

GM JOINT COMMISSIONING BOARD

MINUTES OF THE MEETING HELD ON 18 JUNE 2019 AT GMCA OFFICES, CHURCHGATE HOUSE, MANCHESTER

Bolton	Councillor Susan Baines Dr Wirin Bhatiani Su Long
Bury	Geoff Little
Manchester	Dr Ruth Bromley Ian Williamson
Oldham	Councillor Abdul Jabar Dr John Patterson Carolyn Wilkins
Heywood, Middleton and Rochdale	Dr Chris Duffy Steve Rumbelow
Salford	Dr Tom Tasker (Chair) Steve Dixon Anthony Hassall
Stockport	Councillor Tom McGee Dr Catherine Briggs Noreen Dowd
Tameside	Councillor Brenda Warrington Dr Ashwin Ramachandra Steven Pleasant
Trafford	Councillor Jane Slater Martyn Pritchard
Wigan	Councillor Keith Cunliffe Dr Tim Dalton
GM Commissioning	Rob Bellingham
GMCA	Lindsay Dunn Liz Treacy
GM Directors of Commissioning	Margaret O'Dwyer

GM Health and Social Care Partnership	Stephen Kennedy Sarah Price
GM Mayor	Andy Burnham
Mayor's Office	Kevin Lee
NHS England	Tim Barton

HSCJCB 12/19 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.

Apologies for absence were received from the following;

Eamonn Boylan (GMCA), Councillor Bev Craig (Manchester City Council), Dr Sally Johnston (Trafford CCG), Councillor Sean Fielding (Oldham Council), Councillor John Merry (Salford City Council), Sarah Rowbotham (Rochdale Council), Jon Rouse (GMHSCP), Dr Jeff Schryer (Bury CCG), Councillor Rishi Shori (Bury Council) and Councillor Andrea Simpson (Bury Council).

HSCJCB 13/19 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

Members were advised that following the recent local elections, Councillor Linda Thomas has stepped down from her role as Co-Chair of the Joint Commissioning Board. On behalf of the Board, Dr Tom Tasker thanked Councillor Thomas for her contribution and leadership in establishing the JCB.

It was reported that a nomination had been received for Councillor Brenda Warrington, Tameside Council to be elected to the role of Co-Chair. Members were invited to support the nomination, which will be formally ratified at next month's JCB Annual General Meeting confirming membership and receiving the reviewed Terms of Reference.

Councillor Susan Baines, Bolton Council and Councillor Jane Slater, Trafford Council were welcomed as new members of the Board.

It was announced that Rob Bellingham has been appointed to the role of Managing Director of the GM Joint Commissioning Team. On behalf of the JCB, the Chair congratulated Rob on his appointment and offered support in this important new role.

HSCJCB 14/19 DECLARATIONS OF INTEREST

Liz Treacy, GMCA Solicitor and Monitoring Officer declared a personal interest in agenda item 5 – Homeless Healthcare 'A Bed Every Night' as a Trustee of the GM Mayor's charity.

RESOLVED

That the personal interest of Liz Treacy, GMCA Solicitor and Monitoring Officer in agenda item 5 – Homeless Healthcare ‘A Bed Every Night’ as a Trustee of the GM Mayor’s charity be noted.

HSCJCB 15/19 MINUTES OF THE JCB MEETING ON 19 MARCH 2019

The minutes of the meeting held on 19 March 2019 were submitted for consideration.

Further clarification was provided by Rob Bellingham under minute HSCJCB 08/19 – Improving Specialist Care Programme: Neuro-Rehabilitation Services Update. It was advised that all business undertaken by the JCB is categorised as Level A or Level B business in accordance with paragraph ten of the JCB Terms of Reference. It was reported that the paper published on 14 March 2019 and considered at the meeting of the JCB on 19 March was incorrectly categorised as relating to “Level A” business. The item should have been categorised as relating to “Level B” business as set out in section ten of the JCB Terms of Reference.

