



Paper A

Joint Committee of Clinical Commissioning Groups

Meeting held 21 February 2017, 9:30 – 11:30 am, Barnsley CCG

Decision Summary for CCG Boards

1	Minutes of the Joint Committee of Clinical Commissioning Group (JCCC) meeting held 6 December 2017	
01/17	(a) that the minutes were ratified to be circulated to all, subject to two amendments	KATE WOODS
2	Children’s Services Acutely Ill Child (AIC) – Final case for change	
02/17	(a) that revisions be made to the documentation to include Chesterfield Royal NHS Foundation Trust as part of the project	RACHEL GILLOTT
	(b) that an analysis of nursing workforce be included as part of this project	RACHEL GILLOTT
	(c) that the document be circulated with the above changes, and taken through all public meetings.	ALL
3	Hyper Acute Services Review update	
03/17	(a) that an interim report would be brought to the JCCC in March, around public consultation	RACHEL GILLOTT
4	Transformation Programme Timeline	
04/17	(a) that an interim position on the Stroke and Children’s Services business cases would be discussed at the March meeting and full business cases would be submitted for the April session.	RACHEL GILLOTT
5	Public Consultation update – Stroke and Children’s Surgery and Anesthesia	
05/17	(a) that the final analysis of the consultation be broken down by locality	HELEN STEVENS
	(b) that the final report be circulated when complete.	HELEN STEVENS
6	Joint Committee of Clinical Commissioning Groups (CCG) Governance manual and terms of reference	
06/17	(a) that a discussion would take place with NHS England regarding NHS Hardwick CCG’s decision not to be part of the JCCC and picked up with Hardwick CCG to agree the way forward.	EMMA WILSON

	(b) that a proposal regarding system wide commissioning and the infrastructure required for this would be developed for March JCCC for further discussion to then be taken to GBs.	ACCOUNTABLE OFFICERS
7	Lay member representation	
07/17	<p>(a) that remuneration and time commitment for the lay members be readdressed to align with the other CCGs (HT to advise on current rate)</p> <p>(b) that as part of the above, a discussion was also required for clarity around resource commitment for WTP and the STP and JN would be preparing a full paper on this for AOs to consider</p> <p>(c) that the requirement for demonstrable experience be made clear</p> <p>(d) that the lay members would remain non-voting attendees for JCCCs for the current time, however this should be reviewed in 6 month's time</p> <p>(e) that the posts would be open to current lay members and wider, noting that any successful applicant must relinquish current CCG role if applicable</p> <p>(f) that current recruitment of CCG Governing Body lay members would be used to inform the document.</p> <p>(g) that the number of lay members would remain at 2 to be reviewed in 6 months time</p> <p>(h) that an email would be circulated for volunteers to join the recruitment panel.</p> <p>(i) that a status report would be given in at March JCCC.</p>	<p>HELEN STEVENS, HAYLEY TINGLE</p> <p>JULIA NEWTON</p> <p>HELEN STEVENS</p>
8	SYB STP update	
08/17	(a) that BM would share the overview of Derbyshire STP to inform thinking within SYB.	BEN MILTON
9	Sustainable Hospital Services Review (SHSR)	
09/17	(a) that the slide deck presented to JCCC would be used to facilitate discussions at local level	ALL
10	Any other business – future meeting dates	
11/17	(a) that proposed revision to meeting dates to ensure greater clinical representation be confirmed, rotating the venue for meetings across the patch.	KATE WOODS



Minutes of the meeting of Joint Committee of the Clinical Commissioning Group, held 21 February 2017, 9:30 – 11:30, Barnsley CCG

Present:

