



Lancashire and South Cumbria Joint Committee of CCGs

Thursday 7th June 2018 - 1.00pm – 4.00pm

Venue: Oswaldtwistle Mills Business & Conference Centre, Clifton Mill, Pickup Street,
Oswaldtwistle, Lancashire BB5 0EY

Agenda

Agenda Item	Item	Owner	Action	Format
1.	Welcome and Introductions	Phil Watson	Information	Verbal
	Apologies	Phil Watson	Information	Verbal
	Declarations of Interest	Phil Watson	Information	Verbal
2.	Minutes for Ratification - 11 th January 2018	Phil Watson	Information	Paper
	Action Matrix Review	Phil Watson	Information	Paper
3.	Any Other Business Declared	Phil Watson	Information	Verbal
4.	Outstanding Items from the March 2018 Joint Committee of CCGs	Phil Watson	Approval	Paper
5.	Commissioning Development	Andrew Bennett	Approval	Paper
6.	Special Educational Needs and Disabilities (SEND) Update	Mark Youlton	Information	Paper
7.	Mental Health	Andrew Bennett/Paul Hopley	Information	Paper to Follow
8.	Any Other Business	Phil Watson	Information	Verbal
Formal meeting closed – continue with Questions from the Public				
9.	Questions and Answers	All	Discussion	Verbal
For information only				
10.	The next JCCCGS Meeting will be held on:- Thursday 5 th July 2018 – 1.00pm – 3.00pm Venue to be confirmed	Phil Watson	Information	Information

Apologies should be sent to Susan Hesketh susan.hesketh1@nhs.net or dial 01253 951490

Details of Venue – Directions and parking attached

HOW TO FIND US

BY CAR

We are situated 20 minutes from J29 on the M6 Motorway - follow the M65 towards Blackburn/Burnley to Junction 7 - and 30 minutes from J18 on the M62/M60 - follow the M66 onto the M65 to J7.

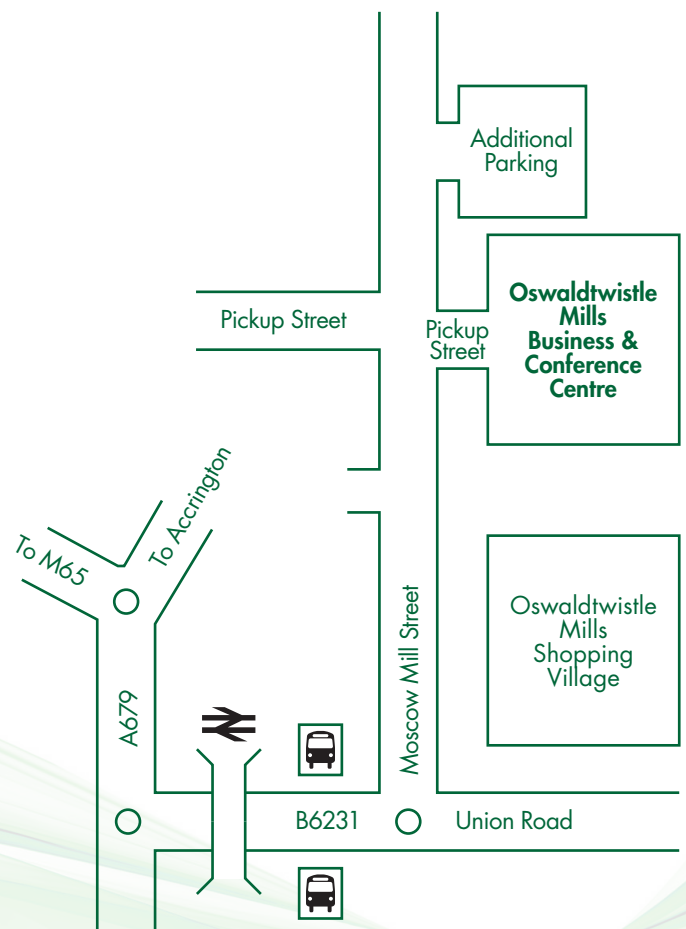
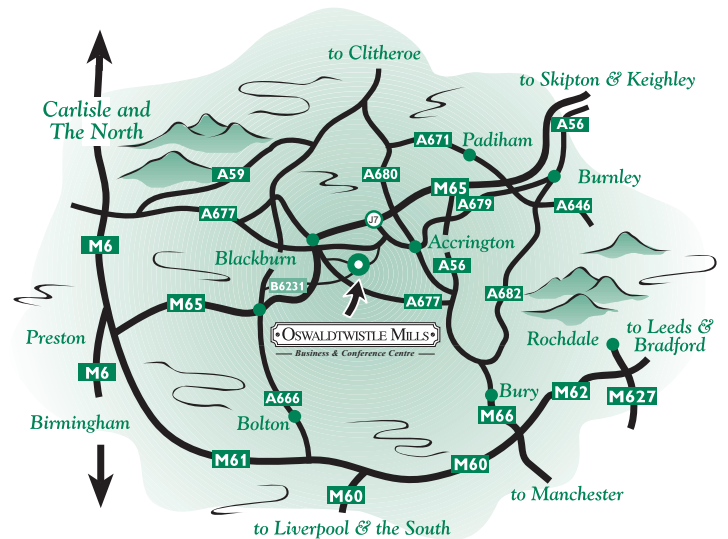
From the M65 Junction 7, follow the brown tourist signs onto the A6185 towards Accrington. Turn right at the first set of traffic lights taking the B6231 signposted Oswaldtwistle. Go straight over the mini roundabout & pelican crossing & follow the B6231 through the double roundabout onto Market Street/Union Road. Go under the railway bridge & turn left onto Moscow Mill Street at the mini roundabout. After about 300 yards, **turn right** onto Pickup Street & there you'll find us.

