YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING GROUP

Minutes of the meeting held on
Friday, 28 May 2010
Thorpe Park Hotel, Leeds

Present:

Ailsa Claire  Chief Executive (Chair)  NHS Barnsley
Steve Wainwright  Director of Strategy & Contracting  NHS Barnsley
Steve Hackett  Director of Finance  NHS Barnsley
Chris Stainforth  Executive Director of Commissioning & Strategic Development  NHS Doncaster
Andy Buck  Chief Executive  NHS Rotherham
Anne Dray  Project Director  NHS Sheffield
Ann Ballarini  Director of Strategy & Commissioning  NHS Wakefield
Carol McKenna  Executive Director of Commissioning & Strategic Development  NHS Kirklees
David Cockayne  Director of Strategy  NHS North Yorkshire & York
Jane Hazelgrave  Director of Finance  NHS Bradford & Airedale
John Lawlor  Chief Executive  NHS Leeds
Rob Webster  Chief Executive  NHS Calderdale
Ivan Ellul  Chief Executive  NHS East Riding also representing NHS Hull
Caroline Briggs  Director of Strategic Commissioning & Development  NHS North Lincolnshire and representing North East Lincolnshire Care Trust Plus

In Attendance:
Cathy Edwards  Director  Yorkshire & the Humber SCG
Laura Sherburn  Deputy Director of Commissioning  Yorkshire & the Humber SCG
Kevin Smith  Medical Advisor  Yorkshire & the Humber SCG
Lisa Marriott  Assistant Director of Commissioning  Yorkshire & the Humber SCG
Frances Carey  Deputy Director of Finance  Yorkshire & the Humber SCG
Paul McManus  Lead Pharmacy Advisor  Yorkshire & the Humber SCG
Louise Davies  Senior Commissioning Manager  Yorkshire & the Humber SCG
Paul Crompton  Business Manager  Yorkshire & the Humber SCG

SCG Apologies
13/10
Pia Clinton-Tarestad  Assistant Director of Commissioning  Yorkshire & the Humber SCG
Jan Sobieraj  Chief Executive  NHS Sheffield
Sue Rogerson  Director of Collaborative Commissioning  NE Lincolnshire Care Trust
Chris Welsh  Medical Director  NHS Yorkshire & the Humber
Maddy Ruff  Director of Commissioning  NHS Hull
Declarations of Interest

There were no declarations of interest.

Minutes of the Meeting held on Friday 23rd April 2010

The minutes of the meeting held on the 23rd April 2010 were accepted as a true and accurate record.

Matters Arising

(a) Paediatric Critical Care Transport Service (PCCTS)

In the light of the current paediatric medical workforce issues being faced by the PCCTs and the paediatric and neonatal intensive care services there was a question about the long term sustainability of these and other children’s services in their existing configuration.

The meeting was advised that NORCOM had undertaken a review of children’s services and had produced a set of standards relating to the ‘care of the acutely ill child’ and ‘paediatric surgery’. It was proposed that consideration be given to adopting these standards on a Yorkshire and Humber wide basis with a view to undertaking an assessment of services against the standards across the whole area. ChiMat had offered to take the NORCOM standards and incorporate these into a self assessment tool and run the self assessment process.

Discussions in the meeting identified a number of key issues that would need to be considered in running this process: risk assessment; activity analysis and the impact on other services. It was also suggested that it would be helpful to seek comments from the other two regional collaborative groups on this matter. It was agreed that the NORCOM standards and the proposed self assessment tool be brought back to the SCG Board for approval before any roll-out.

It was noted that there would be a further meeting at the end of June to assess the risks faced in the short term across all the paediatric/neonatal critical care services. Andy Buck had also briefed the SHA on both the short term and long term issues.

(b) World Class Commissioning

It was reported that the SHA were keen to continue with the plan to run the World Class Commissioning assurance process for SCG. This assessment day was scheduled for 15th July 2010.

Members expressed concern about the resource requirements and the priority of this work given other priorities around achieving efficiency savings and developing commissioning policies.

It was agreed that the Chair would liaise with the SHA to agree a less resource intensive process which would provide an appropriate level of

Laura Sherburn

Cathy Edwards/

Andy Buck

Ailsa Claire
assurance.