Dr Andrew Perkins, Clinical Chair, NHS Bassetlaw CCG (Chair)
 Esther Ashman, Head of Strategic Planning, NHS Wakefield CCG
 John Boyington, Lay Member
 Andrew Cash, Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust/South Yorkshire and Bassetlaw Sustainability and Transformation Plan Lead
 Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw Sustainability and Transformation Plan
 Chris Edwards, Accountable Officer, NHS Rotherham CCG
 Debbie Hilditch, Healthwatch Representative
 Rachel Gillott, Deputy Director of Transformation, South Yorkshire and Bassetlaw Sustainability and Transformation Plan
 Victoria Mcgregor-Riley, Executive Lead for Primary Care, NHS Bassetlaw CCG
 Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
 Jackie Pederson, Accountable Officer, NHS Doncaster CCG
 Maddy Ruff, Accountable Officer, NHS Sheffield CCG
 Lesley Smith, Accountable Officer, NHS Barnsley CCG
 Helen Stevens, Associate Director of Communications and Engagement, Working Together Programme
 Hayley Tingle, Chief Finance Officer, NHS Doncaster CCG
 Emma Wilson, Head of Co-Commissioning, NHS England
 Kate Woods, Programme Office Manager, Working Together Programme

Apologies:

Steve Allinson, Accountable Officer, NHS North Derbyshire CCG
 Dr David Crichton, Clinical Chair NHS Doncaster CCG
 Andy Gregory, Accountable Officer, NHS Hardwick CCG
 Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw CCG
 Steve Hardy, Lay Member
 Dr Julie Kitlowski, Clinical Chair, NHS Rotherham CCG
 Dr Steve Lloyd, Clinical Chair, NHS Hardwick CCG
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
 Julia Newton, Director of Finance, NHS Sheffield CCG
 Jo Webster, Chief Officer, NHS Wakefield CCG

Minute reference	Item	ACTION
	It was noted that the JCCC meeting was not quorate as Hardwick CCG was not represented. This would be discussed as part of the agenda.	
01/17	Minutes of the Joint Committee of Clinical Commissioning Group meeting held 6 December 2017	

	<p>The minutes were accepted as a true and accurate record subject to the following amendments:</p> <p>Pat Keane to be removed from attendees list. Typo noted under item 28/16: amend to “taken through private Trust Boards.”</p> <p>All matters arising would be picked up on the agenda.</p>	
02/17	<p>Children’s Services Acutely Ill Child (AIC) – Final case for change</p> <p>The Children’s Services AIC case for change had been taken through Governing Body and Trust Board meetings. A request was made to the group to take this through public sessions.</p> <p>BM highlighted that North Derbyshire CCG had not taken this document through governing body. This had been on account of debate around Chesterfield Royal NHS Foundation Trust who had now agreed to join the project. The current paperwork did not reflect this and revisions to include Chesterfield to pick up impact were requested. This would be actioned before taking this paper through public. The final document would be circulated virtually when amended.</p> <p>AP highlighted the current situation at Bassetlaw Hospital and the closure of the paediatric wing at night due to nursing workforce shortage. A request was made to include nursing workforce as part of this work. Upskilling GPs in paediatrics was crucial for this work to be picked up as part of the work programme being developed.</p> <p>The JCCC agreed to circulation of the paper in public governing bodies, subject to the changes noted above.</p>	<p>RACHEL GILLOTT</p> <p>RACHEL GILLOTT</p>
03/17	<p>Hyper Acute Services Review update</p> <p>An update was given on the programme of change noting that a key development was a refresh on the risks and mitigations implemented. Cross boundary flows had previously been noted however some further risks were highlighted; particularly the need to actively engage with commissioners to ensure all information pulled together for final business case.</p> <p>An interim report would be brought to the JCCC in March around public consultation.</p>	<p>RACHEL GILLOTT</p>
04/17	<p>Transformation Programme Timeline</p> <p>A timeline was shared with JCCC and noted that a final business case would be brought to the April 2017 meeting. Some challenges and risks around capacity to pull this together on the team and CCGs to ensure all CCGS own final business case were noted.</p> <p>A comment was made that the implications for commissioning must be considered as part of this. At the point that decision was made around change to services, consideration must be given to how commissioning would be mobilised to respond.</p>	