BY TRAIN

We are only 300m from Church & Oswaldtwistle Railway Station, with services running approximately every hour, connecting us to the whole of the North West & beyond. Turn left upon exiting the station & walk up the road (Union Road), following the signs for Oswaldtwistle Mills. Turn left at the mini roundabout & walk up Moscow Mill Street for approximately 300 yards, before **turning right** onto Pickup Street.

BY BUS

Regular Bus Services run from Blackburn & Accrington with Transdev - ask for the "Oswaldtwistle Mills Bus Stop." Once you're here, walk up Moscow Mill Street (to the left of Oswaldtwistle Mills) for approximately 300 yards & **turn right** onto Pickup Street.



Directions

BY CAR : We are situated 20 minutes from Junction 29 on the M6 follow M65 to Junction 7, or Junction 18 on the M62/M60 onto M66 then M65 Junction 7, from Junction 7 M65 take the A6185 sign-posted Accrington. Turn right at the traffic lights – B6231 sign-posted Oswaldtwistle. Turn right at next traffic lights and move into the left hand lane bearing left through lights, still B6231 Oswaldtwistle onto Union Road. Go under the railway bridge and turn left immediately after the New Palladium onto Moscow Mill Street. then travel 200 yards taking a **RIGHT** onto Pickup Street.

BY TRAIN : We are only a 5 minute walk from Church and Oswaldtwistle railway station, which can be reached from Blackpool, Preston, Blackburn, Burnley, Nelson & Colne. Trains run approximately every hour. Turn left upon exiting the station and follow the signs for Oswaldtwistle Mills.

BY BUS : We are only a 2 minute walk from the main bus route, buses run from Accrington & Blackburn bus station.

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Notes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 11th January 2018, 13:00 -15:00
at Tanhouse Community Enterprise, Tanhouse, Ennerdale, Skelmersdale WN8 6NR

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
Voting Members (One vote per CCG)	Alex Gaw	Chair	Lancashire North CCG	Apologies
	Andrew Bennett	Chief Officer	Morecambe Bay CCG	Attended
	Penny Morris	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	Sumantra Mukerji	Chair	Greater Preston CCG	Attended
	Doug Soper	Lay Member	West Lancashire CCG	Attended
	Susan Fairhead	GP Member	Blackpool CCG	Apologies
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
	Gora Bangi	Chair	Chorley South Ribble CCG	Apologies
	Graham Burgess	Chair	Blackburn with Darwen CCG	Apologies
	Mark Youlton	Chief Officer	East Lancashire CCG	Attended
	Steve Gross	Lay Member (Primary Care)	West Lancashire CCG	Apologies
	Tony Naughton	Chief Clinical Officer	Fylde and Wyre CCG	Attended
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Phil Huxley	Chair	East Lancashire CCG	Attended
	Debbie Corcoran	Lay Member for Patient & Public Involvement	Greater Preston CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
	Denis Gizzi	Chief Officer	Chorley South Ribble & Greater Preston CCG	Apologies
In attendance	Amanda Doyle	STP Lead	Healthier Lancs & South Cumbria	Attended
	Andrew Bibby	Director for Specialised Services	NHS England	Apologies
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Attended
	Carl Ashworth	Service Director	Healthier Lancs & South Cumbria	Attended
	Gary Hall	Chief Executive Officer	Chorley Council	Apologies
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Jane Cass	Acting Director of Operations	NHS England	Attended
	Jo Turton		Lancashire County Council	Apologies
	Kim Webber	Chief Executive	West Lancashire Borough Council	Apologies
	Lawrence Conway	Chief Executive Officer	South Lakeland District Council	Apologies
	Louise Taylor	Director	Lancashire County Council	Apologies
	Sir Bill Taylor	Chair	Healthwatch	Attended
	Neil Greaves	Communications and Engagement Manager	Healthier Lancs & South Cumbria	Attended
	Paul Hinnigan	Lay Member	Blackburn with Darwen CCG	Attended
	Clive Unitt	Lay Member	Morecambe Bay CCG	Attended
	Dean Langton	Representative	Pendle Borough Council	Apologies
	Debbie Nixon	SRO Mental Health	Healthier Lancs & South Cumbria	Attended
	Neil Jack	Chief Executive	Blackpool Council	Apologies
	Rebecca Higgs	IFR Policy Development Manager	Midlands and Lancashire CSU	Attended
	Sakthi Karunanithi	Director of Public Health	Lancashire County Council	Attended
	Sue Hesketh	Office Co-Ordinator	Healthier Lancs & South Cumbria	Attended
	Katherine Fairclough	Chief Executive Officer	Cumbria County Council	Apologies
	Dawn Roberts	Representative	Cumbria County Council	Attended
	David Bonson	Chief Operating Officer	Blackpool CCG	Attended
	Harry Catherall	Chief Executive Officer	Blackburn with Darwen Council	Attended
	Steve Thompson	Director of Resources	Blackpool Council	Attended
	Becky Rossall	Comms & Engagement	Healthier Lancs & South Cumbria	Attended

