

GM JOINT COMMISSIONING BOARD

MINUTES OF THE MEETING HELD ON 21 JANUARY 2020 AT GMCA OFFICES, CHURCHGATE HOUSE, MANCHESTER

Bolton	Councillor Susan Baines Dr Wirin Bhatiani Su Long
Bury	Dr Jeff Schryer
Heywood, Middleton & Rochdale	Councillor Sara Rowbotham Steve Rumbelow
Manchester	Councillor Bev Craig Dr Ruth Bromley Ian Williamson
Oldham	Councillor Zahid Chauhan Dr John Patterson
Salford	Councillor John Merry Dr Tom Tasker Steve Dixon
Stockport	Councillor Jude Wells Dr Catherine Briggs Andrea Green
Tameside	Councillor Eleanor Wills 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	Eamonn Boylan Lindsay Dunn
GM Directors of Commissioning	Jessica Williams

GMJCB 01/20 WELCOME AND APOLOGIES

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

Apologies for absence were received from the following;

Geoff Little (Bury CCG), Councillor Tom McGee (Stockport Council), Councillor Andrea Simpson (Bury Council) and Councillor Brenda Warrington (Tameside Council).

GMJCB 02/20 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

Sarah Price was introduced to the Board as the newly appointed interim Chief Officer for the Greater Manchester Health and Social Care Partnership. Furthermore, Steve Dixon was welcomed as the recently appointed interim Accountable Officer, Salford CCG covering Anthony Hassall's period of secondment.

It was suggested and agreed that item 8, Improving Specialist Care Programme – the models of care for respiratory and MSK/orthopaedics be presented as the first substantial report on the agenda.

GMJCB 03/20 DECLARATIONS OF INTEREST

It was advised that all GPs present at the meeting declared a potential conflict of interest in the GM Primary Care Strategy, implementation plan and workforce strategy item. It was suggested and agreed however, that all should remain present for the item and were invited to be involved in the decision making.

GMJCB 04/20 MINUTES OF THE JCB MEETING ON 17 SEPTEMBER 2019

The minutes of the meeting held on 17 September 2019 were presented for approval.

Rob Bellingham, Managing Director, Greater Manchester Joint Commissioning Team provided an update with regards to lead arrangements for GM Joint Commissioning Team priorities since Anthony Hassall's departure for secondment.

It was advised that Steve Dixon, Interim Accountable Officer, Salford CCG would be the joint lead for Climate Change and Sustainable Development with Sarah Price. Urgent and Emergency Care System Reform would be overseen by Martyn Pritchard, Accountable Officer, Trafford CCG. Steve Dixon would lead on Elective Care Reform and Andrea Green, Accountable Officer, Stockport CCG on Improving Specialist Care.

RESOLVED

1. That the minutes of the meeting of the GM Joint Commissioning Board held on 17 September 2019 be approved as a correct record.
2. That the update with regards to lead arrangements for GM Joint Commissioning Team priorities be noted.

GMJCB 05/20 IMPROVING SPECIALIST CARE PROGRAMME – RECOMMENDATIONS FROM THE ISC PROGRAMME BOARD ON THE MODELS OF CARE FOR RESPIRATORY SERVICES AND FOR MSK/ORTHOPAEDICS SERVICES

Jackie Bene, Improving Specialist Care Programme Lead introduced a report which provided an update on the models of care for two areas of the programme, respiratory and MSK/Orthopaedics services.

Members were provided with a reminder of the summary of the Model of Care for Respiratory services and the proposed changes. Feedback from the meeting of the GM Joint Health Scrutiny Committee (GMJHSC) on 15 January 2020 at which the Committee were requested to consider the scale of change for patients not representing substantial variation was provided. The view that the scale of change for patients did not represent substantial variation and therefore had no requirement for public consultation had been confirmed by members of the GMJHS Committee.

The Board confirmed their support for the request to support the progression of the Model of Care for Respiratory services directly to a decision-making business case (DMBC) in July 2020.

An outline of the Model of Care for MSK/Orthopaedics services approved by JCB in October 2018 was provided. Site-specific modelling carried out had suggested the options proposed might leave good estate stranded at hospital sites, therefore the Model of Care was revised to address those risks. An update report was presented to the JCB Executive in December 2019.