(c) **Vascular Service**

A report provided an update on the review of vascular services, including patient and public engagement, the analysis of data and sub-regional discussions. The impact of the General Election on the time for undertaking patient, public and wider stakeholder engagement was highlighted, as was the need to allow time for service providers to have further discussions about potential future partnership arrangements.

In view of the changing circumstances, the time-line for the review would need to be reconsidered and it was now likely to be September/October before the conclusions of the review could be brought back to the SCG. As the work was commissioned by the SHA, there would be a further discussion with the SHA lead to review progress and redefine the timeline. There would also be a need to take into account the new national guidance on significant service change.

(d) **SCG Governance and Development**

It had been agreed at the SCG Board meeting in April 2010 that the new financial year brought with it the opportunity to review the governance and decision-making processes of SCG Board, and that the review should cover the following elements:-

- Transparency of decision-making, to include non-executive challenge and public scrutiny
- Effectiveness of decision-making, and how the sub-groups were configured and strengthened to facilitate this
- The empowerment of an executive function to support SCG Board
- Review of the Establishment Agreement and Scheme of Delegation

The proposed time-line for undertaking the review would be as follows:-

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<tr>
<th>Date</th>
<th>Activity Details</th>
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<tr>
<td>May 2010</td>
<td>Specialised Commissioning Team construct options for consideration</td>
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<tr>
<td>4 June 2010</td>
<td>Proposal circulated to SCG Board members</td>
</tr>
<tr>
<td>4 June – 31 July 2010</td>
<td>PCT Boards consider and give comments</td>
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<tr>
<td>August 2010</td>
<td>SCG refine the proposal and prepare for implementation of preferred option pending SCG Board sign off</td>
</tr>
<tr>
<td>24 September</td>
<td>SCG Board sign off the proposal for implementation</td>
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<tr>
<td>October 2010</td>
<td>New arrangements take effect</td>
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PCTs would need to discuss the proposal with their Boards, as it could contain changes to delegated powers. NHS Calderdale indicated that they would like a representative from the SCT to present the report at their Board meeting.

It was agreed that the proposed actions and time-line be approved.
(e) **Paediatric Cardiac Surgery**

A copy of the publicity for the public engagement event that was to be held at Leeds Town Hall on the 17\textsuperscript{th} June (5:30pm – 8:30pm) was presented to the meeting.

It was agreed that PCTs would forward details of the event to their primary care leads and other interested parties.

The Chief Executive of NHS Leeds also agreed to contact their Practice Based Consortia leads to inform them of the meeting.

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**World Class Commissioning Strategies 2010-2014**

A covering report was presented to the meeting which:

- introduced the final versions of, the SCG 5 Year Commissioning Strategy, the Organisational Development Strategy, and the Communications and Participation Strategy;
- outlined the key amendments incorporated since the discussion at February SCG, and;
- recommended the strategies for final sign-off.

The Board expressed their appreciation to all staff involved in the preparation and development of the documents and the contents of the covering report were noted.

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**SCG 5 Year Commissioning Strategy 2010/11 – 2013/14**

The SCG 5 Year Commissioning Strategy was presented to the meeting.

Feedback had been gained from PCT Boards throughout March and April, and incorporated into the document. The main amendment had been to align the goals, initiatives and outcomes more clearly, and the goals themselves had been further clarified to allow read-across between all the elements of the strategy. The initiatives had been updated to clearly reflect the SCG priorities for 2010-14, within the context of Quality, Innovation, Productivity and Prevention (QIPP).

Additionally, the equality impact assessment had been completed and appended, as had the SCG CQUINS scheme which had now been finalised.

The Commissioning Strategy was supported by the SCG work programme for 2010/11, which clearly demonstrated the deliverable outputs for the first year of the Strategy.

There was a view expressed about the need to tighten up on measuring the outcomes.

It was agreed that subject to the inclusion of the Regional Policy Gateway Sub-Group on the diagram at page 53 that the SCG 5 Year Commissioning Strategy 2010/11 – 2013/14, be approved.
SCG 19/10  SCG Organisational Development Strategy 2010/11 – 2013/14

The SCG OD Strategy 2010/11-2013/14 was presented to the meeting.