	Charmaine McElroy	Business Manager to Amanda Doyle	Healthier Lancs & South Cumbria	Attended
	Lucy Atkinson	Comms & Engagement	Healthier Lancs & South Cumbria	Attended

		ACTION
1	Welcome and Introductions <p>The Chair welcomed the members of the Committee to the formal meeting. He explained the status of the meeting and that the Committee had invited members of the public to a drop-in session prior to the meeting commencing, in order to give them the opportunity to ask questions in advance. He added that there would still be an option to ask questions after the meeting had finished.</p>	Information
1.1	Apologies and Quoracy <p>Apologies were received from: Alex Gaw, Denis Gizzi, Gora Bangi, Graham Burgess, Roger Parr, Katherine Fairclough, Louise Taylor, Neil Jack, Dean Langton, Gary Hall, Kim Webber, Laurence Conway and Susan Fairhead</p> <p>RESOLVED: The Chair noted the apologies and declared the meeting quorate</p>	Information
1.2	Declarations of Interest <p>The Chair requested that the members declare any interests relating to items on the agenda. The Chair reminded those present that if, during the course of the discussion, a conflict of interest subsequently became apparent, it should be declared at that point.</p> <p>Sumantra Mukerji declared an interest to the Chair that was noted.</p> <p>RESOLVED: Sumantra Mukerji's declaration of interest was noted</p>	Information
2.	Minutes from previous meetings for ratification <p>The minutes of the last meeting of the Joint Committee of CCGs held on the 2nd November 2017 were recorded as factually accurate</p> <p>RESOLVED: The minutes were ratified.</p>	Agreement
2.1	Action Matrix Review <p>The Chair reviewed the action matrix and the following points were discussed:</p> <ul style="list-style-type: none"> • Mental Health Presentation This is an agenda item at today's meeting and will be presented by Debbie Nixon. • LMS Plan Vanessa Wilson had agreed at the last meeting to provide members of the Committee with a condensed version of the full LMS Plan, so that members are sighted on key activities and timescales. This is to be checked with Vanessa Wilson that this has been done. • Transforming Care The amendments to the timeline within the Transforming Care paper were made and circulated to the Committee members. • Mental Health – Prevention Further updates will be made available to the Committee members around the mental health prevention work at an appropriate time in the future. 	Information

	<p>Mary Dowling queried that the commissioning of new pathology arrangements was not part of the action matrix. Gary Raphael explained that this had been referred to in the minutes of the last meeting and that the Project Leads will be picking this up. A formalised option appraisal is yet to come forward. This is mainly due to a timing issue, however providers are working collaboratively with commissioners and once an update has been received it will be brought to the Joint Committee for formal endorsement.</p>	
3	<p>Any Other Business Declared:</p> <p>The Chair asked the members of the Committee if they had any other business they wished to declare for discussion at the end of the meeting.</p> <p>Sumantra Mukerji asked if a discussion could take place with regards to non-availability of cheaper drugs.</p> <p><i>ACTION: This was agreed and to be noted for discussion at the end of the meeting</i></p> <p>The Chair added that there would also be an opportunity for the public to ask questions at the end of the formal meeting.</p>	Information
4.1	<p>A New Commissioning Framework for Lancashire and South Cumbria</p> <p>The Chair invited Andrew Bennett, Chief Officer at Morecambe Bay CCG, to commence this item.</p> <p>Andrew Bennett explained that he has been leading on a complex piece of work which may seem a bit abstract to the public, but is designed to achieve better outcomes for our patients.</p> <p>The summary paper for the Joint Committee explains the work carried out on the commissioning framework from August of last year. The document has an embedded slide deck and a glossary that will ensure that clarity is given on certain terms and expressions.</p> <p>This piece of work has a direct connection with the Mental Health policy that follows this item. The language that is used is crucial. He added that commissioning is about planning and buying functions and this piece of work commenced in August 2017 to ascertain how commissioning would function in the future. There is a need to ensure more value for the pound with better quality outcomes.</p> <p>Andrew Bennett thanked all those that were involved in the development and production of this paper.</p> <p>He explained that the framework outlines the commissioning model and decision making at different levels. He added that Mental Health services have been used as a test case with clear recommendations and next steps. Meetings have taken place with Mental Health leads to test the robustness of the model used.</p> <p>In Section 3.3 over 50 comments were received from different partners and individuals that have helped to shape a well-developed framework. This has helped to identify what people feel is important. Each comment has been classified, recorded and implemented.</p> <p>Andrew Bennett explained that commissioning should develop on three levels and should be a placed based approach such as at Lancashire and South Cumbria, local delivery partnership (LDP) and neighbourhood levels. Work also needs to be strengthened with Local Authority colleagues, working through any implications of commissioning. There has been benefit from clinicians in the room which has made a difference as to how to sustain this contribution.</p> <p>He added that in section 6, the next steps is to legitimise future work with partners including Local Authorities, HR, Finance, etc. for a grander ambition that can be explained more widely on the priorities that need further attention.</p>	Support

By April, the ambitions are for Urgent and Emergency Care and Cancer to be using this type of approach to commissioning. With this in mind Andrew Bennett offered three recommendations to the Board:-

- The Joint Committee of CCGs is asked to endorse the framework for the development of the commissioning system in Lancashire and South Cumbria, recognising that this is a work in progress and subject to further development and comments.
- The Joint Committee of CCGs is asked to endorse the enabler workstreams and timetable in section 6 and agree that more detailed mobilisation plans are developed with JCCCG's being informed of the timetable for other services
- The Joint Committee of CCGs is asked to support further discussions with partners, especially Local Authorities in relation to the wider health and wellbeing agenda and specialised commissioning.