It was advised that the Improving Specialist Care Board had appraised the revisions and had reported that a strong case remained to support change and that partial implementation of the Model was beneficial. It was advised that issues raised by the External Clinical Assurance Panel of the Northern Clinical Senate with relation to trauma, had still not been sufficiently addressed. It had been suggested that the focus should follow the Getting It Right First Time, (GRIFT) programme designed to improve clinical quality and efficiency reducing unwarranted variations. Within the programme, support remained that independent sector patients would benefit from same GM standards. It was also recommended that a GM approach to procurement in Orthopaedics was supported.

The JCB were requested to endorse the recommendations from the ISCP Board to support an overall revised approach to the consolidation of MSK/Orthopaedics activity on a more limited scale than anticipated in the initial model evaluated in March 2019. Furthermore, to support the uncoupling of the MSK/Orthopaedics workstream from the progression of the

other Models of Care in the ISC Programme and to adopt a different approach to secure Commissioner decision-making, with immediate effect.

The Board were requested to specifically support the consolidation of appropriate super-specialist clinical activity at the Wrightington Hospital within the Wrightington, Wigan and Leigh NHS FT and not to support any proposals for establishing Elective Orthopaedic Centres or Specialist Units.

In discussion members requested clarification that decoupling the MSK/Orthopaedics workstream would have no impact on the other models of care within the ISC programme. It was confirmed there were no co-dependencies.

Despite it being identified that there were low numbers that would be affected by the consolidation of appropriate super-specialist clinical activity at the Wrightington Hospital, confirmation that further consultation was not required was requested. It was advised that further guidance would be required as to whether or not consultation would be required.

Members sought further assurance that unwarranted variations would be addressed by the uncoupling of the MSK/Orthopaedics workstream from the progression of the other Models of Care in the ISC Programme. It was confirmed Orthopaedics had been identified as a GRIFT speciality and clinicians had begun to compile data to provide more insight and context around practice and challenges. However, it was recognised that further progression would be required.

It was highlighted that not providing support for any proposals for establishing Elective Orthopaedic Centres or Specialist Units may have an impact for future models within the ISC programme. At this stage it was not anticipated or understood that other models would be affected by this decision. However, members were advised that the models were still subject to pre consultation business case which may cause further decision making changes.

The Chair of the GM Directors of Commissioning confirmed support for the recommendation to support the uncoupling of the MSK/Orthopaedics workstream and adopt a different approach to secure Commissioner decision-making, with immediate effect.

Members requested confirmation that modelling of public transport for accessibility for patients and visitors had been undertaken. It was confirmed this had been undertaken out as part of the modelling and it was acknowledged that this may need to be addressed as part of the consultation.

RESOLVED

1. That support be provided for the progression of the Model of Care for Respiratory services directly to a decision-making business case (DMBC) in July 2020.
2. That on behalf of Greater Manchester, support be provided for an overall, revised approach to the consolidation of MSK/Orthopaedics activity from the counterfactual provision on a more limited scale than anticipated in the initial Model of Care, evaluated in March 2019.
3. That support be provided for the uncoupling of the MSK/Orthopaedics workstream from the progression of the other Models of Care in the ISC Programme and to adopt a different approach to secure Commissioner decision-making, with immediate effect.

4. That confirmation be provided to specifically support the consolidation of appropriate super-specialist clinical activity at the Wrightington Hospital within the Wrightington, Wigan and Leigh NHS FT.
5. That any proposals for establishing Elective Orthopaedic Centres or Specialist Units not be supported.

GMJCB 06/20

HOMELESS HEALTHCARE AND 'A BED EVERY NIGHT'

Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning introduced a report which provided an update on work undertaken since the Joint Commissioning Board in June 2019, where an investment of £1m was agreed into emergency rough sleeper programme 'A Bed Every Night' (ABEN).

Helen Simpson, Strategic Relationship Manager (Housing), GMHSCP, informed the Board that the agreed investment into ABEN was set in the context of utilising the 12 month period to bring together a better quality, formalised model of provision. Furthermore, from a health system perspective, to support an iterative improvement process, amass understanding of current practice, identify where GM input adds value and develop a longer term plan which would develop a more preventative offer.

The update provided an overview of activity and also looked at beginning a process which would describe the position of JCB in relation to any further investment or collaboration on homelessness and health.

It was reported that as the work had developed and progressed over the initial six-month period, the requirement to review and confirm any future commitment was imperative in order to be proactive in setting out the intentions as a health system, including any future investment.

