JCB was extended to Noreen Dowd who has left the position of Interim Accountable Officer at Stockport CCG.

Apologies for absence were received from the following;

Councillor Susan Baines (Bolton Council), Dr Wirin Bhatiani (Bolton CCG), Dr Catherine Briggs (Stockport CCG), Dr Chris Duffy, (Heywood, Middleton and Rochdale CCG), Councillor John Merry (Salford CC), Steve Rumbelow (Rochdale Council), Councillor Andrea Simpson (Bury Council) and Ian Williamson (Manchester Health and Care Commissioning).

HSCJCB 34/19 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chairs announcements.

For the record, Rob Bellingham, Managing Director, GM Joint Commissioning Team explained that that the meeting was quorate as all ten localities were present along with the Deputy Chief Executive of the GMCA, Andrew Lightfoot substituting for the Chief Executive, Eamonn Boylan. Also represented were the Greater Manchester Health and Social Care Partnership as Jon Rouse Chief Officer and Sarah Price, Executive Lead, Population Health and Commissioning were in attendance.

It was clarified that as per the Terms of Reference, agenda item 5, Improving Specialist Care Programme was categorised as Level B business.

HSCJCB 35/19 DECLARATIONS OF INTEREST

There were no declarations of interest made to any item appearing on the agenda.

HSCJCB 36/19 MINUTES OF THE JCB MEETING ON 16 JULY 2019

The minutes of the meeting held on 16 July 2019 were submitted for consideration.

It was noted that the requirement to identify two Vice Chairs for the JCB was still outstanding although a nomination for a clinical Vice Chair had been received by Dr Wirin Bhatiani, Clinical Chair of Bolton CCG. Members were requested and agreed to approve the nomination.

It was advised that further work was ongoing to extend the Terms of Reference to provide for the delegation of specified Local Authority, as well as NHS commissioning decisions.

With regards to the implementation of the Population Health Plan for GM, it was proposed that an update report would be submitted to the November JCB meeting.

RESOLVED

1. That the nomination for Dr Wirin Bhatiani as clinical Vice Chair of the GM Joint Commissioning Board be approved.
2. That it be noted that further work was ongoing to extend the Terms of Reference to provide for the delegation of specified Local Authority, as well as NHS commissioning decisions.
3. That an update report on the implementation of the Population Health Plan for GM be provided at the meeting of the JCB in November 2019.
4. That the minutes of the meeting of the GM Joint Commissioning Board held on 16 July 2019 be approved as a correct record.

HSCJCB 37/19 IMPROVING SPECIALIST CARE – RECOMMENDATIONS FROM THE PROGRAMME BOARD

Anthony Hassall, Accountable Officer, NHS Salford CCG and Commissioning Lead for the Improving Specialist Care Programme introduced a report which provided a recommendation from the Improving Specialist Care (ISC) Programme Board to the Greater Manchester Joint Commissioning Board to consider and support specific options for the site configuration of a limited number of hospital-based specialist services, namely;

- Respiratory
- Vascular
- Benign Urology
- Paediatric Surgery
- Breast

It was outlined that due to shortages in key specialist workforce, high levels of demand and a shortfall in capacity, sustainability of the current configuration was uncertain. It was confirmed there was strong clinical agreement that there was a significant resilience challenge across GM which required commissioners to take action.

As part of the process, clinicians from outside GM have been involved in testing the models to ensure they are not developed in isolation and include, where possible, best practice developed both nationally and internationally. Furthermore, significant engagement had taken place with patients and patient reference groups throughout the process.

With regards to the model of care for breast services, it was confirmed that this related to surgical care and would not have implications for breast screening services.

An overview of the options for the ISC Programme was provided. The recommended option presented to the Joint Commissioning Board was determined by the ISC Programme Board's consideration of a series of alternative options including that of retaining the hospital-based specialist services on all of the sites where they were currently delivered. In the report, the latter scenario was referred to as the 'counterfactual' option.

Members were requested to approve progression towards a pre consultation business case to further develop details around the proposals for each speciality area and undertake formal engagement with NHS England and GM Joint Health Scrutiny prior to commissioners making final decisions on preferred strategic configuration of services.