RESOLVED: All recommendations were agreed by the Board following Mary Dowling's alterations incorporated above.

Harry Catterall commented that this was an outstanding piece of work by Andrew Bennett. However he felt there was more work to be done with wider partners and Local Authorities. There needs to be acknowledgment from neighbourhoods to LDP and STP as there is a big difference between the three levels. As a unitary there is need to incorporate Adult and Social care as a statutory responsibility.

Sakthi Karunanithi commented that we must not lose sight of the ability to identify how things could work at neighbourhood level and to also consider the resources required and the capability.

Geoffrey O'Donoghue acknowledged the sense of scale and pace and that what was happening was quite abstract. He feels that there is a need to gain greater engagement around this to ensure these changes are in the gift of the Local Authorities.

Sir Bill Taylor asked whether there are processes in place for managing this. There needs to be some creativity as to how we communicate this to the public.

Roy Fisher felt there is a need to understand the bed pressures. The pressure that is currently being seen in regards to social care issues can compound the issue. The hard work that has gone into this is very clear. He added that Blackpool CCG has not had an opportunity to discuss this paper; however they have a meeting next week. The question was asked as to whether Blackpool would be able to submit their comments at a later date.

Phil Watson highlighted that as part of the recommendations it was agreed that this was a document subject to further developments and comments.

Phil Huxley commended Andrew Bennett on the great work he had done with this document and added that this has been discussed at East Lancs CCG informally. He added that neighbourhoods are causing the most concern with regards to commissioning at that level and it was felt that there was need to have this clearly understood. Phil Huxley explained that East Lancs CCG may not feel able to endorse the framework in its current form.

Paul Kingan asked for clarity on the approach to commissioning above STP level.

Amanda Doyle advised that there have been initial conversations with Cheshire and Mersey STP and the ambulances 111. This document relates to how the commissioning function will be going forward and how it is implemented locally. Communication is really important. She added that there is a need to keep communicating with the public and try to avoid any confusion. The public are interested in access to services and how these

	<p>services are delivered, but they are not interested in the how it is commissioned. It is key to ensure that the public are not overwhelmed with administrative decisions. This document does not make any changes to services.</p> <p>Andrew Bennett acknowledged that more work is needed on neighbourhoods and communication and engagement. A meeting has been arranged with specialised commissioning services to connect them into this process.</p> <p>Mary Dowling felt that this was a really good piece of work with a high level of demonstrable collaborative working and a good framework to take this forward. It was felt that with a few amendments to the recommendations that she would like to suggest, that in principle, this document should be endorsed by colleagues to be able to go back to CCGs to advise that this is a point in time.</p> <p>Sumantra Mukerji acknowledged that this was a good piece of work however referred to point 3.3.1 "Not material – noted but no change to the Commissioning Framework required (10 comments)" the question was asked whether these were comments or observations? Andrew advised that these can be shared. In the majority of contact it was face to face contact with not a lot of disagreement.</p> <p>ACTION: Comments to be shared with Sumantra Mukerji</p> <p>Harry Catterall feels that for the 8 CCGs this document would only be able to deliver services in 5. For completeness, place based commissioning for Health and Wellbeing has another tier in relation to Local Authority boundary.</p> <p>Steve Thompson welcomed this piece of work. With regulated care in Blackpool the level of collaboration is very good as, rather than focus on the differences they looked at the commonalities.</p> <p>RESOLVED: The Joint Committee agreed to endorse the framework.</p>	
4.2	<p>Mental Health Commissioning Development Mobilisation and Next Steps</p> <p>The Chair invited Debbie Nixon to deliver this item.</p> <p>Debbie Nixon explained that she and Paul Hopley have been leading on this piece of work for Lancashire and South Cumbria and she thanked colleagues for their contributions to this.</p> <p>She added that the Five Year Forward View has a significant agenda with regards to improving mental health services and outcomes. As a result there is a need to be clear on how to communicate collectively with specialised commissioning, clinical commissioning and prevention and wellbeing.</p> <p>Debbie Nixon explained that commissioners came on board at an early stage and some were fairly enthusiastic and in agreement very early.</p> <p>She added that the main points are outlined on page 8 and within table 1. There is a need to have agreement to come together and that these are the areas we expect to commission services for going forward.</p> <p>Andrew Bennett commented that looking at the table there was a lot of commissioning at an STP level and questioned how this links with Local Authority. He added that by far, the greater number of people with mental health issues sits within an LDP level.</p> <p>Paul Kingan felt that this was a sensitive area for West Lancs who have done a lot of work on mental health locally. West Lancs confirmed that they support this document as they believe it will work in their area. However there is a need for assurance that this can work across boundaries i.e. Core 24. Debbie Nixon gave assurance that this is an ongoing developmental process.</p>	Support