The SCG Organisational Development (OD) Strategy had been written to support the Commissioning Strategy, incorporating the outputs from the recent SCG Board, SCT Executive Team and SCT full team respective time-outs; the results of the SCG self-assessment against the specialised commissioning competencies, and the confirm and challenge session held; the work programme underway within the Commercial Professional Network to up skill the commercial population; the discussion at SCG Board in April 2010 regarding the Board governance and development requirements; and the relevant supporting documents from NHS Barnsley, recognising the interface between the OD plan of SCG with its host organisation.

It was noted that the action plan in the OD strategy only covered the first year and would be updated and refreshed on an annual basis.

It was agreed that the SCG Organisation Development Strategy 2010/11 – 2013/14, be approved.

Laura Sherburn

SCG 20/10  SCG Communications and Participation Strategy 2010/11 – 2013/14

The Communications and Participation strategy 2010/11-2013/14 was presented to the meeting.

The SCG Communications and Participation Strategy had been updated to incorporate the comments from PCT communication leads. The Communication Action Plan had been part-populated, pending the establishment of the agreed virtual Communications Leads Network, via email and teleconference, and through this mechanism, lead PCTs for each piece of work would be agreed. The Participation and Engagement Action Plan would be taken forward by the Patient and Public involvement (PPI) Steering Group.

Further to discussion it was agreed that the current version of the SCG Communication and Participation Strategy 2010/11 – 2013/14 be accepted as a working document. It was recognised that this strategy would need to be revisited in the light of new national policy on engagement.

Laura Sherburn

SCG 21/10  SCG Financial Plan

A report was presented to the meeting which provided an update on the five year Financial Plan with specific reference to 2010/11 (including baseline information changes requested to the 2010/11 plan and an update of contracts). The report set out the process for developing the plan, from September 2009 to March 2010. The current position which had been agreed by the Board was confirmed; with PCTs funding’ as a minimum the financial envelope covering the elements to be added into contract baselines; and providing reserves for the potential growth elements identified.
The Specialised Commissioning Team (SCT) would in agreeing contract baselines ensure that challenges were put into the contract negotiations to ensure increases were kept to a minimum. The SCT would take account of each individual PCT position rather than the SCG bottom line, in recognition of the differential funding.

In terms of risks the report identified there was little scope for managing contracts above their values as the SCT did not hold any contingency reserves. Two of the largest contracts, Leeds Teaching Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust had not been signed. The report highlighted that at this stage the predicted QIPP savings had not been factored into the plan.

The planning cycle for 2011/2012 would need to be brought forward to enable all the appropriate discussions to take place.

It was agreed that the updated SCG 5 Year Financial Plan be received.

**SCG QIPP Programme**

A report was presented to the meeting which included an appendix of QIPP proposals that were either, (a) recommended to be taken forward, (b) those which were subject to further analysis and (c) those which were recommended for removal from the programme. Each of the proposals had been assessed for potential financial savings and for the potential to improve quality. Those proposals which were agreed by the Board would be submitted to the SHA, who would then be monitoring the performance of all QIPP proposals across the region.

The report indicated that it was absolutely vital that dedicated programme management arrangements were put in place to ensure delivery of the schemes, and it was recognised that this was over and above the resource currently sitting within SCT. It had been agreed via the Commercial Professional Network by all PCTs that the first call on Commercial Procurement Collaborative (CPC) resources would be to support the SCG QIPP Programme. Discussions were scheduled in early June to explore this with the CPC following agreement of the projects to be taken forward. However should it be found that CPC did not have the necessary skill-base to support the necessary programme management arrangements, it was proposed that the SCG Board Chair co-ordinate discussions amongst the PCTs, at the earliest opportunity to identify alternative resource, without waiting for the next SCG Board meeting in July.

The report also set out a summary of the QIPP Programme values that were available at this stage.

In considering the proposals and recommendations the following issues were raised:-

- there was a need to avoid cost shifts outside of the SCG services;
- in terms of the proposals relating to neonatal services, there was a view that there was the need to establish a policy and then move to a standard tariff, as the current services had a considerable variance between providers; and
clarification was also required in relation to the national Neonatal Taskforce recommendation and their impact, particularly with reference to; gestational age of transfers; workforce configuration; and reconfiguration of the surgical service in the North Trent Neonatal Network.

The view of the Specialised Commissioning Team (SCT) was that the Taskforce recommendations could be delivered within the current financial envelope, this would result in improved quality, but there would be no cost savings.

There were three major risks relating to the QIPP:

(i) The lack of information and consistency relating to non PbR activity and prices, could hinder achieving cash releasing savings.

(ii) Effective data collection needed each PCT sponsor to own the data analysis requirements of their QIPP proposal; and

(iii) Lack of resource for programme management

The following matters were agreed:-

- That the recommendations in the QIPP programme be accepted;
- That the SCT prioritise the QIPP programme on the basis of highest values and confidence scores;
- That the proposals in respect of resources for programme management set out in the report be supported and that the Chair of the SCG be authorised to progress the actions set out;
- That in respect of the neonatal service a further report be made to the SCG setting out an assessment of the risk of not implementing the Task force recommendations; and
- That this report also consider the advantages of extending the scope across all three levels of the neonatal service.

SCG Work Programme 2010/11

A report was presented to the meeting which set out the proposed work programme for 2010/11. The work programme was aligned to the initiatives with the 5 Year Commissioning Strategy. Each element of the work programme had been risk assessed.

Following discussion it was agreed that the work programme should be reviewed in the light of the agreed actions relating to the QIPP priorities, and the other initiatives that were emerging as key priorities for the coming year.

It was agreed that:

- The SCG Work Programme 2010/11 be reviewed in the light of QIPP and
other emerging priorities, and that there should be a focus on two major work areas: (a) the development of and compliance with policy and how this could be monitored; and (b) the management of contracts in the light of the demand side focus.

- The SCG risk register would identify the appropriate high risk items that would need to feed into the risk registers of all PCTs.

**SCG 24/10 A Strategic Vision for Low Secure Services 2010/11 – 2014/15**

A report was made to the meeting setting out the amended version of ‘A Strategic Vision for Low Secure Services 2010/11-2014/15’. The document had been produced following an 18 month process to develop a strategic vision for the development of low secure mental health services across Yorkshire and the Humber.

It was agreed that the ‘Strategic Vision for Low Secure Services 2010/11-2014/15’ be approved.

**SCG 25/10 Excellence in Decision Making**

A report was presented to the meeting to inform of the unsuccessful tender process for the Excellence in Decision Making work programme. The report provided a summary of the tender process and went on to suggest some alternative ways forward. The report identified that there was a need for a dedicated expert resource to support evidenced-based decision making.

It was agreed that a full-time consultant in public health post, with additional buy in of discrete services be approved within a reduced budget envelope of £150,000 to support evidence based decision making and the development of commissioning policy.

**SCG 26/10 Evidence Based Commissioning**

The Chair of the SCG Board circulated an additional paper in respect of ‘Evidence Based Commissioning’, which provided a summary of the regional work stream relating to a single process to develop, quality assure, implement and monitor evidence based commissioning policies for existing and new drugs and interventions.

The Evidence Based Commissioning Programme Group was undertaking the work to set the up the process, identify existing and planned policies, set the standards (including those for engagement and consultation) and communicate the process. This stage of this process was anticipated to be time limited.

It was proposed that the vehicle through which the approval, quality assurance and recommendation of policies would take place would be the SCG, via the new Regional Policy Gateway Group.

This way forward with the utilisation of existing governance arrangements, would coordinate work and would share best practice. In addition it would also ensure that all the resulting policies would meet the requirements set out in the NHS
Constitution and Secretary of State’s directions.

To date, over 400 potential "policies" had been identified as in use or planned, and a process of sifting and prioritisation was taking place.

A second more detailed report was presented which included the terms of reference of the EBC Programme Group and the Regional Policy Gateway Group.

