

Minutes of the North of England Specialised Commissioning Group Held on Friday 11 May 2012

Members Present

North East

NHS North of Tyne and Chair	Joe Corrigan (Deputy)
NHS South Tyne & Wear	Louise Robson (Deputy)
NHS Tees	Chris Willis
NHS County Durham & Darlington	Pat Keane (Deputy)

North West

NHS Cheshire, Warrington & Wirral	Simon Holden (Deputy)
NHS Cumbria	Proxy vote with NHS Lancashire
NHS Greater Manchester	Mike Burrows
NHS Lancashire	Janet Soo-Chung
NHS Merseyside	Trish Bennett (Deputy)

Yorkshire and the Humber

NHS Humber	Caroline Briggs (Deputy)
NHS South Yorkshire and Bassetlaw	Andy Buck
NHS Calderdale, Kirklees and Wakefield District	Ann Ballarini (Deputy)
NHS Humber	Jane Hawkard (Deputy)

Non-voting Members

Non-Executive Director	Alan Foster
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In Attendance

Interim Chief Operating Officer	Jon Develing
Interim Director of Finance & Information	Phil Heywood
North East Specialised Commissioning	Sue Cornick
North West Specialised Commissioning	Dr Alison Rylands
Yorkshire & the Humber Specialised Commissioning	Cathy Edwards
Head of Governance	Trish Styles

Apologies for Absence

NHS North of Tyne and Chair	Chris Reed
NHS South Tyne & Wear	Karen Straughair
NHS County Durham & Darlington	Yasmin Chaudry
NHS Cheshire, Warrington & Wirral	Kathy Doran
NHS Cumbria	Sue Page
NHS Merseyside	Derek Campbell
NHS Airedale, Bradford and Leeds	John Lawlor

NHS North Yorkshire and York
NHS Calderdale, Kirklees and Wakefield District
NHS Humber
NHS North West

Christopher Long
Mike Potts
Caroline Briggs
Richard Barker

WELCOME

The Chief Executive of NHS South Yorkshire & Bassetlaw welcomed members to the meeting. Introductions were made

The meeting was confirmed as quorate.

040 APOLOGIES FOR ABSENCE

Apologies were taken as those already noted.

041 DECLARATIONS OF INTEREST

There were no declarations of interest.

042 MINUTES OF THE MEETING HELD 15 MARCH 2012

The minutes of the meeting were approved by the members and duly signed by the Chair.

043 ACTION POINTS FROM PREVIOUS MEETING AND MATTERS ARISING

There were no actions from the previous meeting that required further reporting back to this group.

There were no matters arising.

CRITICAL BUSINESS ITEMS – FOR DECISION

044 CHAIR'S REMARKS

There were no specific Chair's remarks.

045 INTERIM CHIEF OFFICER BRIEFING

Jon Develing presented his paper and outlined the following:

National Transition Update – The operating framework was further developed in March 2012, following discussion with the 4 SCG Chairs and the national team. The revised model has been shared with Ian Dalton and John Lawlor on an advisory basis pending further discussions. Further work has also been completed to describe the functions of specialised commissioning in terms of the design of a commissioning support service.

The work of the National Oversight Transition Group (TOG) is nearing completion and phase two will focus on delivery of national convergence. This work will be overseen by a new NHS CB task and finish group, the National Specialised Services Transition Delivery Group. There was a general discussion about the role of the group, design of future functions and level of authority that could be delegated to ensure transparency of decision making.

It would be useful to take this discussion further when the Chief Executives meet with Ian Dalton and Richard Barker, to cover the design of the new system, and the decision making process during transition. The Chair deferred any further discussion on decision making to the later agenda item.

Clinical Reference Groups – There are now 60 CRGs which are defining what specialised services are and critically determining where the start and finish points for entry to the integrated pathway are met. The group members will review existing policies to determine convergence and the development of new policies. Once completed the risks of convergence will need to be taken into account and a framework developed that provides clarity on implementation.

Commissioning Support Groups – In support of the operating model a working group has been developing a vision of the services needed to support a specialised commissioning function, in the new system. The report is currently being considered by the NHS Commissioning Board.

Clinical Commissioning Groups – The integrated commissioning pilot for specialised commissioning will continue to be adopted throughout 2012/13.

National Review of Services

Safe and Sustainable Review – Paediatric Services – The Court of Appeal has found the process for public consultation to be lawful, which now means that the JCPCT can consider the consultation responses submitted in July 2011. As part of the process an equality impact analysis is required, by 4 June 2012. Primary Care Trusts are asked to support the analysis by indicating their respective position against a number of questions. Each region described the arrangements put in place to manage this process.

There was a general discussion about how the outcome of the consultation would affect each region and it was suggested that challenges should be raised with the national team and project manager. Legal advice would also be sought from the JCPCT on the equality and diversity process.

Safe and Sustainable Review – Paediatric Neuro- Surgery – The national review is reaching the final stages of consultation. It is likely that the NoE SCG will be required to formally agree the clinical network footprints that arise from this process. The recommendations will be a future agenda item.