	<p>Tony Naughton felt the need to express that his clinical leads feel that a number of items in table 1 need to be different. He commented on the level of clinical engagement across Fylde and Wyre CCG, in that he had concerns as to whether feedback from local clinicians had been incorporated. On this basis, he felt he would be unable to support this document in its current form.</p> <p>Debbie Nixon assured Tony Naughton that on the 14th December, the paper was circulated and two workshops were recently held to engage with a wide group of stakeholders. She explained that she had previously received confirmation from Fylde and Wyre CCG clinical leads endorsing this, as long as there was a caveat that this would be reviewed.</p> <p>Penny Morris felt that there was more clarity needed with regards to the language used and the use of acronyms i.e. ACS, ACP. Debbie Nixon referred to the latest version with regards to language.</p> <p>Mary Dowling felt that there was strength of feeling of some of the clinical members. She added that colleagues are happy to debate for all the right reasons. There is a strong desire to commission local and the language and heading on table 1 requires further refinements. Debbie Nixon added that this is still a work in progress.</p> <p>Amanda Doyle advised that if there is agreement from the Joint Committee that decisions are made collectively, this does not mean people do not have the right to comment going forward. She added that national commissioning policies and strategies are mandated. If there is an instruction to commission one way but can evidence that it can be done more cost effectively, there would have to be a robust argument as to why this has to be done separately.</p> <p>Phil Huxley questioned the reference to pooled budgets on page 10 paragraph 7.1. Debbie Nixon informed the Committee that they were not being asked to sign off a pooled budget. She added that the national direction of travel is to obtain specialised commissioning through a pooled budget.</p> <p>Three recommendations were made to the Board:-</p> <ul style="list-style-type: none"> • The Joint Committee were asked to endorse the levels of Mental Health commissioning as per the Commissioning Development Framework recognising that it is work in progress and subject to further clarification on the categorisation of some services in Table 1. • The Joint Committee were asked to agree the mobilisation plan, including the requirement for more focussed engagement with the Local Authorities and Providers • The Joint Committee were asked to note the timescales of the mobilisation plan and enabling workstreams as set out in the paper <p>RESOLVED: All recommendations were agreed by the Board following Mary Dowling's alterations incorporated above.</p>	
5.	<p>Specialist Neuro Rehabilitation <i>Implementing a New Model of Care</i></p> <p>The Chair invited Carl Ashworth to commence this item.</p> <p>Carl Ashworth explained that Specialist Neuro Rehabilitation is currently under development and this was discussed at the Collaborative Commissioning Board (CCB) in December 2017.</p> <p>He added that the CCB supported the work and a new clinical model via new rehabilitation services in the community. The paper highlights the work undertaken and the challenges.</p>	Support

	<p>Carl Ashworth explained that key points have been recognised before finalising the model and there is a need to ensure existing resources are being used effectively on an official level. There are a number of business cases in design which will need signing off. There is recognition of specialised commissioning in developing a new care model.</p> <p>The recommendations for the Joint Committee would be part of the developing modelling for these business cases going forward.</p> <p>Mary Dowling commented that this was an excellent paper and that the issues were articulated clearly.</p> <p>Phil Huxley stated that the principle point is the importance of engaging people and patients and that this needs to be recognised in the paper going forward.</p> <p>Geoffrey O'Donoghue queried whether the cover sheet was correct in relation to the Equality Impact Assessment. Amanda Doyle explained that this is correct as it is about how we commission the service, not specifically about the service. This was noted.</p> <p>RESOLVED: The paper was agreed by the Committee.</p>	
6.	<p>Commissioning Policies</p> <ul style="list-style-type: none"> • Complementary and Alternative Therapies • Facial Nerve Rehab <p>The Chair invited Carl Ashworth and Rebecca Higgs to commence this item.</p> <p>Carl Ashworth explained that work is ongoing on a suite of clinical commissioning policies for Lancashire and South Cumbria to reduce variance and remove system confusions and influence outcomes. The JCCCG previously agreed to the development of these policies and this is the first phase. He added that the briefing paper, processing document, public engagement and the two policies have been brought to the Committee to review and give assurance around the robustness of the process.</p> <p>Rebecca Higgs explained that the Complementary and Alternative Therapies policy has no financial impact. All CCGs have policies in place for the intervention of Complementary and Alternative Therapies. Some reviews have shown that this intervention has to be evidence based. Both policies have undergone clinical and public engagement and the Clinical Policy Development Implementation Group (CPDIG) would ask that the JCCCG endorse these policies.</p> <p>Doug Soper asked if it was expected to have a financial analysis to the paper, Rebecca Higgs advised that she would take this back to the CPDIG.</p> <p>Rebecca Higgs explained that Facial Nerve Rehab is a new criteria based policy which covers rehabilitation at an extra cost. There were some concerns expressed regarding financial impacts.</p> <p>Rebecca Higgs added that costs are associated with current poor provision as the existing pathway does not cover rehabilitation. She explained that there is an existing cost to patients that would benefit from the rehab. An improvement in function would support a reduction in these costs.</p> <p>Penny Morris advised that this came through to individual CCGs two weeks ago where the cost implications had been shared. The CCGs were asked to have sight of the paper prior to coming here. Penny felt that the CCGs did not get sense of what was at a local level and that currently, the pathway is around a conservative clinical assessment.</p> <p>Amanda Doyle advised that it is an ongoing cycle. The decision has been made that these policies come to the JCCCG and this is the first batch for a collective decision.</p> <p>Mary Dowling felt that there was good engagement and involvement around this process. However it was suggested that it would be helpful if at the start of the policy there could be</p>	Support