The Evidence Based Commissioning Group would co-ordinate the development of a database of all existing and proposed policy being undertaken by organisations/groups in Yorkshire and the Humber. The EBC Group would work with the Regional Policy Gateway Group to ensure the development of a policy framework and standards (including consultation standards) for agreement at SCG. The EBC Group would also draw up guidelines for the involvement of providers in development of policy and a plan for the ongoing evaluation of policy implementation. It would develop a work plan to ensure all existing policies were in a standard format, quality assure consultation and refer them to the Regional Policy Gateway. It would further work with groups/organisations to ensure future policies were in the standard format and met consultation and other standards.

The Regional Policy Gateway Group would provide a focus for the identification, prioritisation, and allocation of appraisal topics to technical groups. In addition, it would define the standards and timescales for appraisals and oversee appraisals, ensure that all reviews followed the agreed process and met minimum quality standards before referral to SCG for a decision. The first meeting of Regional Policy Sub Group would be held on the 6 July.

Reviewing the implementation of policies was an important part of their development that would need to be planned and adequately resourced. Follow-up may include monitoring financial performance or audit of policy criteria. A region-wide approach to reviewing implementation was required and would need to be incorporated in every policy. Data generated by such reviews should be available for use by the sub regional commissioning groups in discussion with their providers or by individual health communities as appropriate. Review data should also inform future policy development.

The risk that Individual Funding requests (IFR) could undermine the effectiveness of new policies was recognised.

The SHA Medical Director was meeting with the Medical Directors of Acute Trusts and Directors of Public Health to emphasise the importance of the EBC approach. The EBC process had the potential to realise substantial cash releasing savings, it would be important that these were not double counted in PCT QIPP proposals.

At the moment 119 existing drug procedures had been identified for consideration mainly relating to non-tariff. Some PCTs had done significant work on developing policies. PCTs would be asked to convert these into the standard format.

In conclusion it was agreed:-

- that the programme management of the EBC be undertaken by the SCG and
that PCTs endorse these arrangements and the implementation of the EBC policies;

- that PCTs ensure that they have the capacity to participate effectively in the process, including the monitoring of compliance with policies;

- That a communication plan be developed for the EBC process;

- That workshops be arranged for Board Chairs and NEDs and PCT leads; and

- That information on the timescale and actions for implementation be forwarded to PCT Chief Executives.

**SCG Cochlear Implant Commissioning Policy**

A report was presented to the meeting which highlighted that adult bilateral cochlear implants for meningitic cases had been omitted from the NICE guidance and from the current SCG commissioning policy.

The Clinical Standards Sub-Group, at the meeting held on 13th May 2010, considered that, given the nature and circumstances of these cases, routine funding with prior approval of bilateral cochlear implants for adults with profound deafness as a result of bacterial meningitis would be appropriate.

It was agreed that the amended Cochlear Implant Commissioning Policy be approved.

**SCG Fertility Commissioning Policy**

A report was presented to the meeting which set out the full consultation that had been undertaken with respect to the Fertility Commissioning Policy, and sought approval for the implementation of the policy from the 1st July.

It was agreed that the Fertility Commissioning Policy be approved and implemented from the 1st July 2010.

**SCG Performance Report – Month 11 2009/10**

The performance information for month 11 was presented to the meeting. The SCG contracts were over-performing to a value of £10.5m in the year to date with a forecast year end position of £12.5m overspend.

The report went on to detail the proposed changes to the Performance Monitoring Sub-Group (PMSG).

It was proposed that the Finance Network Group (FNG) become a sub-group of the PMSG, allowing the FNG to escalate issues via the PMSG to the SCG Board, and similarly allowing the PMSG to delegate pieces of work to the FNG where more detailed financial scrutiny was needed. This way the role of the FNG as a vital networking mechanism was not lost, and the business of the PMSG was
supported by a finance working group without losing its contracting and performance focus.

As Secure Mental Health services constituted such a significant proportion of the SCG expenditure, it was proposed that the existing Secure Mental Health Governance Group was also linked to the PMSG, thereby providing an anchor for the work of the former, and an opportunity for more robust scrutiny and understanding of issues in the latter.

It was suggested that the PMSG be authorised by the SCG Board to link with existing regional service-level groups and networks, such as the Renal Strategy Group, or Cancer Commissioning Groups, and request assistance from such groups in understanding certain service issues relevant to SCG performance.