RESOLVED

1. That the JCB be advised and note that the Improving Specialist Care Programme: Neuro-Rehabilitation Services Update published on 14 March 2019 and presented to the JCB on 19 March was incorrectly categorised as relating to “Level A” business.
2. That the JCB be advised and note that the Improving Specialist Care Programme: Neuro-Rehabilitation Services Update published on 14 March 2019 and presented to the JCB on 19 March item should have been categorised as relating to “Level B” business as set out in section ten of the JCB Terms of Reference.
3. That the minutes of the meeting of the GM Joint Commissioning Board held on 19 March 2019 be approved as a correct record.

HSCJCB 16/19 HOMELESS HEALTHCARE AND ‘A BED EVERY NIGHT’

Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning introduced a report that which had been prepared at the request of the GM JCB at their meeting on 19 March 2019. The report set out a proposal in support of short term financial investment into rough sleeper provision, ‘A Bed Every Night’ (ABEN) and an aspiration for longer term commitment to better support the health needs of people experiencing homelessness.

Members were provided with an overview of the co-productive design to continue the commissioning of sustainable health and care services for people experiencing homelessness and the next phase of ‘A Bed Every Night’ programme. In doing she thanked Helen Simpson, Strategic Relationship Manager (Housing), GM Health and Social Care Partnership and colleagues in the GMCA for providing a reflective approach on the aspirations of proposals.

Some of the experiences of people subjected to homelessness were provided to the Board. Members were advised that although homeless people may not access and engage with services in a similar way to others, they do care about their health. It was however recognised that there are barriers which can result in the system not always delivering in the right way at the right time. It was proposed that by making system changes to address the barriers for the population experiencing homelessness there were further opportunities to deliver for other vulnerable isolated groups in communities.

The cost benefit analysis of the programme was highlighted and it was recognised that in the short term additional investment may be required to reduce the overall long term cost of homelessness. An example of the partnership co-produced hub and spoke model adopted by Manchester was outlined to the Board. It was further advised that there are good examples of health care provision for the homeless population across GM. It was acknowledged that the appreciation of homelessness should be widened to include families and through prevention pre-empt the issues that result in vulnerable people becoming homeless including domestic abuse.

Dr Cath Briggs, Clinical Chair, Stockport CCG, resonated thanks to GMCA for the collective work developing the programme. She provided examples of some of the frustrations experienced as a GP in providing access to healthcare for the homeless. Good examples of collaboration across a pathway which includes health, housing and social care were emphasised. The opportunities for a pathway to collaborate differently to prevent homelessness were identified.

Martyn Pritchard, Accountable Officer, Trafford CCG asked the Board to consider an investment into ABEN Phase 2 for a 12 month period from 1 July 2019 to 30 June 2020 and advised that £1m from CCG Strategic Levy has been considered and approved by GM CCG Chief Finance Officers. He confirmed to members that the allocation will be tied to an assurance process. The report detailed revisions to the current provision that would bring together a more formalised model that better met the needs of those who accessed it. The purpose of the second 12 month phase would be to support this iterative improvement process, amass understanding of current practice and use this to develop a longer term plan.

Steve Dixon, Chair of GM Chief Finance Officers confirmed that the sum requested was available from the CCG Strategic Levy and a balance of £1.5m remained which will continue to be monitored on a monthly basis. The long term funding position for the programme was questioned. It was advised that at this stage, JCB are requested to provide non recurrent funding whilst the model is being developed. It was proposed that the long term financial planning request of the JCB to consider and approve recurrent funding will be when there is further assurance that the model is the correct one. Furthermore, the significant charitable investment into the programme was not known at this stage.

Dr Wirin Bhatiani, Clinical Chair, Bolton CCG welcomed and supported the proposal and highlighted the initiatives across localities to prevent and support people who have become homeless. He recognised that the evidence of supporting the health and wellbeing of people experiencing homelessness is both clear and compelling. It was proposed that the

programme should be a key part of the commissioning strategy in order to address the health inequalities in localities and across GM. He offered support for the long term plan to focus on prevention and early help rather than just providing crisis intervention. The initiative was recognised as a catalyst to develop GM standards to address the variation.

Anthony Hassall, Accountable Officer, Salford CCG thanked report presenters for the examples which brought the paper to existence. He requested that a further update be provided to the JCB in six months' time to assist with forward planning.