	<p>It was recognised by JCCC that the programme must ensure that feedback was clear within the evaluation report around messages heard from the public consultation.</p> <p>JCCC noted that an interim position on the business case would be discussed at the March meeting and a full business case would be submitted for the April session.</p>	RACHEL GILLOTT
05/17	<p>Public Consultation update – Stroke and Children’s Surgery and Anaesthesia</p> <p>JCCC were updated on the position of the public consultation, the independent analysis report for which was still being drafted. It was noted that more than 2,000 responses for both consultations had been received. 11 formal public events had taken place as well as many face to face conversations and focus groups. 19 media articles had been noted and 62,000 websites views.</p> <p>Included in the themes emerging were concerns around travel.</p> <p>Each hospital in the region had submitted a formal response to the consultation with the exception of Sheffield Children’s Hospital NHS Foundation Trust. Key themes noted were around a possible inability to maintain skills for some services where the impact would be greatest, that there was an enthusiasm to collaborate with a clinical network approach and that there needed to be a consideration of budgets around relocating services.</p> <p>JCCC were advised that Barnsley Save Our NHS had submitted a petition.</p> <p>It was noted that the process had been robust and thorough.</p> <p>A request was made that the final analysis of the consultation be broken down by locality and this was agreed.</p> <p>JCCC noted that the final report would be circulated when complete.</p>	<p>HELEN STEVENS</p> <p>HELEN STEVENS</p>
06/17	<p>Joint Committee of Clinical Commissioning Groups Governance manual and terms of reference</p> <p>It had recently come to light that Hardwick CCG had resolved at their Governing Body not to delegate to the JCCC for Children’s Surgery and Anaesthesia and the Hyper Acute Stroke Unit Review back in September 2016 but unfortunately this had not been communicated to the Commissioners Working Together Team or JCCC (the North Derbyshire position was that the CCG was a formal member of the committee for the items currently delegated). It was not known at this stage what impact or risk this would pose to the Joint Committee or on the assurance process with NHS E. This would be raised formally with NHS England by EW and picked up with Hardwick CCG to agree the way forward.</p> <p>The first public meeting of the JCCC would take place in April and must therefore be a formally constituted committee by this point. NHS Hardwick CCG had committed to resolving its membership by this point.</p>	EMMA WILSON

	<p>An update was given on the NHS Sheffield CCG position further to issues raised at previous JCCC meetings which were now resolved, noting that it had been confirmed that there would be no liability on the part of individual CCG members around a decision that a particular CCG could not support.</p> <p>A discussion took place around assurance for all members, as the JCCC would be a statutory committee from April when it met in public. A considered process and approach would be required for core business. This would be discussed further by AOs and at the next meeting in March.</p> <p>JCCC discussed decision making and governance for the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SYB STP). BM updated the group on the Derbyshire Sustainability and Transformation Plan, noting that there was a wish to move towards a single commissioner by April 2018.</p> <p>A discussion took place around the current governance arrangements for JCCC, noting that consideration would be required quickly for collective decision making in other areas such as cancer.</p> <p>It was noted that discussions were taking place around system wide commissioning for South Yorkshire and the infrastructure required to support this. A proposal would be developed for March JCCC for further discussion to then be taken to GBs.</p>	<p>ACCOUNTABLE OFFICERS</p>
<p>07/17</p>	<p>Lay member representation</p> <p>A paper was circulated setting out an approach for lay membership recruitment. This had been developed using NHS England and NICE guidance. Comments on this were welcomed around content and how to advertise the role. The positions needed to be in place by the first public meeting in April and support was required on recruitment panel for this.</p> <p>Comments were noted from NHS Sheffield CCG as:</p> <ul style="list-style-type: none"> - Time commitment should be re-evaluated to reflect networking with other CCGs and organisations - Number of lay members being recruited to be considered (whether two was sufficient given breadth and geography of work) - Possible re-evaluation of lay members being non-voting members of JCCC - Remuneration was possibly too low and not aligned with other CCGs. <p>JCCC discussed this and agreed:</p> <p>That remuneration and time commitment for the lay members be readdressed to align with the other CCGs (HT to advise on current rate).</p> <p>That as part of the above, a discussion was also required for clarity around resource commitment for WTP and the STP and JN would be preparing a full paper on this for AOs to consider.</p> <p>That the requirement for demonstrable experience be made clear.</p>	<p>HELEN STEVENS, HAYLEY TINGLE JULIA NEWTON</p> <p>HELEN STEVENS</p>

	<p>That the lay members would remain non-voting attendees for JCCCs for the current time, however this could be reviewed in 6 months time.</p> <p>That the posts would be open to current lay members and wider, noting that any successful applicant must relinquish current CCG role if applicable.</p> <p>Current recruitment of CCG Governing Body lay members would be used to inform the document.</p> <p>That the number of lay members would remain at 2 to be reviewed in 6 months time.</p> <p>That an email would be circulated for volunteers to join the recruitment panel.</p> <p>A status report would be given in at March JCCC.</p>	<p>HELEN STEVENS</p> <p>HELEN STEVENS</p> <p>HELEN STEVENS</p> <p>HELEN STEVENS</p> <p>HELEN STEVENS</p> <p>HELEN STEVENS</p>
<p>08/17</p>	<p>SYB STP update</p> <p>JCCC were updated on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SYB STP) around progress to date and key next steps.</p> <p>It was noted that an exercise was taking place around the work streams to ensure all work was adding value and not being duplicated at local level.</p> <p>Work was taking place to align the collaborative teams.</p> <p>The Terms of Reference for the CPB were being reviewed to ensure governance arrangements were correctly in place to realise the ambitions outlined within the Plan.</p> <p>The commissioning and hospital services reviews were taking place.</p> <p>It was noted that nationally progress had been made around the STP to develop a set of proposals to enable SYB to accelerate plans.</p> <p>The group was invited to comment.</p> <p>BM updated on the STP in Derbyshire highlighting that the STP should to be the major vehicle to transformation and morph all work under this.</p> <p>It was agreed that BM would share, when publically available, the overview of Derbyshire STP to inform thinking within SYB.</p> <p>LS updated the group on the review of commissioning noting that the strategic planning and transformation function across the footprint had moved to the STP, and providers and commissioners were aligned and moving at pace on the key elements of the commissioning cycle. The review was ongoing.</p> <p>The national landscape was changing while SYB was working through internal local review. Workshops with AOs had taken place and proposals would be taken to CPB, JCCCs and governing bodies on the</p>	<p>BEN MILTON</p>

	commissioning reform. Further national direction was anticipated.	
09/17	<p>Sustainable Hospital Services Review (SHSR)</p> <p>WCG updated the JCCC on progress with the SHSR work noting that the Steering Group had met for its inaugural meeting in February.</p> <p>Context to this work was outlined for JCCC, noting the viability of quality and access and sustainability and acute services across the region. This work had specific reliance on new models of care for acute services and commissioner place plans.</p> <p>Terms of reference had been discussed at the STP Collaborative Partnership Board and the Provider Federation, however remained draft until the secretariat was established; the work would be independently led by Jonathan Michael.</p> <p>The purpose of the work and intended benefits were reiterated to the JCCC. The methodology of the previous Provider Working Together approach would be retained, with a tiered approach to services. Objectives and scope were highlighted to the group.</p> <p>A discussion took place around governance. It was noted that the SHSR Steering Group would have close links to the SYB Directors of Commissioning Group to ensure there was a mechanism in place to take recommendations to full business case from a commissioning perspective.</p> <p>JCCC were encouraged to use the slide deck to facilitate discussions at local level. The slides would be circulated to all.</p> <p>A discussion took place regarding the STP Oversight and Assurance Group and approaches to ensure full engagement from all across the patch from the outset with the reviews. The group considered a joint Health and Wellbeing Board approach. It was agreed that the group must provide oversight and assurance of the processes to enact change. This group would not hold decision making power and the statutory function of Health and Wellbeing Boards was to encourage integration and partnership working. Consideration was also given around including a representative Overview and Scrutiny Chair to join the group. After further discussion on this, the JCCC agreed that the Oversight and Assurance Group was the preferred approach initially and could be reviewed at a later date.</p> <p>It was noted that the STP brand would continue nationally however locally it was being revisited as part of the current conversations with the public and staff..</p>	
10/17	<p>Commissioning Review update</p> <p>This item was covered under 09/17.</p>	
11/17	<p>Any Other Business</p> <p>Future meeting dates</p> <p>Further to discussions at previous JCCC meetings, it was noted that work had taken place to try and ensure there was increased clinical</p>	KATE WOODS

	<p>representation at future meetings. A proposal was put forward to the group and the dates would be confirmed as soon as possible. The JCCC were asked to ensure primary care was represented on the Committee. The venue for the revised dates would rotate across the patch.</p>	
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