Members of JCB were requested to consider with colleagues in their locality, what a health response should look like for ABEN and rough sleepers with complex needs. Additionally, what would worthy homelessness prevention look like in each locality and based on local understanding of need, what should be the GM priorities. Members were advised to use the responses to those questions to inform and facilitate discussion at the February meeting of the GM Joint Commissioning Board Executive.

RESOLVED

1. That the content of the report and the progress made through the Health and Wellbeing Task and Finish Group be noted.
2. That further consideration be provided to the questions included in the paper which would be used to facilitate a further discussion at the February meeting of JCB to review any future investment arrangements and commitment from the health system to tackling homelessness.

GMJCB 07/20

ESTABLISHING AN INTEGRATED GREATER MANCHESTER SEXUAL AND REPRODUCTIVE HEALTH SYSTEM

Sarah Price, presented a report which requested agreement to a decision-making process to enable the progression of a programme to develop a Greater Manchester Sexual and Reproductive Health System that was more integrated, comprehensive and consistent.

It was noted that GM had an unparalleled opportunity for whole system reform which would require a whole system approach to decision making. The future ambition and model along with the phased approach to strengthen community provision and self-care and transform specialist care were outlined.

In considering the function of the JCB as the system decision taker in relation to the progression of a programme to develop an Integrated Greater Manchester Sexual and Reproductive Health System, members highlighted the responsibilities and role of the governance structure including Directors of Commissioning.

Members requested further clarity with regards to the scale of delegation of commissioning decisions for aspects of sexual and reproductive health. It was suggested that while a case for delegating specialised commissioning decisions for HIV services in GM to the JCB seemed understandable, the development of agreed common standards to commission locally appeared to be the direction for other services.

Members agreed with the steps required to enable decisions to be taken, but highlighted that the complexities of commissioning in the localities was not reflected. It was therefore suggested that given the awareness of the difficulties in localities, the time frame suggested was very ambitious. It was implied that detail and opportunities for localities to define their services was not well-defined. Further clarity with regards to the scrutiny of the decision making was also requested.

In support of the principle to develop an integrated GM Sexual and Reproductive Health System, members recognised that the level of detail would become more complex and proposed therefore that the role of the JCB should be more explicit. It was suggested that the vision of what the need was for people, access and outcomes should be fundamental beyond integration. It was recognised that a GM digital offer would be welcomed. Further consideration as to how integration would fit with both secondary and primary care was identified and the need for community focus integrated within the neighbourhood model. Further engagement and coproduction of services with the VCSE was suggested.

The programme was recognised as a test case for the JCB to address the fundamental JCB decision making governance requests. The balancing of pace along with ensuring processes and systems were correct for future decision making was identified.

The diversity of communities across the conurbation was identified and localities emphasised their desire to have a role in the design of services and offer in order to reflect the local need of the communities.

It was agreed that further dialogue with regards to delegation would be required. It appeared apparent that it would be necessary to make some joint decisions for services at GM level to roll out across localities, for example the digital offer. It was advised that there

were some aspects of care which were currently provided in a secondary specialist care setting which would be better provided at locality level from a variety of different providers including primary care, pharmacy and the VCSE. It was proposed that rather than imposing a GM provider on localities, a foundation of standards and expected outcomes would be developed for the conurbation. It was confirmed that most localities were already working in groups and some of these contracts were coming to an end. Therefore, there would be an opportunity for commissioners to improve the provision of sexual health services, set standards for social value and support the VCSE in delivery.

It was suggested that next steps would include providing further detail of what may be proposed for consideration to do at GM and locality level. Additionally, an in-depth session with groups represented on the Strategic Commissioning Group and lead members was proposed.

In summary, the Chair thanked members for the helpful discussion. He agreed that the implementation of an integrated Greater Manchester sexual and reproductive health system would be a test case for the JCB in the future. He proposed therefore, that the recommendations within the report were not approved as further work with the relevant groups would be required. It was suggested that once more detail was known, there would be potential to utilise one of the quarterly Joint Commissioning Board development sessions prior to receiving a business case.

RESOLVED

1. That further work be undertaken with regards to the scope and role of JCB and localities as system decision-takers to the progression of a programme to develop an Integrated Greater Manchester Sexual and Reproductive Health System.
2. That the potential to utilise a quarterly development JCB session to enable those decisions to take place be further considered.
3. That further work be progressed prior to final business proposals being presented to the JCB.

