North West Region Draft North West Specialised Service Committee	
Date of Meeting:	6 March 2025, 9:00am – 12:00pm
Venue:	Teams

MEETING ATTENDANCE		
Ruth Hussey	RH	Non-Executive Member, C&M ICB
Andrew Bibby	AB	Regional Director of Health & Justice and Specialised Commissioning (North West)
Clare Watson	CW	Assistant Chief Executive, C&M ICB
Fiona Lemmens	FL	Associate Medical Director for Transformation and Deputy Medical Director, C&M ICB
Steve Knight	SK	Deputy Chief Medical Officer GM ICB
Sue McGorry	SG	Director of Nursing, Direct Commissioning, NHSE NW
Craig Harris	CHa	Chief of Strategy, Commissioning & Integration, L&SC ICB
John Wareing	JW	Director of Strategy, The Christie NHS Foundation Trust
Claire Lewis	CL	Associate Director for Quality Assurance L&SC ICB
Louise Sinnott	LS	Head of Acute Strategy & Transformation / Place Based Lead for Greater Manchester
Jim Birrell	JB	Non-Executive Member, L&SC ICB
Fiona Simmons-Jones	FSJ	Consultant in Healthcare Public Health: Specialised Commissioning
Katherine Sheerin	KS	Chief Commissioning Officer GM ICB
Philip Kemp	PK	Associate Director of Finance (GM Healthcare Team), GM ICB
Carole Hodgkinson	CH	Head of Commercial Management, NHSE. NW
Carol Stubley	CS	Director of Commissioning Finance, NHSE, NW
In Attendance		
Jane Malkin	JM	Policy Officer NHSE NW
Matt Tetlow	MT	Business Coordinator

Item No.	Discussion
1	**Welcome, introductions, apologies and Declarations of interest.** Ruth Hussey chaired and welcomed the group to the meeting. Apologies were received from James Thompson.
2	**Minutes** The minutes from the last meeting were accepted as accurate.
3	**Action Log** Actions from the last meeting's minutes were updated. It was noted that the actions in the log needed updating. RH advised that at future meetings, the development session will be held at the end of each meeting to brief on upcoming items. Action 32: AB and team to review actions and update or advise to close as appropriate and circulate the revised action log to the committee members before the next meeting.
4	**Regional Director update** AB provided an update to the members. The team's capacity remains a challenge as NHSE continues to progress the corporate change process, which has resulted in a freeze on recruitment. Risks: - Immediate risk to resilience and ability to deliver programmes. - Significant risk related to capacity within the Finance team. - Potential risk that, due to capacity constraints in Finance, may not be able to split the delegated team by 1st July and continue to provide separate, safe services regarding finance and retained finance. CS noted that the capacity risk within Finance has been escalated to the national team. A decision on whether the split can be safely undertaken will need to be made by May. The team is currently in the midst of the planning round, with offers having been made to providers this week. This year's planning process is facing challenges due to the new rules, including the ERF. There is concern that the commitment to draw down national funding to support mechanical thrombectomy expansion has been withdrawn, which could create a financial pressure. Following discussions at the National Delegated Commissioning Group meeting, the Congenital Heart Disease service will undergo work and peer reviews. Based on the outcomes, there may be changes to the service specification.

	Additionally, a national process has been completed to confirm the delegation of the Specialised Infectious Diseases services. The two services responsible for running the service in the North West will be MFT and Royal Liverpool. The Liverpool site has also been designated as a reference site for Tropical Medicine. Action 33: The risk of a potential delay in the transfer to be added to the Board Risk Register, and the ICB boards to be made aware of it through the Chairs' Report.
5	**Quality Development Session** SM presented slides, which will be shared after the meeting. The session's purpose was to establish a shared understanding of how quality is assured and overseen within Specialised Services, with consistent definitions of quality management, oversight, and accountability. The National Quality Board's 2021 guidance, The Shared Commitment to Quality, outlines a unified vision for quality, focusing on three dimensions: safety, clinical effectiveness, and patient experience, alongside six domains and guiding principles. Safeguarding is integrated across all pathways, and the RASCI Principles are embedded within Specialised Commissioning guidance. Despite capacity challenges, NHSE collaborates effectively with ICB colleagues, sharing reporting responsibilities. However, NHSE retains accountability for services it commissions. Oversight and assurance will continue regionally, adopting a single, standardised approach to avoid duplication. The quality report for the committee has been agreed and adapted based on feedback from ICB colleagues. The report also includes cross-boundary effects and details of the joint approach to staff alignment with programmes. ICB and Specialised Commissioning colleagues have worked on the pre-delegation framework, outlining readiness for Specialised Commissioning, and examples of joint working. The teams collaborate on quality monitoring, KPIs, and contract levers as part of a multi-disciplinary approach. The Specialised Quality Dashboard enables national benchmarking of services. Case Study 1 highlighted key learnings, including the importance of duty of candour and improved relationships between LCL and MFT. Case Study 2 demonstrated improved relationships among organisations and collaboration with the Spinal Operational Network for service peer reviews. Next Steps: Collaboratively develop an operational model for quality oversight and review the escalation process. Following a group discussion on various aspects of quality and continuous improvement, RH highlighted the need to test communication processes and the flow of knowledge. It was emphasised that confidence in the national dashboard data is essential. As part of evaluating the operational system, consideration must be given to what is reported to the Board in terms of quality. There is an intention to examine the entire pathway for quality monitoring across all involved, which should be reflected in the

