

# Greater Manchester Joint Commissioning Board

Date: 21 April 2020

Subject: Improving Specialist Care Programme – Confirmation of the Pause to the Programme from 1 April 2020

Report of: Sarah Price, Chair of the Improving Specialist Care Programme

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## PURPOSE

To confirm to JCB members that the GM Partnership Executive Board considered the budget for the ISC programme for 2020-21 at its meeting on 26 March 2020 and agreed a further six months of funding.

To confirm to JCB members that the GM Partnership Executive Board considered the status of all Programmes at its meeting on 26 March 2020, in the context of the NHS response to Covid-19 and agreed to pause the Improving Specialist Care Programme.

To outline the which areas of Programme work this applies to and the steps to be taken to complete ongoing work, report and file all the outputs.

To outline the Communication and Engagement steps taken with stakeholders including the Public and Patients reference group.

To report the risks that a pause to the work brings and issues raised for the future of the work including governance, oversight and loss of programme 'memory'.

To confirm to JCB members that the GM Partnership Executive Board also agreed to support an outline proposal that the ISC Team might be engaged on the separate workstream in GM on Breast services more immediate sustainability (referred to as Phase 2; ISC therefore being 'Phase 3'). The Programme clarifies that this work is not the continuation of the ISC PCBC development.

## KEY ISSUES TO BE DISCUSSED:

This report presents confirmation of decisions made by the GM Partnership Executive Board which the ISC Board recommends as the framework for pausing the Programme from 1 April.

There are a number of risks generated by the pause which the Programme Board wishes to report to the JCB.

## **RECOMMENDATIONS:**

The Greater Manchester Joint Commissioning Board is asked to consider the recommendation to pause and the future implications and risks this brings to the services in the scope of the Programme.

## **CONTACT OFFICERS:**

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## **SYSTEM ENGAGEMENT**

Please complete the information below to outline the discussion with sectoral governance groups prior to submitting to the GM Joint Commissioning Board. If it is not appropriate / deemed necessary for a discussion with a particular group please state why.

### **PRIMARY CARE ADVISORY GROUP (PCAG)**

Has the paper been discussed by PCAG? (Yes/no): No

If no please outline the reason: Not applicable – Governance route via ISC Board

### **PROVIDER FEDERATION BOARD (PFB)**

Has the paper been discussed by PFB? (Yes/no): No

If no please outline the reason: Not applicable – Governance route via ISC Board.  
Feedback from PFB to ISC Board on earlier versions has been provided.

### **WIDER LEADERSHIP TEAM (WLT)**

Has the paper been discussed by WLT? (Yes/no): No

If no please outline the reason: Not applicable – Governance route via ISC Board

### **STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)**

Has the paper been discussed by PEB? (Yes/no): YES – the paper reflects PEB's decision

### **GM CCG DIRECTORS OF COMMISSIONING (DOCS)**

Has the paper been discussed by DoCs? (Yes/no): No

If no please outline the reason: Not applicable – Governance route via ISC Board.

### **GM CCG CHIEF FINANCE OFFERS (CFOS)**

Has the paper been discussed by CFOs? (Yes/no):

If no please outline the reason: Not applicable – Governance route via ISC Board.

### **GM LA HEADS OF COMMISSIONING (HOCS)**

Has the paper been discussed by HoCs? (Yes/no): No

If no please outline the reason: Not applicable – Governance route via ISC Board

## **1.0 GM PARTNERSHIP EXECUTIVE BOARD DECISIONS**

### **1.1 Programme Budget allocation**

The ISC Board can report that Programme budget proposals were accepted by the GM Partnership Executive Board (PEB) on 26 March 2020. This agreed funding for the Programme would be available for up to six months from 1 April 2020 pro-rata in line with recent forecasts and workplans.

### **1.2 Programme Pause**

The ISC Programme team understands that the concerted NHS response to Covid-19 requires that its stakeholders - providers, commissioners and regulators - are available to be fully deployed to responding to this pandemic for the foreseeable future.

The GM Partnership Executive Board (PEB) agreed on 26 March 2020 to pause a number of programmes, including the ISC from 1 April 2020, having taken steps to determine the current status (critical or not) and urgency in each case.

The Programme team described the status of the current work and its reliance upon continuous input, co-production, validation, governance, assurance and decision-making from its stakeholders.

In late March 2020, the Programme team had already sought feedback from providers and commissioners on the benefits of pausing. Those who responded gave broad support for this step. The programme also engaged with NHSE assurance colleagues to confirm the pause from 1 April.