Adult Congenital Heart Disease – the model of care for patients with adult congenital heart disease is about to enter a significant period of stakeholder engagement. Regional events are being planned at Manchester and York.

All Party Parliamentary Groups

Vascular Surgery – A new cross party parliamentary group has been established to review all aspects of vascular surgery. The main topic will be abdominal aortic aneurysm and peripheral arterial disease. Jon Develing attended the group and reported back that the group would be working with

other all party parliamentary groups for all conditions affected by cardiovascular risk factors. This is an extensive piece of work.

North of England Service Issues

Royal Liverpool University Hospital NHS Trust – A capital business case for the redevelopment of the hospital has been developed and specialised commissioners have been asked, along with Clinical Commissioning Groups to contribute to the assurance process and support the business case. As the building programme is estimated to be completed in 2017 any support in principle could have revenue implications for successor organisations, including the NHS CB.

It was agreed to note this request and discuss further in a later agenda item on decision making.

North East Teenage and Young Adult Designated Hospitals – The NoE SCG members are asked to endorse Chair's action which was taken to formally designate Gateshead Health NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospital NHS Foundation Trust as hospitals to be recommended to teenagers and young adults should they choose not to be treated in the principle teenage cancer treatment centre.

Cancer Drugs Fund – Guidance on the operation of the 2012/13 Cancer Drugs Fund was issued by the Department of Health on 23 April 2012. The main changes relate to clarity on the processes and expectations on clinicians to support local clinical decision making and clinical audit. Members were asked to note, that where specialised commissioners have been asked to manage the process on behalf of the Strategic Health Authority, that there is compliance with the guidance.

Independent Funding Requests – included within the transition plan is a requirement to collate details of any independent funding requests that relate to specialised services approved by the Primary Care Trusts. Further guidance is expected shortly but in advance of this specific request it would be prudent if Primary Care Trusts could take a stocktake of such approvals for 2011/12 and monitor approvals on a regular basis during 2012/13. It was noted that this exercise was in relation to expenditure only and was not seeking a convergence of current PCT IFR policies.

North of England Issues

Clinical Commissioning Group Communications – The Strategic Health Authority has developed a briefing pack that also contains a specific summary of issues pertaining to specialised commissioning.

NoE SCG meeting papers are now available on the North West office website <http://nww.nwsct.nhs.uk/NOESCG>.

Governance – The Establishment Order has been approved by all Primary

Care Trust cluster boards. The following addendums have been made:-

- Appendix 3 refers to regional operating groups, which are now renamed to Specialised Commissioning Operating Groups.
- NHS North of Tyne has requested a minor amendment to the Establishment Order – page 34 paragraph 118, which has now been amended in the second sentence to include Overview and Scrutiny Committees.

Cluster Chief Executives will be asked to sign a single sheet that will be appended to the Establishment Order.

North of England Specialised Commissioning Group members:-

- ***thanked Jon Develing for the report and noted the content***
- ***approved the planning assumptions of the Liverpool Royal Hospitals with the following proviso:***
 - ***the planning assumptions for specialised services are within the agreed financial envelope. This includes all specialised services within the current specialised commissioning contract and those specialised services within current PCT contracts due to be migrated during 2012/13. This includes the minimum take of services and any impact of group three services currently being scoped.***
 - ***That whilst the planning assumptions appear to be reasonable, within the emphasis on earlier intervention and effective pathway management the Trust should take into account a downsize option so as to reflect reduced activity demands.***
 - ***There can be no contribution towards non recurrent costs or costs in excess of national or local tariff.***
- ***ratified Chair's action in relation to the North East and the formal designation of Gateshead Health NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospital NHS Foundation Trust as hospitals to be recommended to teenagers and young adults should they choose not to be treated in the principle teenage cancer treatment centre***
- ***would undertake a stocktake of IFR approvals and provide this information to each of the specialised commissioners (North East, Sue Cornick; North West, Dr Alison Rylands and Yorkshire & the Humber, Cathy Edwards).***
- ***endorsed the changes to the establishment order, as shown in the***

text above and agreed that a revised document will be issued to the cluster offices when all Chief Executive signatures have been obtained.

046 FINANCE AND PERFORMANCE - 2011/12 YEAR END ACCOUNTS POSITION

Phil Heywood presented the summary paper which co-ordinates the three specialised commissioning operating groups final accounts position as at 2 May 2012. The final accounts show a slight movement from month 12.

- North East SCOG was reported as red; in that there were pressures during 2011/12. The final outturn shows an overspend of £10,541k. which has been taken into account by respective PCTs.
- North West SCOG was reported as green, with an underperformance of £23k. It was noted that values may change at the periphery and vary slightly from the reported figure. Note that the final outturn was £9k overspend.
- Yorkshire and the Humber SCOG was reported as amber, the outturn position being an overspend of £2,303k taking into account the strategic reserve of £1.8m.

North of England Specialised Commissioning Group noted the financial year end account position across the NoE SCOGs and the movement from the March 2012 report.