The Joint Commissioning Board were further requested to consider the recommendation of the ISC Programme Board to support urgent prioritisation of the Breast Models of Care along with Urology and Vascular on the grounds of their fragility and the overall phasing of the workstreams as soon as possible.

In order to address current challenges with regards to the fragility of breast services across GM, assurance was provided that immediate partnership work was being undertaken to support the current five providers.

The Chair thanked Anthony Hassall for the succinct and informative introduction. Martyn Pritchard, Chief Accountable Officer, Trafford CCG questioned whether the timescales for the outcomes of the orthopaedic process and the pre consultation business case options for breast services would be aligned to ensure that any potential co-dependencies are thoroughly considered.

It was confirmed that following legal advice, all four options for breast services would be reviewed pending completion of orthopaedic services. It was anticipated that the proposals for the orthopaedic model of care would be presented to the JCB in November 2019. It was further advised that consideration of both breast and orthopaedic pre consultation business cases would be presented at the same time to ensure full consideration of any co dependencies.

In support of the recommendations, Councillor Keith Cunliffe, Deputy Leader and Portfolio Holder for Adult Social Care, Wigan Council, highlighted that other areas of the country would be developing similar proposals to sustain fragile hospital services. He highlighted the opportunities afforded to GM as a result of devolution of health and social care and requested that reference would be made to the wider impact on localities in GM as a collective rather than just clinical and financial costings. An emphasis on community wealth building and social value within the overall programme proposals was suggested.

Assurance was provided that where provision already exists, for example, A&E, medical paediatrics or maternity services, commitment has been made that proposals for speciality services will not threaten the overall viability of services which are already provided in local hospitals. It was anticipated that the impact on localities would be broadly neutral as centres of excellence to deliver improved outcomes were being created.

On behalf of Clinical Chairs, Tom Tasker endorsed the system priority to address current challenges with regards to the fragile services, in particular breast. He confirmed that the JCB would expect to be kept updated on the progress and be involved where possible. It was confirmed that work was underway to address resilience issues in particular regard to breast surgery services.

On behalf of Dr Cath Briggs, Clinical Chair, Stockport CCG, the Chair emphasised the requirement to recognise the opportunities to align benign urology with urology cancer services across GM. Furthermore, a key component of urology would be the interface with community services provided in Local Care Organisations ensuring care was closer to home for citizens. Support for the recommendations was reported on behalf of Dr Chris Duffy, Clinical Chair, Heywood, Middleton and Rochdale CCG with a further request for clarity with regards to time frames for the process.

In summary, it was confirmed that priority would be provided to develop the options appraisals and pre consultation business cases for breast, urology and vascular services and the anticipated timeline for this would be the over the forthcoming two to three months. The JCB and the Executive along with each locality would receive regular updates in this regard.

In accepting that the clinical models were the starting point for improving specialist care, Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning provided an overview of the progress made in respiratory services. It was highlighted that in hospital care was just one element of the care provided for citizens with respiratory problems. The development of the community offer provided added value for people to receive care outside of a hospital setting and presented opportunities to provide wrap around care for other conditions.

Councillor Tom McGee, Stockport Council provided an overview of the recent events with regards to breast services in Stockport and highlighted the unintended consequences and impact on patients and staff. It was suggested that better planning for fragile services may prevent hasty immediate decisions which result in unintended outcomes.

RESOLVED

1. That approval be provided by the GM Joint Commissioning Board on the recommendation of the ISC Programme Board for the site configurations of a limited number of hospital-based specialist services, namely:
 - Respiratory – as modelled, all existing sites and consistent with the Model of Care – to progress to Pre-consultation Business Case (PCBC)
 - Vascular – as modelled to be sited as a Hub and Spoke configuration and consistent with the Model of Care – to progress to PCBC
 - Benign Urology - as modelled to be sited as a Hub and Spoke configuration and consistent with the Model of Care – to progress to PCBC providing further consideration to the comments made by the Board with regards to urology cancer alignment