	a policy statement upfront.	
	RESOLVED: Both policies were endorsed by the Committee	
7. 7.1	<p>Any Other Business Cheaper Drugs A group discussion took place regarding this item.</p> <p>It was acknowledged that there is significant pressure on CCG prescribing costs. The reimbursement is set nationally for generic drugs. The setting is based on current market prices.</p> <p>Previously, concessions were made for the short term commissioning of pricing drugs due to short falls. The pharmacy would be reimbursed short term to take this into account.</p> <p>In April 2017 there were 27 price concessions, by October 2017 it had increased to 81 and there was a significant increase in drugs and their costs. It was felt that regulatory action against manufacturers and supply problems should be made. Suppliers are making more of their own decisions around pricing, which is out of our control along with wholesale pricing. The finance department in NHS England are looking at the increase in spend. Some CCGs are in more difficulty than others.</p> <p>It is understood that national teams are looking into these issues. Work is ongoing and guidance will be coming out in the next few weeks.</p>	
<p style="text-align: center;">The next JCCCG Meeting will be held on: 1st March 2018, 1.00pm – 3.00pm – Blackpool Central Library, Queens Street, Blackpool, FY1 1PX</p>		
<p>The Chair thanked the Committee members and members of the public for their attendance and closed the meeting prior to taking questions from members of the public.</p>		

Topics discussed through the Public Questions:

Members of the Public

Crispin Atkinson – Voluntary Sector
Laura Anton – NHS Management Graduate
Eamonn McKiernan – GP Chorley South Ribble CCG
James Clayton – Protect Chorley Hospital
Susan Holdsworth – Protect Chorley Hospital
G. Jones

The public were reminded that there is a drop in session for an hour prior to the Joint Committee Meeting taking place. All the papers relating to the meeting are placed on the Healthier Lancashire website to give the public an opportunity to have more understanding of the meeting in order to be able to ask relevant questions.

Eamonn McKiernan – Retired Doctor – Item 4 –

Q. Can there be assurance that the providers of the services were given an opportunity to engage in discussions around commissioning?

A. Discussion with provider leaders have taken place as they are key partners and are kept fully apprised. This work is a development of our health care systems and as such the providers of services are fully engaged.

Sue Holdsworth – Protect Chorley Hospital

Q. Does this mean that by commissioning in this way more services will be provided by the private sector? Some services at CDH have moved to LTH and there is concern it will then be provided by the private sector.

A. Amanda Doyle advised there are 8 CCGs, Local Authority Councils and NHS England that commission services. The providers we work closely with and talk about are all the NHS Hospital Trusts and GP practices who technically are the independent sector there are also a range of not for profit providers that are also part of the system. There is a range of full profit providers working within the care service. Some elective services are referred by NHS England to private providers when there are capacity issues with providers.

Q, Sue Holdsworth asked if the NHS stopped referring to the private sector could this money not be fed back to the NHS.

A. Amanda Doyle advised that it is not just as simple as that. Patients are given a choice as to where they choose to have their procedure. Any provider that cannot deliver within timescales then makes the referral to the private sector

The public were reminded that questions should be in relation to topics discussed on the agenda at the meeting as there is a better context and better Q&A session.

Public engagement questions to be looked into further

The meeting was officially brought to a close at 15:15

DRAFT



Healthier Lancashire and South Cumbria Joint Committee of the Clinical Commissioning Groups Meeting Action Matrix

Subject	Owner	Update	Status	Complete
Mental health - prevention	MH Lead/SK	It was agreed that it would be beneficial for the Committee to receive an update on the work around mental health prevention at an appropriate time in the future.		

Joint Committee of Clinical Commissioning Group's

Title of Paper	Ratification of Virtual Decisions from the JCCCGs in March 2018		
Date of Meeting	7 th June 2018	Agenda Item	4

Lead Author	Charmaine McElroy	
Purpose of the Report	For Approval	X
Executive Summary	Following the cancellation of the JCCCGs meeting on 1 st March 2018 due to adverse weather conditions, a number of decisions that were due to be discussed at the JCCCGs on 1 st March were made on a virtual basis due to competing timescales. These decisions are outlined on page three of this paper and require formal ratification by the JCCCGs.	
Recommendations	The Joint Committee of CCGs is asked to formally ratify the decisions outlined on page three.	
Equality Impact & Risk Assessment Completed	Not Applicable	
Patient and Public Engagement Completed	Not Applicable	
Financial Implications	Not Applicable	
Risk Identified	Not Applicable	
If Yes : Risk	Not Applicable	
Report Authorised by:		

1. Introduction

The Joint Committee of CCGs was scheduled to meet in public on 1st March 2018 at Blackpool Central Library. Due to the adverse weather conditions on the day, a number of members were unable to travel for the meeting, which meant that the Committee would not be quorate in membership. This resulted in the cancellation of the meeting.