047 2012/13 CONTRACT UPDATE

Phil Heywood advised members that all contracts have now been signed. This has taken a lot of effort and he asked members to acknowledge the achievement.

All three offices had used the contracting principles to ensure that contracts were signed without compromising the achievement of the minimum take. The minimum take will be finalised through contract variations back dated to 1 April 2012. This work will be completed by the end of June 2012.

- North East SCOG – all contracts are signed, with a total devolved budget of £404,578k, including migration of minimum take values. The minimum take will be revisited in year.
- North West SCOG – all contracts are signed, with a total devolved budget of £937,795k which is subject to a number of further migration transfers. . All transfers will be actioned by 30 June 2012 and will take into account any services no longer classified as specialised. . The net transfer of funds, as a consequence of migration, is expected to increase the NW SCOG budget by approximately £150m.
- Yorkshire and the Humber SCOG - all contracts are signed, with a total devolved budget of £746,137k, which is subject to further migration

transfers. All transfers will be actioned by 30 June 2012 and will take into account any services no longer classified as specialised. At this stage there are no known financial/ performance risks.

Phil Heywood reported that the devolved budgets had been discussed at each SCOG and were supported by their members. Each Primary Care Trust financial plan should therefore reflect the values contained within the spread sheets, as shown in the appendices and be recognised by respective organisations.

The national information algorithm has been used by all three offices to support the migration of services. The algorithm has been adjusted locally to meet specific needs. Further work is on-going to refine the national information algorithm and fully reflect the specialised services portfolio on a nationally consistent basis. It was recognised that the NHS CB will be the custodian of any substantial variations.

A financial tool was being developed by Phil Heywood and Jon Develing to reflect, for five key areas, specialised services spend per head of population. This work may identify questions regarding the differential spend and access to services across the North of England. It is proposed to present this to the next meeting (13 July 2012).

North of England Specialised Commissioning Group members:-

- ***requested that formal feedback and thanks are expressed to staff for the work undertaken to achieve contract sign off and continued effort in completion of minimum take variations work by 30 June.***
- ***accepted the devolved budgets for each local office.***
- ***requested that a list of specialised services within the contracts be brought to the next meeting (13 July 2012).***
- ***thanked Phil Heywood for the report and noted the contents.***

048 DECISION MAKING FRAMEWORK

There was a general discussion on the process for decision making for specialised services in the North of England. The following was noted::

1. Due to historical arrangements it is recognised that differential approaches to the commissioning of some specialised services exists. These will need to be addressed as part of the transitional process supported by the Clinical Reference Groups.
2. Before a recommendation is brought to the NoE SCG the impact will be considered by the executive team in order to review the impact from a North of England perspective.
3. Accepting principle one, the NoE SCG; as a joint committee of each Primary Care Trust, cannot knowingly endorse any new or revised policy that further reinforces a differential approach.

4. Should a matter be brought to the NoE SCG that indicates an inconsistent approach across the North of England, members will consider whether the matter should be remitted back to the individual Primary Care Trust Boards.
5. No new policies should be brought to the NoE SCG for consideration, unless specifically requested by the NHS Commissioning Board.

North of England Specialised Commissioning Group members agreed to continue this debate in the following Chief Executive Management meeting as this issue goes beyond that of specialised commissioning.

DELIVERING TODAY / DEVELOPING TOMORROW

049 TRANSITION CLUSTER PLAN

Jon Develing presented the revised transition delivery plan and stated that this would also be subject to some minor changes. The plan has been developed to capture key deliverables both nationally and at a regional level. The plan is RAG rated and currently shows that the NoE SCG is on track.

Once this revised plan has been finalised nationally it will be used by the NHS CB Regional Directors to monitor performance.

North of England Specialised Commissioning Group members received the plan and noted that the amended plan would be presented to the next meeting. Topics from within the plan would also be used to develop the group's agenda and business cycle.

050 COMMUNICATIONS

The draft communications plan was presented. The plan informs members of communication and engagement activities, during transition, for specialised commissioning across the North of England.

The Chair reported that many tertiary centres are nervous about what is happening with specialised services and were seeking reassurance about configuration and relationships. Jon Develing reported that stakeholder briefings have been issued in the past however future stakeholder bulletins will be co-ordinated by the NHS CB.

North of England Specialised Commissioning Group members accepted the plan but asked for External Auditors and Local Authorities to be added to page 3.

051 ITEMS FOR INFORMATION

Minutes of meetings - The following minutes were provided for information:

- North East SCOG –
- North West SCOG
- Yorkshire and the Humber SCOG - .

052 DATE AND TIME OF NEXT MEETING

The next meeting will follow the Chief Executive meeting at Blenheim House, and start at 2pm on:

- Friday 13 July 2012

Meetings will be held bi-monthly, unless otherwise notified.

Member representatives should send details of any agenda items for the next meeting, to the Chair (and copy to the Head of Governance) by 29 June 2012 and papers by the 5 July 2012.

Signature:
Chair to the North of England Specialised Commissioning Group

Date: