



Paper A

Joint Committee of Clinical Commissioning Groups

Meeting held 4 October 2016, 9:30 – 10:30 am, Doncaster CCG Boardroom

Decision Summary for CCG Boards

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| 1 | Joint Committee of Clinical Commissioning Groups Governance Manual and Terms of Reference | |
| 21/16 | (a) that Steven Hardy would remain part of the Joint Committee of Clinical Commissioning Groups (JCCC) membership as one of the lay member representatives until the STP had picked up pace and the remit of the group was readdressed outside of the two existing projects | STEVEN HARDY |
| | (b) that all participating Clinical Commissioning Groups would be reminded to ensure representatives were arranged to attend JCCC meetings if not able to attend, to ensure quoracy | WILL CLEARY-GRAY |
| | (c) that Jackie Pederson would approach Dr David Crichton regarding Vice Chairing the JCCC meetings | JACKIE PEDERSON |
| 2 | Children's Services – Acutely Ill Child Case for Change | |
| 22/16 | (a) that the case for change be amended to consider feedback from the Clinical Senate, from Provider executive meetings and from the JCCC to take to private governing body and trust board meetings in November and for sign off at JCCC in December | KATE LAURANCE |



**Minutes of the meeting of Joint Committee of the Clinical
Commissioning Group, held 4 October 2016, 9:30 – 10:30,
Doncaster CCG**

Present:

Lesley Smith, Accountable Officer, NHS Barnsley CCG
 Will Cleary-Gray, Programme Director, Working Together Programme
 Moira Dumma, Director of Commissioning Operations, NHS England
 Chris Edwards, Accountable Officer, NHS Rotherham CCG
 Steve Hardy, Lay Member
 Debbie Hilditch, Healthwatch Representative
 Alison Knowles, Locality Director, NHS England
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
 Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw CCG
 Mark Janvier, Head of Operations and Delivery, NHS England
 Jackie Pederson, Accountable Officer, NHS Doncaster CCG
 Dr Steve Lloyd, Clinical Chair, NHS Hardwick CCG
 Julia Newton, Director of Finance, NHS Sheffield CCG
 Dr Andrew Perkins, Clinical Chair, Bassetlaw CCG
 Maddy Ruff, Accountable Officer, NHS Sheffield CCG
 Lesley Smith, Accountable Officer, NHS Barnsley CCG
 Kate Woods, Programme Office Manager, Working Together Programme

Apologies:

Steve Allinson, Accountable Officer, NHS North Derbyshire CCG
 Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
 John Boyington, Lay Member
 Dr David Crichton, Clinical Chair NHS Doncaster CCG
 Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
 Pat Keane, Interim Chief Operating Officer, NHS Wakefield CCG
 Dr Julie Kitlowski, Clinical Chair, NHS Rotherham CCG
 Helen Stevens, Associate Director of Communications and Engagement, Working Together Programme
 Jo Webster, Chief Officer, NHS Wakefield CCG

| Minute reference | Item | ACTION |
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| 20/16 | <p>Minutes of the CWT board meeting held 7 June 2016</p> <p>The minutes were accepted as a true and accurate record.</p> | |
| 21/16 | <p>Joint Committee of Clinical Commissioning Groups Governance Manual and Terms of Reference</p> | |

