



Paper A

Joint Committee of Clinical Commissioning Groups

Meeting held 6 December 2016, 9:30 – 11:30 am, Doncaster CCG Boardroom

Decision Summary for CCG Boards

1	Minutes of the Joint Committee of Clinical Commissioning Group meeting held 4 October 2016	
25/16	(a) that WCG would consider options around the meeting schedule for future Joint Committee of Clinical Commissioning Groups (JCCC).	WILL CLEARY-GRAY
2	Joint CCC governance manual and terms of reference	
26/16	(a) that MR and TM would ascertain further detail on the issues raised of Sheffield Governing Body members and work with WCG to address, all to note that any material changes to the manual would need to be taken back through all Governing Bodies. (b) that minor amendments be made to pages 27 and 35 on the manual to reflect discussions at the meeting	MADDY RUFF, TIM MOORHEAD WILL CLEARY-GRAY
3	Lay Member Representation	
27/16	(a) that a formal process would take place to recruit lay membership, coordinating both the JCCC with the South Yorkshire and Bassetlaw Sustainability and Transformation Plan Collaborative Board, for the lay member representatives to ensure links made into the existing lay members forum (b) that a discussion with CCG Directors of Finance would take place around funding this. (c) that an update would be shared and agreed virtually by JCCC	WILL CLEARY-GRAY WILL CLEARY-GRAY WILL CLEARY-GRAY
4	Children's services – Acutely Ill Child Case for Change	
28/16	(a) that the JCCC supported the case for change as outlined, and agreed to lead discussions within CCG governing bodies to support the case for change, support next steps and the development of options for sustainable services. (b) that a clear schedule of dates that the case for change was discussed at each governing body as well as trust board meeting would be documented by the Commissioners Working Together Programme Management Office	ALL KATE WOODS

5	South Yorkshire and Bassetlaw Sustainability and Transformation Plan Update	
30/16	(a) that all information regarding the Sustainability of Hospital Services review would be shared with JCCC	WILL CLEARY-GRAY
6	Strategic Commissioning Intentions	
31/16	(a) that JCCC supported the document and agreed to share with relevant colleagues within all organisations.	ALL



Minutes of the meeting of Joint Committee of the Clinical Commissioning Group, held 6 December 2016, 9:30 – 11:30, Doncaster CCG

Present:

Lesley Smith, Accountable Officer, NHS Barnsley CCG
 Will Cleary-Gray, Director of Sustainability and Transformation, SYB STP
 Chris Edwards, Accountable Officer, NHS Rotherham CCG
 Steve Hardy, Lay Member
 Debbie Hilditch, Healthwatch Representative
 Alison Knowles, Locality Director, NHS England
 Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
 Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw CCG
 Rachel Gillott, Deputy Director of Transformation, SYB STP
 Jackie Pederson, Accountable Officer, NHS Doncaster CCG
 Dr Steve Lloyd, Clinical Chair, NHS Hardwick CCG
 Dr Andrew Perkins, Clinical Chair, Bassetlaw CCG
 Maddy Ruff, Accountable Officer, NHS Sheffield CCG
 Lesley Smith, Accountable Officer, NHS Barnsley CCG
 Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together Programme
 Kate Woods, Programme Office Manager, Commissioners 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
 Andy Gregory, Accountable Officer, Hardwick CCG
 Pat Keane, Interim Chief Operating Officer, NHS Wakefield CCG
 Dr Julie Kitlowski, Clinical Chair, NHS Rotherham CCG
 Julia Newton, Director of Finance, NHS Sheffield CCG
 Jo Webster, Chief Officer, NHS Wakefield CCG

Minute reference	Item	ACTION
25/16	<p>Minutes of the Joint Committee of Clinical Commissioning Group meeting held 4 October 2016</p> <p>The minutes were accepted as a true and accurate record subject to an amendment to the Joint Committee of Clinical Commissioning Groups (JCCC) Terms of Reference, noted under item 26/16 on these minutes.</p> <p>The meeting dates for the JCCCs were discussed, noting that convening all Chairs had proven impossible in the past due to clinical working patterns. Consideration had been given to holding an evening meeting</p>	