- Paediatric Surgery – as modelled to be sited as a tiered configuration and consistent with the Model of Care – to progress to PCBC
 - Breast – as three equitable Hub sites and consistent with the Model of Care, – to progress to PCBC (option appraisal) covering options 1-4
2. That approval be provided on the recommendation of the ISC Programme Board in order to progress to:
 - NHS England’s Strategic Sense Check 1, where evidence for the case for change will be submitted and presented;
 - GM Joint Health Scrutiny Committee to review the proposed changes
 - the development of a Pre-Consultation Business Case for each Model of Care.
 3. That approval be provided on the recommendation of the ISC Programme Board to support urgent prioritisation of the Breast Models of Care and other specific Models – Urology and Vascular, on the grounds of their fragility and the overall phasing of the workstreams as soon as possible.

HSCJCB 38/19 GM DELEGATED SPECIALISED COMMISSIONING 2018/19 ANNUAL REPORT

Sarah Price, Executive Lead for Population Health and Commissioning, Greater Manchester Health and Social Care Partnership presented the Annual Report of the GM Specialised Commissioning Oversight Group in 2018/19.

It included the financial performance of the Specialised Commissioning portfolio that had been delegated to the Greater Manchester Chief Officer. It also outlined some key achievements of integrating specialised commissioning arrangements in GM and the collaborative progress made by the GM Specialised Commissioning Oversight Group (SCOG) throughout the year.

The GM Joint Commissioning Board Executive were requested to:

- Support plans to use improved specialised commissioning data as the basis to provide intelligence to draw attention to areas of GM variation and opportunity to support Quality Innovation Productivity and Prevention (QIPP) improvements and future specialised service reviews.
- Support the planned work to review and further strengthen GM specialised commissioning arrangements beyond 2019/20.

RESOLVED

1. That the benefits of place-based approach to specialised commissioning arrangements demonstrated in 2018/19 successes be noted.
2. That the balanced financial plan agreed in 2018/19 contracts with GM providers and delivered in Month 12 2018/19 be noted.
3. That the improved data compliance that will allow improved scrutiny and oversight of the specialised delegated portfolio be noted.

HSCJCB 39/19**GREATER MANCHESTER CORPORATE SERVICES DELIVERY VEHICLE UPDATE**

Rob Bellingham, Managing Director, Greater Manchester Health and Care Commissioning Team provided an update to the GM Joint Commissioning Board on the work to secure a host for the new Corporate Services Delivery Vehicle (CSDV) which included Greater Manchester Shared Service (GMSS). The report set out a timeline for the completion of the transition from the current position to the new hosting arrangements.

Previous updates to JCB had set out the process, criteria and approach taken to the selection of a host for the new CSDV. Following the completion of this process a preferred host for the new CSDV had been agreed. It was reported that Salford Royal NHS Foundation Trust (SRFT) had been selected as the preferred host for CSDV.

It was advised that detailed negotiations would continue with SRFT around the fine detail of the creation of the CSDV and would initially focus on the safe transition of GMSS. SRFT had indicated that they would wish to understand the fine detail of the agreements in place relating to the underwriting of any residual liabilities should GMSS become non-viable at any point in the future.

It was confirmed that the agreements in place with GM CCGs and GMSS provide surety to Oldham CCG (the current host) that any residual liabilities would be a collective responsibility of GM CCGs. Likewise, the same level of surety would be transferred as part of the transfer of GMSS to SRFT.

RESOLVED

1. That the JCB be sighted on the next phase of the establishment of the CSDV.
2. That the preferred hosting decision be noted.

HSCJCB 40/19**GM JOINT COMMISSIONING PRIORITIES**

Rob Bellingham, introduced a paper which described a series of commissioning inputs to the process plans for implementation of the Prospectus and the NHS Long Term Plan, as well as the Future Shape of the GM Health and Social Care Partnership, its functions and structures.

The role, function and effectiveness of the Joint Commissioning Board was considered to be pivotal in the role of collaboration and co-production across GM at place based level. The initial devolution vision and ambition for wider public service reform with population health improvement acting as a catalyst for the wider economic growth and prosperity of the City Region were considered to be a core focus in commissioning for reform.