GMJCB 08/20

GM PRIMARY CARE STRATEGY AND IMPLEMENTATION PLAN WITH THE GM PRIMARY CARE WORKFORCE STRATEGY

Sarah Price introduced a paper to seek approval of the Greater Manchester primary care strategy and primary care workforce strategy. Members were informed that GM launched its five-year primary care strategy in early 2016 and the refreshed primary care strategy builds on previous successes. Despite being close to the end of the current primary care strategy, it was considered appropriate to review and reflect on progress in the context of neighbourhoods, place-based working and the publication of the NHS Long Term Plan. Therefore, the refreshed strategy illustrated the future for primary care within the context of place-based, neighbourhood working.

It was advised that the primary care workforce strategy set out a vision for the primary care workforce as one of the key enablers to achieving the Greater Manchester ambition. The operational oversight of the primary care strategy implementation plan would be through

the *GM Primary Care Strategy Implementation Group*, which would commence from February 2020. The oversight of the Primary Care Workforce Strategy would be through the Primary Care Workforce Core Steering Group, which reports into the Strategic Workforce Collaborative Board.

The Board welcomed the update and suggested that further detail which emphasised the appetite and enthusiasm within neighbourhoods be captured to develop stability and attract workforce to primary care. The significance of retaining the existing experienced workforce along with the potential to maximise the community pharmacy relationship to manage the flow of medicines from a financial and clinical perspective was recognised.

Members accepted the implementation plan contained a number of proposals and requested further clarity with regard to the decision making process of allocations of any additional funding. It was therefore suggested that subject to agreement and understanding, the revised Primary Care Strategy and implementation plan for Greater Manchester be delegated to the Directors of Finance, Chief Finance Officers and Commissioning Leadership Group (CLG) to further consider the financial allocations and process. It was suggested that CLG should be requested to provide assurance that the implementation plan could be delivered if funded.

It was confirmed that Chief Finance Officers and Directors of Commissioning had considered the strategy and implementation plan and had conferred that commitment could not be made with regards to funding. Broad support had been recommended, but due to complications with funding, each proposal would need further consideration and explicit agreement on a case by case basis. It was confirmed that there was a recognition within the report that there was no financial commitment from CCGs and they would implement as appropriate. It was further noted that any new monies allocated to GM as part of the STP would be the focus of a workshop at the end of January 2020 to consider what would be retained at a GM and locality level of which primary care was included.

It was suggested that the funding stream for implementation should be delegated to the CLG. However, it was recognised that some funding, for example for Primary Care Network development would be dictated nationally and contractually paid directly to practices.

Time scales for the implementation of primary care workforce strategy were requested and it was agreed that further information on the delivery aspects of the workforce strategy would be provided at a future meeting.

The Board noted the progress to date and agreed to support the revised Primary Care Strategy and Primary Care Workforce Strategy. However, it was agreed that next steps would be to provide further information with regards to the implementation plan once further detail is developed prior to the JCB providing approval. The ambition to move towards a standard 15 minute consultation for GP patients was identified as a potential outcome of the implementation plan.

RESOLVED

1. That the progress to date be noted.
2. That the revised Primary Care Strategy be supported.
3. That the Primary Care Workforce Strategy be supported.
4. That the next steps proposed be agreed.
5. That further detail with regards to the implementation plan for Greater Manchester be developed and presented to the JCB for approval.
6. That further information on the delivery aspects of the workforce strategy be provided at a future meeting.
7. That the ambition to move towards a standard 15 minute consultation for GP patients be noted.

GMJCB 09/20 SUMMARY UPDATE REPORT FROM THE GM 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 met on the 19 November and 17 December 2019.

It was noted that going forward, further updates from the JCB Executive would continue to be provided. Remembers were reminded of the revised cycle of meetings, with all members being invited to each of the monthly meetings from January 2020. It was confirmed that a partner to run the development sessions, the first of which was scheduled for 17 March 2020 had been appointed.

RESOLVED

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

HSCJCB 51/19 ANY OTHER BUSINESS

There were no items of any other business.

HSCJCB 52/19 DATES OF FUTURE MEETINGS

Tuesday 21 April 2020

Tuesday 21 July 2020

Tuesday 20 October 2020

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