	operational diagram. Additionally, there is a need to incorporate learning from out-of area placements, particularly in mental health. The mental health quality system and any differences in its approach must also be considered as part of this process. A request was made for Q&P Chairs to meet once the draft schematic is completed. While there is a strong, well-developed incident handling system in place, routine monitoring requires further attention at this stage. The continuous improvement aspect must be integrated into this body of work, with clear accountability. SM noted that while it is not possible to replicate the ICB quality reporting, she welcomes the opportunity to collaborate with colleagues to better understand the needs of ICBs. Action 34: SM to create a schematic for the operational quality system that outlines the relationships, responsibilities, and ownership. This schematic will cover both the quality monitoring system and the staff delegated to LSC, along with their roles within the hub. Deadline: June 25 meeting.
6	**Items for decision/endorsement** **Women and Children's Programme** AB noted that the purpose of the paper was to seek a decision regarding the future resourcing of the Women and Children's Programme. To date, the funding has been allocated through programme costs, and the team currently holds Fixed Term employment contracts that are set to expire this month, making an urgent decision necessary today. There is a concern regarding the skill mix within the team, as there may be a lack of the required technical expertise. Additionally, the current team is small, and each member is the sole person in their role, which presents a resilience risk. Options: A. Continue with the current configuration as it is. B. Engage a management consultancy to provide additional capacity, support resilience, and introduce the required technical expertise. C. Purchase specific services or expertise as needed, while maintaining the existing arrangements (hybrid) The third option is unlikely to offset costs and has therefore been eliminated at this time. Option A presents several disadvantages but would incur the lowest cost. A breakdown of the costings for both options was provided. Members were asked to decide on the preferred option and approve the resource requirements associated with the selected option. The members discussed the advantages and disadvantages of each option. Key themes: - Cost of procuring management consultancy services. - Perception of using external bodies amidst resource constraints. - Pivoting Specialised Commissioning staff to reprioritise the work agenda.

- Commitment to the timeline from whichever option is chosen.
- Is there confidence to deliver the programme with option A.

There is also need for NSHE to understand the overarching service prioritisation process within the ICB relating to transformational pieces of work and standard contract work for Specialised Commissioning.

The net difference between the current situation and Option B is £400,000, which would be pro-rated across the three ICBs. The neonatal programme is considered a high national priority.

AB highlighted that the programme is highly technical, and the current team does not possess the necessary skills or resilience to complete it within the proposed timescale.

The timelines for the four elements of the programme were outlined.

It was emphasised that the Neonates programme should be prioritised to mitigate risks, and the ICBs offered to assess the skills gap, with a view to reprofile the team and supplement it with ICB staff.

LS noted the duty of care to all staff, ensuring they are not overburdened, as this could lead to unmet statutory responsibilities.

The **decision** was made to fully explore Option A in order to attempt to deliver within the cost envelope.

Action 35: ICB leads and Regional Director to agree a way forward and report back to April 25 meeting.

Retinopathy

LS noted that the Committee has previously considered the risks and fragility of this service and described the purpose of the paper.

Since the last update providers have invested in the equipment required in the neonatal units, reducing the amount of capital funding required to invest in equipment.

There is support for this model across the system and providers have confirmed their current staffing establishment and the gap to deliver this model. The team will continue to work with providers to address the capital investment for the equipment needed.

There are four recommendations in the paper.

There was a group discussion regarding prioritisation and finance and the potential future costs if investment is not approved.

RH asked the executive group to discuss how to promote joint working to understand what needs to be a shared priority, and how the work of Specialised Commissioning is prioritised within this group specifically.

	Decision: The committee supported the four recommendations with the following conditions: funding will only be released as providers are able to deliver the service, and a report summarising the quality and performance benefits of this investment will be presented to the committee in 12 months. Action 36: Executive team to discuss how to agree prioritisation of work to inform the annual work programme.
7.	**Quality update** Nothing by exception
8.	**Finance update** CS provided the finance update to the Committee. A surplus of £29.9m is anticipated on delegated functions, which includes slippage on paediatric retinopathy and congenital heart disease. This surplus will be used non recurrently within the ICBs to offset its financial position. For the 2025/26 period, the number of delegated services will increase from 56 to 70 starting 1st April. Low and medium secure mental health services will be included within the delegated services. These services are currently commissioned by Lead Provider Collaboratives, and this arrangement will continue for the next twelve months on behalf of the ICBs. ERF funding this year is slightly lower than the forecasted outturn for 2024/25. It has been agreed with ICBs that ERF funding will be capped, with no additional funding above that amount for providers. The expectation is that providers will improve RTT in line with the planning guidance. NHSE reserves the right to claw back funding in the event of lower-than-expected activity. A balanced plan is in place, but there is limited resource available to manage potential risks. The financial position was noted by Committee members. Action 37: A report on financial planning alignment will be brought to the April meeting.
9	**AOB** Remaining papers were noted by the Committee and will be addressed at the April meeting. Action 38: FSJ will circulate the Health Needs Assessment in Delegated Services papers for virtual approval. Action 39: Carol Hodgkinson will circulate the ACCT paper for information in advance of next meeting

10	**Next Meeting:** 3rd April 10:00 – 12:00, Rothay meeting room, 4th Floor, 3PP, Manchester