Ian Williamson, Accountable Officer, Manchester Health and Care Commissioning recognised the significance of joint working for the delivery of improvements between the JCB, GMCA and other partners. It was acknowledged that in order to support the long term discussions with regards to services and funding, quarterly updates to the Commissioning Leadership Group will assist in supporting progress. Escalation to the JCB should be considered if there are any obstacles and it proves necessary.

On behalf of the Chief Officer, GM Health and Social Care Partnership (GMHSCP), Sarah Price, Executive Lead, Population Health and Commissioning explained that alongside the request to locality commissioners, GMHSCP have proposed that an investment of £0.5m of Transformation funding to support the extension ABEN through Q1 2019/20 to allow time for this approach to be developed with JCB colleagues. This will be followed by an additional investment of £0.5m on agreement of the revised model to support delivery over the 12 month period, 1st July 2019 to 30th June 2020. The proposal will be presented to GM Health and Care Partnership Executive Board on 21 June for endorsement.

In offering support for the proposal, Steve Rumbelow, Accountable Officer, Rochdale CCG requested that the JCB recognise the financial pressure of funding in the context of competing priorities. The long term cost of not providing the funding for the programme was described as more costly by Councillor Keith Cunliffe, Portfolio Holder for Adult Social Care, Wigan Council.

On behalf of Oldham locality, Deputy Leader Oldham Council Abdul Jabbar offered support for the proposal and suggested that the six monthly update includes alternative considerations for delivery.

The GM Mayor, Andy Burnham was invited by the Chair to provide comment on the proposal. He recognised and thanked the individuals responsible who have worked on the proposition and echoed that the proposal was the start of a journey. He highlighted that ABEN is devolution in action as partners embrace and move towards a population health system. He confirmed that Greater Manchester Police and the Ministry of Justice would provide contribution to the scheme alongside the charitable contribution and that from the JCB and GMHSCP. The Mayor explained that homelessness is broader than a health issue and highlighted the importance of housing first as a basis for better health and education and support for the vulnerable. He thanked the Board and colleagues in the GMHSCP for the quality of support and input into 'A Bed Every Night' programme.

RESOLVED

1. That the investment proposition for funding of £1m, from CCG Strategic Levy to support the implementation of Phase 2 ABEN and the associated model of care be approved.
2. That the continuation of support and leadership to longer term work on homeless healthcare be agreed.
3. That the following officers Dr Cath Briggs, Clinical Chair, Stockport CCG, Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning and Martyn Pritchard, Accountable Officer, Trafford CCG be nominated and approved for membership on the GM Homelessness Programme Board.
4. That the Commissioning Leadership Group receive quarterly updates on the progress of the proposal.
5. That the GM Joint Commissioning Board receive a further update in six months on the progress of the proposal.

HSCJCB 17/19 IMPROVING SPECIALIST CARE: NEURO-REHABILITATION FULL BUSINESS CASE

Steve Dixon, Chief Finance Officer and Deputy Chief Accountable Officer, Salford Clinical Commissioning Group/Commissioning Lead for Neuro-Rehabilitation, introduced a report and clarified that it was categorised as relating to 'Level B' business as set out in the JCB terms of reference, section 10. Rob Bellingham, Managing Director, GM Joint Commissioning Team provided clarity with regard to Level A and B business as set out in section 10 of the current JCB terms of reference.

The report presented the full business case for the acute neuro-rehabilitation services in Greater Manchester. The report also provided additional assurance that JCB requested on four main areas:

- Equality impact assessments.
- Travel impact assessment.
- Community neuro-rehabilitation services in each locality.
- Financial analysis.

The Board was invited to consider the content of the full business case, as well as considering the additional assurance provided on the four specific points set out above.

In doing so, the Board was asked to note that legal advice had been taken on the process undertaken to date and that advice had confirmed that the process followed had been thorough. It was noted that no material risks had been identified from the process to date or in the recommendations.