It was also recognised that the overlap with the Clinical Standards Sub-Group with regard to quality monitoring was confusing, and therefore the two should be clearly separated; the CSSG would be responsible for production of a quarterly quality report, and the PMSG was responsible for a monthly contracting report covering activity, finance and performance. The CSSG had endorsed this approach at their meeting on 13th May 2010.

It was proposed that the PMSG membership be expanded to be an open forum for all PCT contract leads, to increase the level of challenge taking place in relation to the performance and management of contracts. It had also been agreed to change the day of the meeting to increase attendance from the PCTs hosting the major tertiary providers.

It was proposed that the PMSG’s terms of reference be amended to emphasise the responsibilities for proactive challenge, and providing robust assurance to the SCG Board on a monthly basis, together with the actions being taken. In support of this, and in recognition of the issues raised at SCG Board regarding the need for an exception based report, highlighting issues outside the normal parameters of volatility, it was agreed that the performance report would be supported by a risk register, from which the PMSG would construct the Board exception report. This exception report would detail the highest risks and the mitigating actions in place to deal with them, as assurance to SCG.

It was agreed that these proposed changes to the governance arrangements and the approach of the PMSG be approved with immediate effect.

**SCG Acute CQUINS 2010/11**

A report was presented to the meeting seeking endorsement of the SCG Acute CQUINs scheme which had been completed following consultation and linked to the SHA process.

It was agreed that the SCG Acute CQUINs scheme be approved together with the use of the SHA time-table for the scheme.
It was noted that all providers except the Sheffield Foundation Trust had agreed the scheme. The Trust had raised concerns around the application of the percentage to the scheme; these comments were discussed by the meeting.

It was agreed that the SCG did not wish to re-open discussion on the basis of the scheme at this stage. 

Kevin Smith

**SCG TAVI Governance Update**

An update report was presented to the meeting which outlined that concerns had been expressed regarding advice given to patients in Hull.

At the CSSG meeting held on 13\(^{th}\) May 2010, the Medical Director of NHS Hull and the Medical Director of Hull and East Yorkshire Trust confirmed that they had met with the lead clinicians for the service and that they were now assured that appropriate advice was being given.

It was agreed that the report be noted.

Cathy Edwards/Laura Sherburn

**SCG Specialised Services National Definition Set: Third Edition Update**

The report advised the meeting that the ‘Third Edition of the Specialised Services Definition Set’ had now been published by the Department of Health.

It was agreed that the review of the ‘Third Edition of the Specialised Services National Definition Set’ be undertaken as part of the annual review of the SCG Establishment Agreement and that until such time that this has been undertaken, the ‘2\(^{nd}\) Edition of the Specialised Services National Definition Set’ would be the basis of determination for the inclusion in SCG business.

**SCG Draft Minutes of the Clinical Standards Sub Group**

The draft minutes of the Clinical Standards Sub Group meeting, held on the 13\(^{th}\) May 2010 were presented to the meeting.

It was agreed that the draft minutes of the Clinical Standards Sub Group meeting held on 13\(^{th}\) May 2010 be received.

**SCG Draft Minutes of the Performance Monitoring Sub Group**

The draft minutes of the Performance Monitoring Sub Group meeting, held on the 20\(^{th}\) May 2010 were presented to the meeting.

It was agreed that the draft minutes of the Performance Monitoring Sub Group meeting held on 20\(^{th}\) May 2010 be received.

**SCG Strengthening National Commissioning**

A letter from the Department of Health was presented to the meeting for information. It made reference to the establishment of a new national Advisory Group for the commissioning of highly specialised services.
### Action

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<tr>
<th>SCG 36/10</th>
<th>Any Other Business</th>
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<tr>
<td></td>
<td>Reference was made to the forthcoming White Paper on Health and the need for PCTs to ensure that they communicated their views to the DH on future arrangements for the commissioning of specialised services. All</td>
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<thead>
<tr>
<th>SCG 37/10</th>
<th>Date and Time of Next Meeting</th>
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<tr>
<td></td>
<td>The next meeting of the SCG would be held on Friday 23&lt;sup&gt;rd&lt;/sup&gt; July 2010.</td>
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