2. Review of key agenda items

The agenda for the meeting on 1st March 2018 was as follows:

Agenda

Agenda Item	Timings	Item	Owner	Action	Format
Standing Items					
1.	5 mins	Welcome and Introductions	Phil Watson	Information	Verbal
		Apologies	Phil Watson	Information	Verbal
		Declarations of Interest	Phil Watson	Information	Verbal
2.	5 mins	Minutes from the last meeting held on 11 th January 2018	Phil Watson	Information	Paper
		Action Matrix Review	Phil Watson	Information	Paper
3.	5 mins	Any other business declared	Phil Watson	Information	Verbal
For Discussion/Recommendations					
4.	20 mins	SEND <i>Action Planning</i>	Hilary Fordham	For Approval	Paper
5a	20 mins	CAMHS <i>Options Paper</i>	Peter Tinson	For Approval	Paper
5b		Young Peoples Emotional Wellbeing and Mental Health: Transformation Plan Refresh 2017		For Approval	Paper
6.	20 mins	Perinatal Mental Health Community Service Bid	Debbie Nixon	For Approval	Paper
7.	20 mins	Planning/Finance Overview	Gary Raphael	Information	Paper to follow
8.	20 mins	Commissioning Policies 1. Policy for Dilatation and Curettage 2. Policy for Hysteroscopy 3. Policy for Hip Arthroscopy 4. Policy for Cosmetic Procedures	Rebecca Higgs/ Carl Ashworth	For Approval	Paper
9.	5 mins	Any Other Business	Phil Watson		Verbal
Formal meeting closed – continue with Questions from the Public					
10.	10 mins	Questions and Answers	All	Discussion	Verbal

The Lancashire and South Cumbria Integrated Care System (L&SC ICS) Lead, Amanda Doyle, reviewed the key papers and decisions that the Joint Committee were expected to take at the meeting on 1st March 2018. As a result, a number of items were considered as requiring 'virtual' approval from CCG members of the Joint Committee with a view that these decisions would be ratified at the next public meeting (which is 7th June 2018, as we have been in a period of purdah since 22nd March 2018).

3. Summary of items that required 'virtual' approval

Topic	Required decision(s)	Responses from CCGs
1. Perinatal Mental Health Bid (Wave 2 Transformation Fund)	As part of the Wave 2 Transformation Fund bidding process the Perinatal Mental Health proposal was due for submission by 9 th March 2018. The Joint Committee was asked to support the proposal and agree that further affordability and due diligence scrutiny would be undertaken.	CCG members of the Joint Committee approved submission of the bid and agreed with the proposal to complete further due diligence and affordability processes.
2. Lancashire and South Cumbria Children's and Young People's Emotional Wellbeing and Mental Health Transformation Plan Refresh 2017	Due to NHS England timescales for submitting and publishing the plan for L&SC, the Joint Committee was asked to endorse the contents of the plan and it's submission by the end of March 2018.	CCG members of the Joint Committee endorsed the plan and subsequent submission.
3. Special Educational Needs and Disability (SEND) Action planning	Due to the timescales involved in submitting the required Written Statement of Action (WSOA) following the SEND inspection report released in January 2018, the Joint Committee was asked to: <ul style="list-style-type: none"> • Receive the Inspection Report and note its implications for CCGs, Lancashire and the wider footprint. • Agree for delegated authority for the Lead Officers related to SEND. • Agree for a clear workstream for SEND together with formal accountability. • Agree that relevant pathway work is included under this workstream to fulfil the requirements of the WSOA. • Agree the resources to lead the programme. • Support the Children's Commissioners to work through the Commissioning Framework with the aim of having a more long term and robust solution to commissioning consistently for children and young people. 	CCG members of the Joint Committee agreed the recommendations.
4. Commissioning Policies	As part of the ongoing review and development of clinical policies across L&SC, the Joint Committee was asked to ratify the policies outlined below: <ol style="list-style-type: none"> 1. Policy for Dilatation and Curettage 2. Policy for Hysteroscopy 3. Policy for Hip Arthroscopy 4. Policy for Cosmetic Procedures 	CCG members of the Joint Committee ratified the policies.

A link to the full suite of papers for the Joint Committee of CCGs meeting on 1st March 2018 can be found

here: http://www.healthierlsc.co.uk/application/files/6615/1931/7324/20180301_JCCCG_Meeting_Agenda_and_Papers.pdf

5. Recommendations

The Joint Committee of CCGs is asked to formally ratify the decisions outlined above.

Charmaine McElroy
Business Manager to Amanda Doyle

15th May 2018



Joint Committee of Clinical Commissioning Groups

Title of Paper	Commissioning Development in Lancashire & South Cumbria		
Date of Meeting	7 th June 2018	Agenda Item	5