It was reported that acute neuro rehabilitation beds will remain at the existing four sites in GM. However, some site configuration will change as additional investment is provided for additional staffing and funding in the NHS in order to be less reliant on out of area independent sector care. It was advised that all ten localities are committed to implement the community pathway. However some risks to implementing the community standards

have been raised by some localities, in particular the potential lack of available workforce and anticipated timescales to recruit. This will be monitored throughout the implementation phase.

The estimated total spend for commissioners for the current acute inpatient neuro rehabilitation pathway in Greater Manchester is £25m and the new model is expected to cost around £24.1m. The total cash releasing financial saving is around £1.1m, being around £0.9m on inpatient spend and a further £0.2m reduction in outpatients. In relation to capital costs, it was acknowledged that there is no capital available at national or GM level. It was advised that in relation to the Salford Royal site, Salford CCG and Salford Royal have agreed to find a local solution to accommodate additional specialist patients. The lack of capital investment available was highlighted as a potential consideration for future Improved Specialist Care Programme models of care.

It was reported that the business case has been presented at a number of meetings across Greater Manchester. A summary of the discussions and amendments made to the business case as a result of this engagement process were included at Appendix 1 of the report.

Members' attention was drawn to the fact that some elements of the proposal set out in the full business case related to elements of the specialised commissioning portfolio, (described as 'tier one' services), which had been delegated by the Board of NHS England to the Chief Officer of the GM Health and Social Care Partnership. Therefore, the proposal required the support of both the JCB and the Chief Officer of the Health and Care Social Partnership. The Chief Officer had been furnished with the same information for consideration as the JCB and on his behalf and with delegated authority, Sarah Price, Executive Lead Population Health and Commissioning confirmed the Chief Officer's support for the recommendation.

On behalf of Tameside and Glossop, Accountable Officer Steven Pleasant offered support for the business case and requested that the comments of those engaged in the process, for example Directors of Finance and Commissioning are provided to the JCB members for consideration for the future models of care business cases. With regard to the community offer and standards going forward he recognised the importance of all ten localities collectively supporting each other to deliver the standards rather than part of a NHS assurance process.

Anthony Hassall thanked Steve Dixon and other colleagues involved in the complex piece of work to develop the business case and highlighted the reliance on the development of the community pathway. He endorsed the proposal and highlighted that this was the test bed for other possibly more contentious decisions of the Improving Specialist Care Programme.

Dr Ruth Bromley acknowledged the specialist role of individuals delivering health and care for neuro-rehabilitation patients and highlighted the finite workforce issue that may have an impact on all localities particularly in the community. Further ambitions to adopt sophisticated quality impact assessments which includes financial hardship for marginalised populations was considered to be both positive and proactive.

Dr John Patterson, Clinical Chair, Oldham CCG reiterated the issues with regards to the workforce issues and requested that Directors of Commissioning support a process of co-ordination of the workforce across the localities.

As the models of care have critical co-dependencies, for transparency, members requested further detail with regards to the cost for the future models of care for the Improving Specialist Care Programme. It was acknowledged that the report does not refer to the significant additional investment in community services across the ten localities in GM which is in the region of £4-5m.

In summary and on behalf of the JCB, the Chair thanked Steve Dixon for the report and the assurance provided in respect of the key issues initially raised at the JCB meeting in March. The challenge around the community aspect of the proposal was acknowledged and it was suggested that the Commissioning Leadership Group provide further consideration to support localities in delivering this aspect. The investment of funding into the NHS in GM rather than into the independent sector outside of GM was regarded as a positive move for GM as a whole and patients and families.

RESOLVED

1. That the contents of the report, in particular the additional assurance that JCB requested in relation to equality impact assessments, travel impact assessment, community neuro-rehabilitation services and the financial impact be noted.
2. That the full business case for acute neuro-rehabilitation services, specifically approving the elements relating to CCG commissioned services and expenditure be approved.

HSCJCB 18/19 IMPROVING SPECIALIST CARE (ISC) PROGRAMME UPDATE

Anthony Hassall, Accountable Officer, Salford CCG/Commissioning Lead and Dr Christina Walters, Programme Director, Improving Specialist Care Programme, GM Health and Social Care Partnership introduced a report that firstly summarised the outcome on JCB options appraisal sessions for GM Models of Care held on 21 May 2019 and secondly, outlined the further work initiated in advance of the JCB meeting in July 2019, namely the production of supplementary information on breast service site options. Members were advised that the ISC Board's recommendation is that the JCB begin to phase the programme and prioritise specific models of care and their service options.