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| | <p>The Joint Committee of Clinical Commissioning Groups (JCCC) were invited to comment on the governance manual and terms of reference.</p> <p>A discussion took place around lay membership. It was requested, in a response to a query raised around work outside that of the current projects, that would be part of the Sustainability and Transformation Plan (STP) geographical footprint, that SH remain a member of the JCCC until the STP picked up pace and major transformational change was taking place. SH agreed to this.</p> <p>The documentation circulated contained the scheme of delegation around the two existing Commissioners Working Together projects and any further delegation would require detailed discussions with GBs. There were no proposals beyond the limits of Children's Services and Stroke at this time for JSCC. Discussions had taken place at North Derbyshire and Wakefield Governing Bodies and the feedback received had been that those areas was that there was value as being part of the JCCC, in learning from experience, and being able to take joint decisions within context of the impact of the change of the two services. Therefore the JCCC was a committee of eight CCGs.</p> <p>It was noted that some areas were not represented at the session. As the group were meeting in a shadow form, this was acceptable for the meeting, however, in December, the terms of reference would be in effect. This would be addressed before the session in December to ensure quoracy.</p> <p>The JCCC considered the Terms of Reference.</p> <p>Membership</p> <p>The group noted that there would be one representative on behalf of Healthwatch for the footprint attending the meetings and would be confirmed as soon as possible.</p> <p>The JCCC discussed NHS England as a non-voting member. It was agreed that should the governance of the group was expanded beyond the two current projects the terms of reference would be reviewed. NHS England would be added as a nonvoting member to the manual.</p> <p>JCCC discussed local authority representation. The chief executives held a regular meeting and this group would be approached to suggest representatives for JCCC.</p> <p>After discussion it was agreed that these should be non-elected members.</p> <p>JSCC discussed the Chair of the meetings. Noting the principles of the collective committee, the benefits of a clinical Chair in terms of</p> | <p>STEVE HARDY</p> <p>WILL CLEARY- GRAY</p> |
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| | <p>knowledge and engagement of others, and that TM had been actively engaged in the children’s work as well as the STP it was agreed that TM would be the Chair of the meetings and this would be reviewed in 12 months.</p> <p>It was agreed that DC would be approached to be vice Chair subject to issues around clinical sessions and ability to attend the meetings. JP would discuss this with DC.</p> <p>WCG advised JCCC that a session had taken place with Provider Chairs and Chief Executives around future provision and working together. The JCCC must remain mindful of this and align.</p> <p>A discussion took place around moving beyond the two projects delegated to JCCC. It was noted that any proposed extension to remit would be discussed by individual governing bodies. Organisations would also be individually be signing up to STP governance. The emerging STP business cases would be the point at which a refresh of the manual was required.</p> | <p>JACKIE PEDERSON</p> |
| <p>22/16</p> | <p>Children’s Services – Acutely Ill Child Case for Change</p> <p>Documentation was circulated as work in progress, including a case for change, scenario appraisal and best practice review in the context of addressing acute care for Children’s Services across South Yorkshire. The documents had been developed through a number of clinical workshops to consider the self-assessments against national standards. The documentation was being considered by the Clinical Senate. A workshop was taking place in November around the opportunities and what model should be used to explore and take the work forward.</p> <p>JSCC noted an early view of the Clinical Senate that this work should not be looked at in isolation and should be considered alongside maternity care and neonates.</p> <p>A maternity work stream was part of the STP and developing a case for change around that.</p> <p>It was agreed that the impact on health inequalities would be addressed as part of the refresh of the documentation. It was also agreed that consideration be given to the role of general practice</p> <p>A concern was noted around slippage of timescales as the work aligned itself to the maternity and children’s work stream of the STP. JCCC noted that discussions had taken place in relation to maternity services with clinical leaders to move the work forward.</p> <p>An event had taken place bringing SY together in commissioners and providers of Maternity Services. A case for change was emerging on this.</p> <p>The JCCC discussed the footprint for this work. It was noted that</p> | <p>KATE LAURANCE</p> |

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| | <p>the maternity bid was being carried out on a South Yorkshire and Bassetlaw footprint around working together, acknowledging the geography may change.</p> <p>It was clarified that work on the surgery and anaesthesia would continue to plan. The acutely ill child work was the second element of children’s work stream commenced two years ago under the Working Together Programme. Given the feedback from the senate, it was anticipated that the Acutely Ill Child component of the work may align more to the STP.</p> <p>MD highlighted that the discussions must consider individual services but also the layering of services. The Acute discussions needed to be cognisant of the Yorkshire and Humber discussions on specialised services, particularly across Humber Coast and Vale STP.</p> <p>The JCCC recognised the local challenge around balancing work done in primary care and the collective work.</p> <p>It was agreed that revisions would be made to the documentation in line with Senate advice, and discussions are provider meetings. The documents would then be taken through private governing bodies over November and December and brought back to JCCC in December for approval.</p> | |
| <p>23/16</p> | <p>Public Consultation – stroke and children’s S&A</p> <p>JCCC noted that formal consultation had started for stroke and children’s.</p> <p>The significant efforts that had taken place to reach a position to confidently consult on the projects were recognised.</p> <p>Consultation would continue until 17 January 2017. All feedback from the consultation would be considered to determine the ultimate decision taken by JCCC.</p> <p>Learning from the consultation was noted around some issue embracing the messages from some originations, around being clear on the current state of services in terms of ability to meet standards.</p> | |
| <p>24/16</p> | <p>STP and 2017-18 operational and contracting guidance</p> <p>A summary of the guidance circulated on the 22 September was presented to the group. The STPs would now be part of the NHS future, how planning would be developed and how services would be commissioned and provided. There were a number of changes that were significant were part of the guidance, particularly the</p> | |

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| | oversight of the system; NHS E and NHSI will have a joint approach to enable the changes articulated within the STP. | |
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