

26 November 2014  
Agenda Item No 10 (a)

**NHS SALFORD CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
AGENDA ITEM NO 10 (a)**

**Item for Assurance and Decision**

**26 November 2014**

<b>REPORT OF:</b>	Chair of Programme Management Group
<b>DATE OF PAPER:</b>	26 November 2014
<b>SUBJECT:</b>	Programme Management Group Report
<b>IN CASE OF QUERY PLEASE CONTACT:</b>	Karen Proctor Head of Performance and Commissioning Support 0161 212 5654
<b>STRATEGIC PRIORITIES:</b>	Please tick which strategic priorities the paper relates to:
<b>Quality</b>	✓
<b>Community Based Care</b>	✓
<b>Integrated Care</b>	✓
<b>In Hospital Care</b>	✓
<b>Long Term Conditions and Mental Health</b>	✓
<b>Effective Organisation</b>	
<b>PURPOSE OF PAPER:</b>	
<p>This is a report from the Salford Clinical Commissioning Group Programme Management Group, which is a formal committee reporting to the Governing Body.</p> <p>The report's purpose is to provide assurance relating to commissioning programmes, outlining key decisions made by the Group and seeks, as appropriate, ratification of commissioning decisions.</p> <p>The NHS Salford Clinical Commissioning Group Board is asked to:</p> <ul style="list-style-type: none"> <li>- endorse the recommendation from the Programme Management Group to approve the business case for a Local Commissioned Service for Long Term Conditions (described in paragraphs 3.12 to 3.16), and</li> <li>- note the content of the report, including decisions made by the Programme Management Board in September and October 2014.</li> </ul>	

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**Further explanatory information required**

<p><b>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</b></p>	<p>The Programme Management Group oversees the organisation's commissioning activities aimed at delivering the organisation's strategic priorities.</p>
<p><b>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</b></p>	<p>N/A</p>
<p><b>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</b></p>	<p>N/A</p>
<p><b>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</b></p>	<p>N/A</p>
<p><b>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</b></p>	<p>Conflicts of interest are inherent for the Programme Management Group as clinical members are also providers of services. Items with particular material conflicts of interest are highlighted in the report.</p>
<p><b>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</b></p>	<p>N/A</p>

Footnote:

Members of NHS Salford Clinical Commissioning Group Governing Body will read all papers thoroughly. Once papers are distributed no amendments are possible.

<b>Document Development</b>
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Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)		✓		Commissioning programmes include public engagement as appropriate	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)	✓			Clinical chair of the PMG presents the report. Group includes all Governing Body clinicians.	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)		✓		Commissioning programmes undertake EIAs as appropriate	
Legal Advice Sought		✓			
Presented to the Programme Management Group				N/A	
Presented to the Health and Wellbeing Board		✓			
Presented to the Integrated Commissioning Board		✓			
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)		✓			

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

## Programme Management Group Report

### 1 Executive Summary

*This report summarises the Programme Management Group's business during September and October 2014. The report includes the following business, with further details in the next sections.*

*\* As a GP-led organisation, conflicts of interest are not entirely avoidable. To help manage such conflicts openly, items marked with an asterisk indicate where there have been Programme Management Group commissioning decisions or significant discussions that represent a conflict of interest between the commissioning and provider roles of clinical members of the Programme Management Group. The Programme Management Group manages all conflicts of interests in line with the CCG's Conflict of Interest Policy.*

#### **Strategic planning and commissioning decisions:**

- *Considered a proposal on commissioning services from Salix Health Ltd to run a primary care quality improvement pilot and about providing time-limited running cost funding. The decision was delegated to, and subsequently approved by, the CCG Executive Team\**
- *Received an update on the CCG's performance against the NHS England CCG Assurance Framework*
- *Approved several Greater Manchester 'Effective Use of Resources' (EUR) policies and Medicines Management Policies*
- *Discussed an approach to developing community premises in Salford and agreed that a CCG Estates Strategy is to be prepared*
- *Agreed a process for the tendering of the NHS111 service, collectively with all Northwest CCGs*
- *Provided feedback on, and endorsement of, the draft Salford General Practice Development Plan\**
- *Considered and agreed (by non GP members only) to recommend to the Governing Body that a Business Case for a Long Term Conditions Local Commissioned Service be approved\**
- *Considered and approved (by non GP members only) a business case for a new 15-month Pro-active Care Local Commissioned Service\**

#### **Quality & Safety**

- *Considered a report updating on the management of serious untoward incidents*
- *Received a report on Health Care Associated Infections*
- *Agreed a plan for quality walkarounds*
- *Discussed a Safeguarding Update Report*
- *Considered a Quality Exception Report, which covered performance concerns at the CCG's main providers*
- *Received feedback from the Greater Manchester Quality Surveillance Group (QSG)*

#### **Finance and contracting:**

- *Considered a financial update report and a mid-year review of planned commissioning investments*

**Partnership Updates:**

- Reviewed the draft completed Better Care Fund national templates for Salford
- Consulted with on the Integrated Care Programme's (ICP) business cases for Multidisciplinary Groups (MDGs) and the Centre of Contact

**Sub-group updates:**

- Considered reports received from the following sub-groups: Long Term Conditions and End of Life Care Commissioning Group, Community Based Care Commissioning Group and the Primary Care Quality Group

**Innovation and Research**

- Received a report on CCG Innovation and Research matters

**Neighbourhood matters:**

- Reviewed the terms of reference for the Neighbourhood Clinical Commissioning Groups
- Discussed several matters raised by member practices and neighbourhoods

The Governing Body is asked to:

- endorse the recommendation from the Programme Management Group to approve the business case for a Local Commissioned Service for Long Term Conditions (described in paragraphs 3.12 to 3.16)
- note the content of this report, including decisions made by the Programme Management Board in September and October 2014.

## **2 Introduction and Background**

**2.1** The Programme Management Group is a committee of the Clinical Commissioning Group (CCG) Governing Body, to which it is accountable.

**2.2** This report summarises the Group's business during September and October 2014, which involved five meetings. Its purpose is to provide assurance relating to the CCG's commissioning programmes, outlining key decisions made and seeking, if appropriate, ratification of commissioning decisions.

**2.3** This report covers the Group's business under the following headings:

- Strategic planning and commissioning decisions;
- Quality and Safety;
- Finance and contracting;
- Partnership updates
- Sub group updates;
- Innovation and Research; and
- Neighbourhood matters.

**2.4** From November 2014, the chairmanship for the Programme Management Group transfers to Dr Jeremy Tankel. The Group congratulated and thanked Dr Annette

Johnson for successfully chairing the Programme Management Group since the establishment of the CCG in April 2013.

### **3 Strategic planning and commissioning decisions**

- 3.1** The Group reviewed a proposal from the Community Based Care Commissioning Group about commissioning services from Salix Health Ltd to run a primary care quality improvement pilot and about providing time-limited running cost funding. The Governing Body consultant, nurse and lay members were invited to join the Group for this item and two members were able to attend.
- 3.2** This item initiated a lengthy discussion about the inherent conflicts of interest that exist in the CCG and the need to be, and be seen to be, open and transparent on commissioning decisions relating to primary care. It was agreed that the Governing Body would discuss in its public part of a future meeting the strategic importance of developing a primary care provider organisation and how associated conflicts of interest are to be managed.
- 3.3** It was agreed that information needed to be documented, and shared with all Governing Body lay members, about Salix Health Ltd, the process of establishing this proposal and the consideration given to the provider selection process. It was further agreed that the decision on this proposal be delegated to the non-GP members of the CCG Executive Team, whose consideration would include this proposed documentation.
- 3.4** It was requested that all commissioning agreements with Salix Health Ltd, as with all providers, be accompanied with Key Performance Indicators and a clear process of dealing with poor delivery of these.
- 3.5** The Programme Management received an update on the CCG's performance against the NHS England CCG Assurance Framework, with confirmation that the CCG is fully assured against all performance domains. The Group received an update on plans to implement a new business system, Covalent.
- 3.6** The Group discussed and agreed several Greater Manchester 'Effective Use of Resources' (EUR) policies:
- Aesthetic Breast Surgery
  - Tonsillectomy
  - Lycra Body Suits
  - Hyaluronic Acid Injections for Osteoarthritis
- 3.7** The Group also discussed and agreed the following Greater Manchester 'Medicines Management' policies:
- Use of biological drugs in ulcerative colitis
  - Use of biological drugs in [adult] Uveitis
  - Harmonised pathway for biologics in rheumatoid arthritis
  - Psoriatic Arthritis & Ankylosing Spondylitis Pathway

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- Collagenase in Dupuytren's Contracture
  - Various other recommendations by the Interface & New Therapies Sub Group
- 3.8** The Group agreed that Salford CCG will adopt all future EUR and medicines management recommendations once they are agreed by the Greater Manchester Association of CCGs. The Programme Management Group could still decide to veto a decision at a later stage.
- 3.9** Emerging guidance from NHS England gives CCGs more of a role in strategic planning of estates. The Programme Management Group has discussed an approach to developing community premises in Salford. It was agreed that a CCG Estates Strategy is to be prepared, though it was noted that much work would be needed to initially establish baseline information about the current estate.
- 3.10** The Group agreed a process for the tendering, over the next 12 months, of the NHS111 service, collectively with all Northwest CCGs.
- 3.11** The Programme Management Group provided feedback on, and endorsement of, the draft Salford General Practice Development Plan, which had been developed by the Community Based Care Commissioning Group, including public and patient engagement and consultation with member GP practices. Following approval by the Governing Body, implementation and financial plans are to be developed.
- 3.12** The Governing Body consultant, nurse and lay members were invited to attend for a Programme Management Group item (Local Commissioned Service for Long Term Conditions) that represented a conflict of interest for the GP members of the Group. One lay member was able to attend for the item. A business case for this Local Commissioned Service (LCS) was presented on behalf of the Long Term Conditions and End of Life Care Commissioning Group. This proposal had been developed with considerable clinical input and aims to improve the quality, and reduce the variation, of the identification and management of long term conditions in primary care.
- 3.13** The proposed LCS is made up of four parts. Part 1 is Standards of Care and Management that builds, and is more challenging than, the Quality and Outcomes Framework (QoF). Part 2 is education and training, with both mandatory and optional elements. Part 3 is a patient and practice agreement and Part 4 is information technology and reporting processes, which aims to involve the extraction of data from GP clinical systems. The CCG plans to provide a supporting process to help practice achieve and maintain the standards required.
- 3.14** The business case had previously been scrutinised and supported by the CCG Commissioned Services Quality Group and key points were reported in detail to the Programme Management Group. This included the options for how payment should be based. A mixed approach was agreed which included a set amount to cover fixed costs and amounts associated with the number of patients registered with long term conditions. It was agreed that the exact methodology is to be considered and agreed by the CCG Executive Team. The Programme Management Group also recommended that alternative arrangements be available for two practices with Alternative Provider Medical Services (APMS) contracts as these contracts already incorporated enhanced funding for higher service standards. It was also agreed that

although the scheme is intended to be for five years, the detail of the scheme is reviewed annually and considered in the context of overall general practice national and local contracting arrangements. The Group were assured that this proposed LCS did not duplicate other elements of GP contracts, especially the QoF scheme. It was agreed that the quality standard achievement levels be reviewed after six months in order to assess for reasonableness, and to ensure that they are both achievable but not under ambitious. It was noted that the proposed scheme allowed for the withholding of a proportion of funding for failure to meet the required standards. It was further agreed that as part of implementation of the scheme, the escalation process for raising performance concerns will be developed.

- 3.15** The Programme Management Group debated the above points and further points in detail, including the potential benefits of consolidating all individually commissioned schemes into one overarching commissioned service including, potentially, public health commissioned services. It was agreed that the Community Based Care Commissioning Group would explore this proposal further during 2015/16. The GP members of the Programme Management Group left the meeting, whilst the non-GP members confirmed their support of the business case.
- 3.16** As the value of this business case (up to £2.5M per year) is above the delegated financial limits of the Programme Management Group, the Governing Body is requested to endorse the decision of the Group and approve the business case for implementation. It should be noted that the CCG's Five Year Strategic Commissioning Plan and Finance Plan signalled the CCG's intention to develop a LCS for Long Term Conditions.
- 3.17** The Programme Management Group considered a business case for a new 15-month Local Commissioned Service (LCS) prepared by the Community Based Care Commissioning Group, with a total value of £383K over 15 months. This LCS aims to encourage sign up to a suite of individually commissioned services from primary care into one 'pro-active care' model. Its strategic purpose is to deliver Salford-wide coverage of a set of services which are currently mostly voluntary for practices, resulting in an inequity of provision. It was agreed that the exact payment methodology would be considered and agreed by the Executive Team at the same time as doing so for the Long Terms Conditions LCS. After debate, the Programme Management Group approved the business case. As there was a conflict of interest for the GP members of the Programme Management Group, this decision was made by non GP members of the Group only. The GP members were not present at the meeting when this decision was made. Although invited to attend for this item, no Governing Body lay members were able to attend.

<b>4 Quality and Safety</b>
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- 4.1** The Programme Management Group considered a report updating on the management of 'serious untoward incidents' reported by Salford Royal Foundation Trust, Greater Manchester West Foundation Trust and Oaklands Hospital. The aim is to widen this report over time to include other providers of care to Salford CCG patients.



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- 4.2 A report on Health Care Associated Infections was received by the Group. It was reported that CPE (Carbapenemase Producing Enterobacteriaceae) is a growing issue in Greater Manchester and that work to scrutinise providers around these cases is on-going.
- 4.3 The Programme Management Group members have plans to take part in 'quality walkarounds' at Salford Foundation Trust hospital and community sites.
- 4.4. The Group received a Safeguarding Update Report, giving approval to disseminate the updated CCG Safeguarding Policy which now includes Child Sexual Exploitation and Human Trafficking.
- 4.5 The Programme Management Group received a Quality Exception Report which covered performance concerns at the CCGs main providers. Over time, this is to be extended to include other providers.
- 4.6 Feedback is provided to the Programme Management Group from the Greater Manchester Quality Surveillance Group (QSG).

## **5 Finance and contracting**

- 5.1 The Group receives regular finance and contracting update reports. Recent reports have informed that the CCG is continuing to meet its statutory duties. Other points noted were that the CCG is forecasting to meet its target surplus, risks are regularly monitored and reported and that the £1m of funds allocated by the CCG to support General Practice Information Technology are no longer required as this is now covered by additional allocations and a reduction in costs.
- 5.2 The Group discussed the mid-year position of planned commissioning investments. Whilst it was noted that there had been slippage in respect of some planned investments e.g. primary care extended opening schemes and the Long Term Conditions Local Commissioned Services, most planned investments were commencing in the second part of the year, with full year costs anticipated in 2015/6. The Group discussed ideas for the use of underspent budgets in this year. In particular, there was agreement to explore the possibility of extending a pilot with Six Degrees Social Enterprise aimed at reducing lengths of wait for Psychological Therapy.

## **6 Partnership Updates**

- 6.1 The Programme Management Group reviewed the draft completed Better Care Fund national templates for Salford, which the Salford Health and Wellbeing Board were to approve and submit in line with the national assurance process for the Fund. There was particular discussion on whether the aspiration to reduce emergency hospital admissions was set at an overly ambitious level and how the associated risks were to be managed within the Integrated Care Programme Alliance Agreement. It was highlighted that Salford's proposed reduction for 2015 was much lower (1%) than the national planning assumption of 3.5%, but that the Alliance partners were confident

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that this was a much more realistic plan and that further reductions were assumed up to the year 2017.

- 6.2** The Group was consulted with in respect of the Integrated Care Programme's (ICP) business case for Multidisciplinary Groups (MDGs), with particular emphasis on the clinical model of service delivery. The business case, which was endorsed by the ICP Alliance Board, represents a £2M investment in primary care, district nursing, social workers, mental health community staff and administration staff. There was particular discussion with regards to the district nursing service with several points raised; the need for credible workforce plans, skill mix, education and training, productivity, robust outcome measures and executive level support of the service. It was agreed that these points would be considered by the District Nurse Working Group, as part of the implementation of the business case and review of the service specification and at the Quality & Outcomes Contract meeting with the Trust.
- 6.3** The Group also noted the Integrated Care Programme's (ICP) business case for one-year set up monies for the 'Centre of Contact' for health and social care services.

## **7 Sub-group Updates**

- 7.1** The Long Term Conditions (LTCs) and End of Life Care Commissioning Group provided a report to the Programme Management Group, covering a general update on each of the group's workstreams. There was a particular discussion on the cancer waiting times breaches. It was agreed that a clinical review of breaches in the first quarter of the year would be undertaken and the results brought back to a future Programme Management Group meeting.
- 7.2** The Group supported a recommendation from the Long Term Conditions (LTCs) and End of Life Care Commissioning Group that the session time for the Cardiovascular Disease clinical workstream lead be extended from 0.5 to 1 session per week.
- 7.3** The Programme Management Group received an update on the work of the Community Based Care Commissioning Group, offering support and advice in respect of the review and specification writing for Clinical Assessment and Treatment Services (CATS), in preparation for the end of the Care UK contract for CATS.
- 7.4** The Primary Care Quality Group provided an update report, which included the launch of the Practice Quality Dashboard that, on the whole, had been positively received by practices. The Group had implemented the Quality Scheme and commenced work with Salix Health on the Primary Care Quality Improvement Pilot.

## **8 Innovation and Research**

- 8.1** The Group were updated on the CCG's work on innovation and research. It was noted that fewer innovation bids were now being received. A presentation was received on the Strengths, Weakness, Opportunities and Threats of the current Innovation Programme, which would be used to review the future management of the programme. It was agreed that an Innovation and Research Plan would be produced for the CCG.

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- 8.2** The group was informed that Dr Mhairi Yates had recently been appointed Clinical Lead for Innovation and Research.

## **9 Neighbourhood Matters**

- 9.1** The terms of reference for the Neighbourhood Clinical Commissioning Groups were reviewed and updated. This included reflecting that the Neighbourhoods are now supported by funded sessions for a deputy Neighbourhood Clinical Lead, a practice nurse and a practice manager.
- 9.2** The Group continues to discuss matters relevant to, or raised by neighbourhoods. This has included sharing progress on extended opening schemes.

## **10 Recommendations**

- 10.1** The NHS Salford Clinical Commissioning Group Governing Body Board is asked to
- endorse the recommendation from the Programme Management Group to approve the business case for a Local Commissioned Service for Long Term Conditions (described in paragraphs 3.12 to 3.16)
  - note the content of the report, including decisions made by the Programme Management Board in September and October 2014

**Dr Jeremy Tankel**  
**Chair of Programme Management Group**  
**Salford Clinical Commissioning Group**