	<p>however the consensus had been that this might not be appropriate as other colleagues would be requested on an adhoc basis to join the sessions to provide updates to the group. The JCCC considered alternating the day of the week to hold the sessions and noted the potential to lose consistency of representation. Deputy Chairs could also be considered to attend the meetings. Members present confirmed those Chairs not able to join were happy to proceed with representation from their AO present at the sessions.</p> <p>Consideration of all the options would take place outside the meeting.</p>	<p>WILL CLEARY-GRAY</p>
<p>26/16</p>	<p>Joint CCC governance manual and terms of reference</p> <p>The JCCC noted some issues raised from Sheffield Clinical Commissioning Group (CCG) around the voting for this group. It was noted that the right to veto had previously been discussed while developing the proposals and a consensus made that this was not the right approach for the JCCC. In response to discussions with Barnsley and recognising that all partners might not at any given point agree with proposed changes, it had been agreed that due diligence around all proposals would be made clear and reasoning behind decisions taken. It was noted that issues still remained within Sheffield CCG however. The group noted that moving forward consideration would be required around the direction of travel of the sustainability and transformation plan (STP) and that that JCCC should be a mechanism to action commissioning decisions around this.</p> <p>It was agreed that to move this forward, MR and TM would ascertain further detail on the issues raised by Sheffield members and work with WCG to address. Any material changes to the manual would need to be taken back through all Governing Bodies.</p> <p>For clarity, the timeline for the Sheffield issues were outlined; the manual had been agreed in principle at a private session of the Board and was to be taken for sign off at the next public session, however issues had been raised in the interim time between the meetings.</p> <p>Further minor changes to the manual were agreed by JCCC as:</p> <p>Page 27 – to remove the names of individuals and include positions only. Page 35 – to amend wording to state nominated deputy</p> <p>The JCCC discussed local authority (LA) representation, noting that John Mothersole would be taking a paper to a joint meeting in December.</p> <p>The previous minute was clarified, noting an amendment that the two LA representatives should read non-elected members rather than elected. This would be amended on the previous minutes.</p> <p>A discussion took place around managing conflicts for the role of representatives on this group. It was agreed that declarations of conflict must be made for each agenda item.</p>	<p>MADDY RUFF, TIM MOORHEAD</p>
<p>27/16</p>	<p>Lay Member Representation</p>	