The length of the pause was not formally fixed, however around six months has been assumed pragmatic.

### **1.3 Alternative use of ISC resources**

Directors of Commissioning indicated that work should continue on the sustainability of GM Breast services if possible. This specifically referred to the work known as Phase 2, led to date by Rob Bellingham.

Redeployment of ISC resources would be subject to confirmation by Lead commissioner groups. PEB supported this outline proposal at their meeting on 26 March 2020.

For clarity, the work on Breast Phase 2 is not the paused ISC programme work and not the paused preparation of PCBCs.

## **2.0 IMMEDIATE ACTIONS ARISING FROM A DECISION TO PAUSE THE PROGRAMME**

### **2.1 Pre-Consultation Business Case (PCBC) development.**

The technical work to prepare PCBCs undertaken by specialist contractors working with the ISC Programme core team, will wind down and pause between 1 and 30 April 2020. By this end date, the analysis and modelling elements of each workstream will have been written up and reported at the stage they had reached by the specialist contractors.

For clarity, the areas where PCBCs were in development were Breast, Vascular, Benign Urology and Paediatric Surgery.

The elements of the business case work were focused on service activity, workforce, estates, benefits and financial analysis and modelling.

Of these, workforce model validation, estates analysis, financial analysis, assurance will not be fully completed without further dedicated input from providers and/or commissioners and regulators, at the point when the Programme might restart.

The core ISC Programme team has estimated that their role in recording and storage of work, once completed by the specialists, will be fully completed by the end of May 2020.

There is a risk to completion by this date if the team was dissolved completely, redeployed in part or as a whole. This would result in an incomplete record of the work and potentially the loss of some of the outputs. It is therefore essential to retain some ISC resource to completing the recording and storage stage if at all possible.

**The JCB members are asked to note the risk in delays to the completion of the recording and storage of Programme outputs.**

## **2.2 Governance framework of the Programme and Stakeholder involvement**

### **2.1.1 Improving Specialist Care**

With the exception of the Joint Commissioning Board as the decision-making commissioning body, the entire ISC governance framework, system involvement and stakeholder engagement was effectively paused from 2 April.

- The ISC Programme Executive and Board meeting dates were cancelled from 2 April 2020 to October 2020.
- Roles such as Provider Transformation Leads and Clinical Leads have been stood down.
- All Reference groups – Clinical, Workforce and Finance & Estates, have been stood down.
- A Public and Patient Reference Group planned for early March was cancelled.

At March's joint meeting with Chief Financial Officers, Directors of Commissioning were asked to consider how to ensure that a future governance framework for the work at this scale was more 'fleet of foot'. In the current circumstances of the Covid-19, this work has not progressed but remains important to ensure that a pause to necessary work could be ended.

**The JCB members are asked to note absence of an active governance framework during the pause and the request made for a future more 'fleet of foot' arrangement.**

### **2.2.2 Healthier Together**

Within the last year, the ISC Programme Board oversight function has also incorporated the progression of the approved business case for General Surgery, Acute and Emergency medicine (Healthier Together).

The Programme team included 0.5 WTE programme management support to coordinate the oversight. Medical leadership dedicated to Healthier Together was provided.

- This GM oversight function also ceased on 2 April 2020.
- Healthier Together sector highlight report submitted by each Programme Director ceased.
- No further GM level reporting on readiness to receive business case funding will take place.
- The ISC budget will continue to allocate 1 PA per week each from Dr Jane Eddlestone and Dr Chris Brookes for six more months to provide collective medical leadership, overall continuity and organisational memory the system needs for both Healthier Together and ISC.

**The JCB members are asked to note the risk to oversight of the progression of the Healthier Together business case, the preparatory work in the sectors and sector readiness, in the absence of the ISC Programme Board.**

**The JCB members are also asked to note the risk to supporting the longer term medical leadership for ISC/HT work from a specific budget.**

### **2.3 Communication of the pause**

Communication of the pause has been undertaken to ensure that the system within and outside of GM (CCGs) was informed, together with stakeholder groups. The message sent on behalf of Sarah Price is below.

The Programme Team produced a special newsletter for the Public and Patients reference Group which invited comments and questions to be returned to the team before the end of April.