Tim Barton, Senior Manager, Intervention and Support, NHS England – North provided the JCB with a presentation which outlined the what, why and how of the service change process overseen by NHSE/I. It recognised that the objectives of service change should be to achieve a fundamental improvement in the quality and sustainability of services in a way which gains the support of patients, staff and the public.

It was noted that the assurance process aims to help organisations progress complex programmes of service change and mitigate risk of successful challenge through the application of a best practice approach.

It was reported that NHSE expects all service change proposals to satisfy the government's four tests for service change plus NHSE's test for proposed be closures. The extent of the assurance required will be proportionate and should not place additional burden on programmes.

The tests for service change, the extent of the assurance, the process, financial robustness and the support available was outlined to the JCB.

Geoff Little, Accountable Officer, Bury CCG asked if the process outlined was mandatory and clarification on how it fits with the GM devolution accountability agreement. It was outlined that as part of the services changes at GM level there is the requirement that changes at locality level fit with wider changes for example with community services.

It was clarified that NHS England's view is that the service change process is commissioner led and aligned with commissioning intentions. Commissioners are expected to go through the assurance process prior to consultation to ensure system support. It was advised that the fit with devolution has been discussed with the GMHSCP and it has been agreed that NHSE/I will continue to apply the same process and work with GM. With regards to community services it was acknowledged that any service changes are underpinned by the correct infrastructure in primary and community services. It was clarified that the roadmap within the presentation incorporates all stages of the work and there are no extra phases.

Clarity with regards to the authority of service change decision making was discussed and it was confirmed that the arrangements for the oversight of major service changes have iterated over recent years. It was considered that ultimately, CCG's in GM would be responsible for making decisions although there maybe an element of delegated decision making when specialised commissioning is part of the process as in the case of neur-rehabilitation services. It was confirmed that the methodologies of the NHSE/I process are there to provide further reassurance and minimise the risk of any legal challenge.

On behalf of Manchester Health and Care Commissioning, Ian Williamson thanked Anthony Hassall for the update provided and the opportunity to discuss further at locality level. He provided members with an overview of the Healthier Together process and acknowledged that the application of the NHSE/I assurance process was in part responsible for the positive outcome of the judicial review with regard to Healthier Together.

Noreen Dowd, Interim Accountable Officer, Stockport CCG and Su Long, Accountable Officer, Bolton CCG reminded members of the JCB the reasons for undertaking the programme and the recent decisions in Stockport and Bolton with regards to breast services that have had to be taken in an unplanned way in order to keep services safe and sustainable.

Tim Dalton, Clinical Chair, Wigan CCG agreed that pace and prioritisation was required but highlighted the importance of the fact that where consultation is required that consideration is given to the language used in the communication and engagement to avoid appearing as a decision has already been reached. The interdependencies of the pathways

was highlighted as an important consideration for all models of care to ensure there are resilient health and care systems to avoid destabilisation.

RESOLVED

1. That the report and the requirements it set out be noted.
2. That ongoing support for this work to proceed be confirmed.

HSCJCB 19/19 GREATER MANCHESTER CORPORATE SERVICES DELIVERY VEHICLE UPDATE

Stephen Kennedy, Financial Strategic Lead, GM Health and Social Care Partnership presented a report that provided the JCB with an update on the purpose and the updated governance arrangements for the GM Corporate Services Delivery Vehicle (CSDV).

The paper advised that the proposed governance would be different at day 1 (the proposed soft launch) and April 2020, when formal transfer would take place.

The report also included a description of the proposed relationships between the CSDV, the customers, investors and the host.

The due diligence required for East Lancs Financial Services (ELFS) had been completed, and had been reviewed at the ELFS Board, which took place on 31 May 2019.