<p>JCCC noted the previous discussions around lay representation for the meetings noting the question raised around the existing lay member representation being from Wakefield. The consensus had been that this was acceptable to all. A subsequent discussion had taken place outside of the meeting to revisit the fundamental questions around lay membership and connections back to governing bodies. Lay members were currently part of the non-voting members under the JCCC governance.</p> <p>WCG confirmed that a discussion had taken place with JB outside the meeting and JB had agreed his views could be shared with all: that the lay member representatives had originally been confirmed as part of an informal expression of interest and this approach had at the time suited the purpose of the group, however now that clarity was developing around its purpose and reflecting on STP and role of this group supporting STP ambitions, a more considered approach to developing and supporting lay membership on the group was required. JB had highlighted that he would be happy to continue to support this group and also had stated that the lay member representative did not necessarily need to be a GB one.</p> <p>Comments on this were welcomed.</p> <p>It was highlighted that the mechanisms to recruit lay representatives to the committee to support the business for the whole geographical footprint would need to be applied.</p> <p>The JCCC discussed the benefits of having an independently recruited representative without an institutional loyalty, as well as the benefits, knowledge and political understanding a GB lay member would bring.</p> <p>The group agreed that funding for this should be considered.</p> <p>It was noted that there was an existing process used for the Specialised Commissioning oversight Group that could be followed. The possibility of linking lay membership of this committee to STP Collaborative Partnership Board (CPB) was discussed.</p> <p>In response to a query it was noted that an informal forum existed for lay members to convene. This would be a useful group to be utilised to communicate and engage with.</p> <p>A discussion took place around the purpose and remit of the committee and committing resource for this if the remit developed outside of the scope of the Stroke and Children’s work. Consideration would be required around membership of the group as the STP progressed. It was noted that decisions should be linked to patient flow.</p> <p>It was noted that the value of engaging in a collaborative forum would be readdressed as the STP developed and workstreams were clear.</p> <p>The JCCC agreed that WCG would take forward;</p> <ul style="list-style-type: none"> - A formal process would take place to recruit lay membership, coordinating the JCCC with the SYB STP Collaborative Board - For the lay member representative to ensure links made into the 	<p>WILL CLEARY-GRAY</p>
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	<p>existing lay members forum</p> <ul style="list-style-type: none"> - A discussion with CCG Directors of Finance around resourcing this - Further information on this to be shared virtually for agreement when developed 	
28/16	<p>Children’s services – Acutely Ill Child Case for Change</p> <p>The JCCC noted the document that had been circulated and discussed previously alongside a series of clinical workshops to develop the evidence base and series of models to work further on options to provide sustainable care.</p> <p>JCCC were invited to comment.</p> <p>A comment was made that any data analysis would look different for Sheffield as Sheffield host the tertiary centre for children’s specialised services therefore some activity would be counted differently. Any analysis would need to take this into account.</p> <p>The paper was discussed at the Acute Provider Federation Board on 5 December and would be taken through private Trust Boards thereafter. JCCC requested that all dates that these discussions took place would be logged by the PMO. JCCC noted that the Provider Board had supported the paper. A concern was highlighted around the approach within the papers for the Provider Federation Board that Commissioners had requested the paper be discussed at the trust board meeting. JCCC were reminded that this piece of work was a jointly owned project.</p> <p>JCCC noted for information that the Mid Yorkshire Hospital Trust had recently completed centralisation and could inform the work also. A query was raised around the footprint for this work. It was confirmed that Chesterfield Royal had formally withdrawn from the work. Mid Yorkshire had been engaged and attended the events. The debate would take place in governing bodies to understand the position of Mid Yorkshire as part of the configuration of paediatric services ensuring no decisions put the population of Wakefield CCG at a disadvantage.</p> <p>A concern was raised around the withdrawal of Chesterfield Royal Hospital without discussion with the CCG. This was noted as a learning point moving forward to ensure work stream leads coordinated these discussions.</p> <p>The JCCC supported the case for change as outlined, and agreed to lead discussions within CCG governing bodies to support the case for change, support next steps and the development of options for sustainable services.</p>	ALL
29/16	<p>Public consultation update – stroke and children’s surgery and anaesthesia</p> <p>An update was delivered by HS on the consultation to date and the JCCC were invited to comment.</p> <p>A discussion took place around the significant resource put into the</p>	

	<p>public meetings to date that in some areas had been poorly attended and whether this engagement style could be considered for STP moving forward. It was noted that the request had been made from Overview and Scrutiny for this engagement approach to be part of the overall strategy. It was also noted that this would form crucial evidence of full engagement with the public using a number of different methods. The JCCC considered seeking the views of the general public on effective engagement methods.</p> <p>JCCC noted the consultation results to date and would receive a full analysis when the consultation closed.</p>	
30/16	<p>SYB STP update</p> <p>The JCCC noted that formal feedback on the STP submission had been received. The SYB STP continued to be considered forerunning and was supported by the Arms Length Bodies (ALB). It was anticipated therefore that transformation funding would be received to begin implementation.</p> <p>It was reported that a paper regarding a review of hospital services across the patch had been discussed at the STP Collaborative board including draft terms of reference outlining work around this. Papers had been shared with all localities and all regions were supportive of this work.</p> <p>A discussion around a parallel review of commissioning that will take place alongside this. A paper would be taken to STP CPB on this. This was being taken through local conversations.</p> <p>JCCC members updated on local discussions on the STP.</p> <p>SHEFFIELD</p> <p>The STP had been through Governing Body and the Health and Wellbeing board. An engagement event was taking place on 8 December. There had been some concern raised around the lack of public consultation to date on this work and openness with the process could prove to be detrimental. TM highlighted a motion, sponsored by one elected member of the Health and Wellbeing Board to full council that was not supportive of the STP. The council would be managing this internally.</p> <p>DONCASTER</p> <p>The STP had been discussed at Governing Body, Overview and Scrutiny, the cabinet, and would be taken to the Health and Wellbeing Board in January. The OSC response had been positive. JP commented that this had felt health led at the events rather than joined up approach and consideration was requested around leads at meetings to be collectively agreed across the organisations in future.</p> <p>BARNSELEY</p> <p>The STP was going to Overview and Scrutiny and the Health and Wellbeing Board. It had been to private cabinet. There was an effort to ensure other partners were present at the meetings as a joined up approach. The group noted an inaccurate reporting by Save our NHS comms that the STP had been paused.</p> <p>ROTHERHAM</p>	