A suggested set of core focus areas along with lead arrangements for the Joint Commissioning Board for the period to 31 March 2021, were highlighted. An update on the delivery of the Future of Commissioning report Action Plan and a work plan for the GM Joint Commissioning Team (JCT) were detailed in the report.

It was confirmed that it had been approved that Craig Harris, Accountable Officer, Wigan CCG would be the Mental Health Strategy Implementation lead alongside Tom Tasker. With regards to delivering the performance measures outlined, it had been proposed and agreed that collective leadership and responsibility would be provided by each Accountable Officer.

The Chief Officer acknowledged and thanked Rob Bellingham and the Joint Commissioning Team for their role in the development of the proposed commissioning priorities. Further clarification was requested on the pace and connectivity of work undertaken by independent Strategic Clinical Networks (SCNs) into the work programme of the Joint Commissioning Team.

It was confirmed that work was underway to establish an interim steering group to implement and coproduce the frameworks introduced by SCN's.

It was suggested that a more streamlined and realistic approach to what achievements could be made may ensure a greater rate of progress which would be easier to track the development of if reported by thematic areas.

The reference to climate change and sustainability was welcomed and it was proposed that this should be a key feature and driver in all priority areas of work rather than a separate core focus area. It was recognised that a significant challenge would be ensuring that all the workforce are carbon literate. It was proposed and agreed that the Joint Chair of the JCB, Councillor Brenda Warrington would also undertake a leadership role in the Climate Change and Sustainable Development focus area.

The disadvantages of concentrating on those with long-term complex health needs as a social care piece of work in isolation were considered. It was confirmed that although continuing healthcare was referenced as a separate programme, it was aligned to broader opportunities at scale.

Members considered the resource and capacity required to provide leadership. It was suggested that dispersed leadership could provide potential for increased capacity along with providing opportunities to engage new leads. It was confirmed that Dr Ashwin Ramachandra, Clinical Chair, Tameside and Glossop CCG would be deputy to Dr Tom Tasker in the core focus area for delivering the integrated neighbourhood model.

RESOLVED

1. That the core focus areas set out in section 2 be approved.
2. That the connectivity to the GM Business Plan be noted and any further areas for inclusion in the priority list be suggested.
3. That the existing leadership arrangements for the core focus areas set out in Section 2 be confirmed along with the proposed and agreed new arrangements.
4. That leads for those areas where they are not currently in place be identified, specifically an Urgent and Emergency Care system reform clinical lead.
5. That the progress with regard to the delivery of the Future of Commissioning action plan as described in section 3 be noted.

6. That the JCT work programme set out in section 4 be approved.
7. That the principles for implementation set out in section 5, notably in terms of the requirement to align capacity with programme leadership be approved.

**HSCJCB 41/19 SUMMARY UPDATE REPORT FROM THE GREATER MANCHESTER
JOINT COMMISSIONING BOARD EXECUTIVE**

Rob Bellingham presented a progress update from the Greater Manchester Joint Commissioning Board Executive and advised that since the last meeting of the JCB, the Executive had met on the 20 August 2019. It was suggested and agreed that further updates from the JCB Executive would continue to be provided going forward.

RESOLVED

1. That the report be noted confirming the actions and agreements made at the JCB Executive.
2. That further updates from the JCB Executive continue to be provided going forward.

HSCJCB 42/19 DIRECTORS OF COMMISSIONING MONTHLY HIGHLIGHT REPORT

Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury Clinical Commissioning Group /Chair GM Directors of Commissioning provided members with a quarterly update on business discussed and agreed at the GM Directors of Commissioning meetings which took place between May 2019 and August 2019. This included an update from the joint health and social care workshop held on the 1 August 2019.

The main areas of focus discussed at joint Directors of Commissioning and Chief Finance Officer's meetings along with strategic clinical network updates were detailed within the report.

RESOLVED

That the work of the GM Directors of Commissioning during this period be noted.

HSCJCB 43/19 DATES OF FUTURE MEETINGS

Tuesday 19 November 2019
Tuesday 21 January 2020
Tuesday 17 March 2020

All meetings would take place in the Boardroom at GMCA Offices, 1st Floor, Churchgate House at 2.00 – 4.00pm.