The paper was being presented through all relevant governance for GMSS, ELFS, and GM Health and Social Care Partnership:

- Theme 4 Executive Board – 30 May 2019.
- ELFS Management Board – 31 May 2019.
- GM Health and Social Care Partnership SMT – 4 June 2019.
- Joint GM CFO and Dof meeting – 11 June 2019.
- JCB – 18 June 2019.
- PEB – 21 June 2019.
- SRFT Board – TBC.

With regards to the hosting process, packs had been sent out to interested parties, with responses requested by 6 June 2019. A panel meeting was scheduled for 14 June 2019 after which a decision would be made on the new host.

Members were specifically reminded that the 'Strategic Proposal for GMSS to transfer into the new CSDV' was discussed by Chief Finance Officers in October 2018, and subsequently approved at the JCB meeting in October 2018, that GMSS could transfer into the new CSDV. Until the formal transfer into the new CSDV and a new host was identified, it had been confirmed that NHS Oldham CCG would continue to host GMSS on behalf of the GM CCGs.

It was confirmed that the target for a reduction in operating costs was 2% from year three which equates to £1.5m. Members requested further clarification with regards to how assurance and risk was being managed. It was confirmed that a detailed transition action

plan has been developed and the performance and accountability of GMSS is managed through Oldham CCG. Furthermore the governance and performance is scrutinised both through the Corporate Services Board and Theme 4 Executive Board.

RESOLVED

1. That the update following previous JCB approval for GMSS to transfer into the new CSDV be noted. Further discussions would take place with CFOs regarding widening investment opportunities.
2. That the ELFS had agreed to be transferred into the new CSDV be noted.
3. That the update regarding the hosting arrangements be noted and the Board endorsed that NHS Oldham CCG would continue to host GMSS until 1 April 2020.
4. That the proposed governance arrangements from day 1 (the proposed soft launch) and April 2020, when formal transfer would take place be endorsed.
5. The update with regards to the investment into the CSDV be noted.

HSCJCB 20/19 SUMMARY UPDATE REPORT FROM THE GM JCB EXECUTIVE

An update report from the Joint commissioning Board Executive was introduced by Rob Bellingham, Managing Director, GM Joint Commissioning Team. He reminded members that in the months where the full JCB did not meet, a JCB Executive meeting would be held. To ensure proper connectivity from the Executive to the Board it was proposed that each meeting of the JCB would receive a summary of the work done via the Executive.

RESOLVED

1. That the JCB note the report and confirm the actions and agreements made at the JCB Executive.
2. That the Board agree that further updates from the JCB Executive will continue to be provided going forward.

HSCJCB 21/19 DIRECTORS OF COMMISSIONING MONTHLY HIGHLIGHT REPORT

Margaret O'Dwyer, Director of Commissioning and Business Delivery and Chair of GM Directors of Commissioning (DOC's) introduced the highlight report that provided a quarterly update on business discussed and agreed at the Greater Manchester Directors of Commissioning meetings that took place between March 2019 and April 2019.

The report referenced decisions taken following receipt of recommendations from the two Groups which report to it: Effective Use of Resources Policy and the Clinical Standards Board (Greater Manchester Medicines Management Group).

The Board were informed that Directors of Commissioning have maintained oversight of local developments in respect of community neuro-rehabilitation services which will complement the changes in the hyper acute centre and at the intermediate units.

With regard to the work undertaken on the Commissioning Review – 100 day plan and recommendation 9, the future arrangements for the Directors of Commissioning, it had been agreed that a small working group would review functions. Both groups will also form part of a Task and Finish group to decide what services should be commissioned at a GM level in response to recommendation 6. Members were advised that the Task and Finish Groups are now established and the proposals will be reported in next month's highlight report.

Members considered the critical role of the Directors of Commissioning Group and that the work undertaken is aligned and supportive of the work of JCB. A forward plan of the priority work of DOCs was suggested. The opportunity for the CLG to align to the work of DOCs and report to the JCB was recommended.

Members reflected on the Urgent and Emergency Care performance standard acknowledged the significant pressures on the system and the potential role and oversight of the JCB in this regard along with cancer and mental health.

RESOLVED

That the content of the highlight report be noted.

HSCJCB 22/19 DATES OF FUTURE MEETINGS

Tuesday 16 July 2019
Tuesday 17 September 2019
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.