***Message to all colleagues within the Improving Specialist Care (ISC) Governance from Sarah Price, Interim Chief Officer, GMHSC Partnership, 27 March***

*The Improving Specialist Care (ISC) Programme team recognises that during these unprecedented times the concerted NHS response to Covid-19 requires that providers, commissioners and regulators are available to be fully deployed to respond to this pandemic for the foreseeable future. As the ISC Programme relies upon continuous input, co-production, validation, governance, assurance and decision-making from its stakeholders, the Programme was required to re-evaluate its current viability.*

*On 26 March 2020, the Partnership Executive Board (PEB) formally agreed to pause the Programme, until such time that the system is ready to continue. Whilst this is a difficult decision to make, it is the right one given the current circumstances.*

*The Programme Team would like to thank all those who have contributed and supported the work to date across Greater Manchester.*

*The ISC Programme team is now working to bring current activities to a close, **cancelling meetings for 6 months**, and will ensure that the Programme can be*

*reignited by GM colleagues when the time is right. Further details in relation to the Programme's pause will be issued in due course.*

*The team would be grateful if you would cascade this message to colleagues in your organisations. Please forward any questions to the Programme's inbox: [gmhscp.isc@nhs.net](mailto:gmhscp.isc@nhs.net)*

### **3.0 FUTURE CONSEQUENCES OF A PAUSE FOR THE ISC PROGRAMME**

#### **3.1 The workstreams**

The services in the scope of the ISC are increasingly under pressure, potentially unsustainable in the future and require a GM wide solution, not local or incremental change.

Prior to the pause of work, the priority areas agreed by JCB as the focus in the current period were:

- Breast services, Vascular services and Benign Urology services - at the PCBC stage of development.

At the same time,

- Paediatric Surgery services - in early stages of PCBC development
- Respiratory services - in handover to Commissioners to enable progression to a Decision-Making Business Case
- MSK/Orthopaedics services - in handover to GM in progress
- Cardiology services' final Model of Care - awaiting approval by JCB
- Paediatric Medicine services' Model of Care report – awaiting reference group reviews, Board assurance and JCB approval.

The various fragility, workforce and quality issues within the acute sector services in the scope of the programme, outlined in each case for change, will almost certainly remain and increase during the coming weeks and months. Commissioners and providers across GM will be required to respond and take necessary steps at a local or sector level.

**The JCB members are asked to note the ongoing level of risk to the sustainability of certain services. The ongoing pause of business case development and handovers brings further delay to addressing the issues with a GM-wider solution as was planned.**

#### **3.1 The ISC team**

As resources within the GMHSCP, the core ISC Programme team were all placed in the re-deployment pool from 1 April with some roles immediately transferring to other priorities (shown below).

The remainder of the team may be redeployed or dissolved completely, at the direction of the GMHSCP and all contracts will conclude on 30 September 2020.

Prior to the pause of the Programme, the core ISC team was sizable and well-resourced from multiple part time roles. From 1 April (below), and at the time of writing (10 April) the core team has limited resources available:

| <b>Core Team prior to 1 April 2020</b>  | <b>Status from 1 April</b> | <b>WTE from 1 April</b> |
|---|----------------------------|-------------------------|
| <b>Provider Lead – NHS FT</b>           | Role ended                 |                         |
| <b>Commissioning Lead – CCG AO</b>      | Role ended                 |                         |
| <b>Director of Commissioning - DoCs</b> | Role ended                 |                         |
| <b>Programme Director</b>               | <b>Contractor</b>          | <b>0.8 for 6m</b>       |
| <b>Financial Lead</b>                   | <b>Contractor</b>          | <b>0.6 for 6m</b>       |
| <b>Engagement Lead</b>                  | <b>Contractor</b>          | <b>0.6 for 6m</b>       |
| <b>Communications Lead</b>              | Re-deployed                |                         |
| <b>Communications Manager</b>           | Role ended                 |                         |
| <b>Project Support</b>                  | <b>NHS fixed term</b>      | <b>1.0 for 6m</b>       |
| <b>Project Support</b>                  | <b>Agency temp</b>         | <b>1.0 for 3m</b>       |
| <b>Workforce Lead</b>                   | Re-deployed                |                         |
| <b>Clinical &amp; Medical Leads:</b>    | <b>Trust recharge</b>      | <b>2 PAs for 6m</b>     |
| <b>Programme Manager (PCBC)</b>         | Role ended                 |                         |
| <b>Programme Manager (PCBC)</b>         | Role ended                 |                         |
| <b>Programme Manager (ISC/HT)</b>       | Role ended                 |                         |

The JCB members are asked to note the risks to the completion of the write-up with a reduced team already within the re-deployment pool, retention of organisational and programme ‘memory’ and the impact on re-starting the programme’s work following the pause.