	<p>The STP had been to various forums in Rotherham. A session had been held for elected members and some criticism noted around the lack of public consultation with some opposition to the STP noted also.</p> <p>BASSETLAW</p> <p>The STP was being discussed at various forums. The JCCC noted that a local MP was actively opposing the plans. A meeting had taken place on this. It was noted that interest in the place based plan was increasing and widening engagement was taking place. The group also noted that it had been discussed at the Accountable Care Partnership with no concerns raised. Observations around links to social care had also been raised by councilors.</p> <p>All noted the request from ND to bring information around the hospital service review to the JCCC for information as this work transcended the STP boundaries and this was agreed.</p> <p>It was noted that discussions had taken place in West Yorkshire by Wakefield CCG where the SYB STP dynamics and links had been highlighted to elected and non-elected partners.</p> <p>JCCC noted the next steps – to support engagement work in addition to what was already taking place through local processes. The approach to this was being outlined and would be brought to the next meeting. Work was taking place to develop and build on the strategic ambitions and priorities of the STP, and to development place plans and priorities. This work would need to be sufficiently equipped to work through the next stages to implement. The implementation plan was submitted at STP Collaborative Board on 11 November and as part of the general submission of the STP in October. Moving into implementation would impacts on operational plans and the CCGs were currently working through this. There was currently a gap between the STP ambition and operational plans to be resolved.</p> <p>All noted a visit from Matthew Swindells to Sheffield. The feedback had been complimentary about the SYB STP.</p>	<p>WILL CLEARY-GRAY</p>
<p>31/16</p>	<p>Strategic Commissioning intentions</p> <p>The JCCC received an update on the SYB Strategic commissioning intentions (CIs) and were invited to comment.</p> <p>It was noted by IG that a meeting had taken place with Right Care to identify common opportunities to develop common solutions. Work was taking place around this by the Right Care team and RG.</p> <p>A comment was made around the need to consider how to use the CIs, that contracts should reflect the scale of ambition; however there was a fragmented approach across the patch. Systems based commissioning would need to be considered and any mediation should take place in the light of CIs for the system.</p> <p>The JCCC noted that the ALBs would be looking to test how far operational plans would go to reach the STP ambition level. Currently, there were changes signalled within the STP that were not reflected in operational plans and this would need to be addressed by submission in December.</p>	

	<p>It was highlighted that contracts must not destabilise the system and contract variations would be required to bring back to the STP. This would need to be done as transparently as possible with providers.</p> <p>JCCC supported the document and agreed to share with relevant colleagues within all organisations.</p>	ALL
32/16	<p>Strategic Commissioning</p> <p>The JCCC was updated on a review of systems based commissioning that was taking place alongside the review of sustainable hospital services. Planning leads had been convened to look at future place-based and systems based commissioning to address work to do consistently and with collaboration across the footprint. The outcome of this would be fed back to the STP Collaborative Board.</p> <p>A discussion took place around the provider committees in common and aligning the work of the commissioning review.</p> <p>It was noted that the acute hospital review would set out gaps, risks and challenges. An options appraisal would be developed. How to enact this should be a joint discussion between providers and commissioners.</p> <p>It was noted that efficiencies must be realised as commissioners, to bring together a number of functions that could work across the footprint and that a single commissioning, system based function would be required with one provider system to balance this and allow it to work.</p>	