Lead Author	Andrew Bennett		
Purpose of the Report	For Approval		X
Executive Summary	<p>In January 2018, the Joint Committee approved the commissioning development framework and supported its application to the commissioning of mental health services. The framework set out the future development of commissioning arrangements on a place-based model which works at three levels: Lancashire and South Cumbria (collective), local health and care system, and a neighbourhood level.</p> <p>As the implementation of the mental health recommendations has continued, six workstreams have worked to apply the place-based framework to the commissioning of Children's services; Urgent & Emergency Care; services to people with Learning Disabilities and Autism; Primary Care/Out of Hospital services; Continuing Healthcare; and Cancer services. Extensive engagement has been undertaken by the workstreams across CCGs and other commissioners, clinicians, providers, Local Authorities, the CSU and NHS England.</p> <p>The purpose of this paper is:</p> <ul style="list-style-type: none"> • to update the JCCCGs on the development and implementation of the framework since January, including the mobilisation of recommendations for Mental Health • to report on the recommendations of the six further work groups on their priorities for commissioning at the 3 place-based levels. 		
Recommendations	<p>The Joint Committee of CCGs is asked to:</p> <ol style="list-style-type: none"> 1. Note the further development which has taken place on the Commissioning Development Framework and the Mental Health commissioning workstream since January 2018. 2. Note the development work which has taken place across six commissioning workstreams in support of the development of the Lancashire and South Cumbria Integrated Care System and its Integrated Care Partnerships. 3. Approve the proposals for each workstream for the continued implementation of effective commissioning arrangements at the ICS, ICP and neighbourhood levels. 4. Request that the Executive lead for Commissioning for Lancashire and South Cumbria and CCG Accountable Officers continue working together on the implementation of these 		

	<p>arrangements, highlighting any risks to the Joint Committee.</p> <p>5. Request that the Executive lead for commissioning identifies the appropriate timescale to request that Governing Bodies receive further recommendations for delegated decision-making into the Joint Committee of CCGs.</p> <p>6. Receive an update on the implementation process in December 2018.</p>
Equality Impact & Risk Assessment Completed	Not Applicable
Patient and Public Engagement Completed	Not Applicable
Financial Implications	No
Risk Identified	No
If Yes : Risk	
Report Authorised by:	

Commissioning Development in Lancashire and South Cumbria

1. Introduction

This report is provided to Lancashire & South Cumbria JCCCGs as a formal update on work to implement a new commissioning framework for Lancashire and South Cumbria. The Committee is asked to accept the recommendations below which support the further implementation of the framework.

In January 2018, the Joint Committee approved the commissioning development framework and supported its application to the commissioning of mental health services. Development of the framework and its application has been overseen by CCG Accountable Officers and a Commissioning Development Group (CDG). The framework sets out the future development of commissioning arrangements on a place-based model which works at three levels: Lancashire and South Cumbria (collective), local health and care system (Pennine Lancashire, West Lancashire, Central Lancashire, Fylde Coast and Morecambe Bay) and finally a neighbourhood level.

As the implementation of the mental health recommendations has continued, six workstreams involving colleagues from across the system have worked with an extensive range of stakeholders to apply the place-based framework to the commissioning of Children's services; Urgent & Emergency Care; services to people with Learning Disabilities and Autism; Primary Care/Out of Hospital services; Continuing Healthcare; and Cancer services. Extensive engagement has been undertaken by the workstreams across CCGs and other commissioners, clinicians, providers, Local Authorities, the CSU and NHS England. Each workstream is now able to recommend how a place-based approach can be applied most effectively to their grouping of service – and their work is summarised in this paper.

The purpose of this paper is therefore:

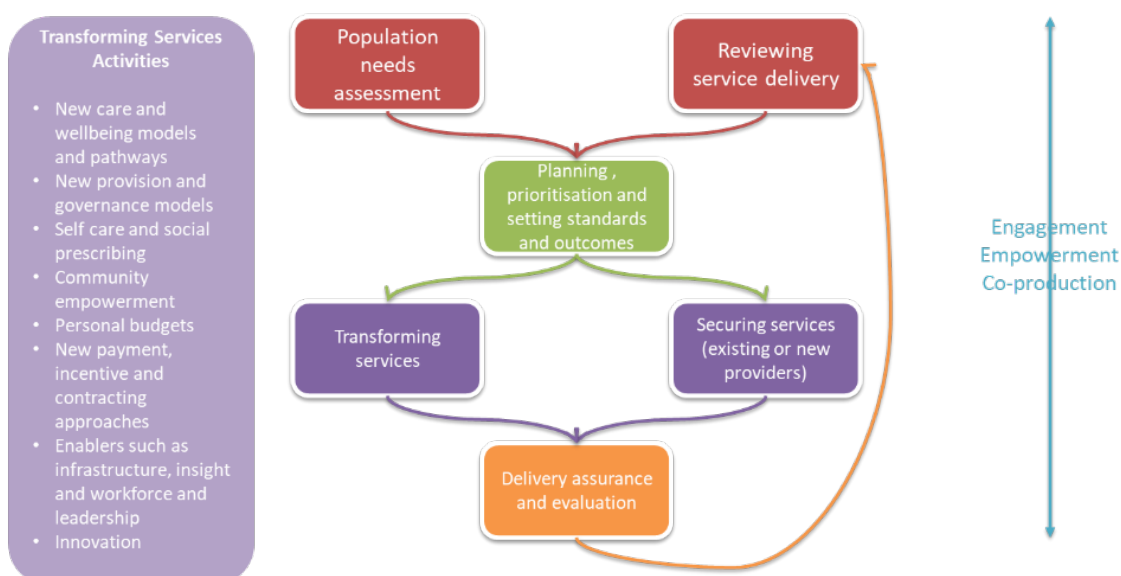
- to update the JCCCGs on the development and implementation of the framework since January, including the mobilisation of recommendations for Mental Health
- to report on the recommendations of the six further work groups on their priorities for commissioning at the 3 place-based levels, i.e. ICS; ICP; and neighbourhood.

2. Progress with commissioning framework development since January

The Commissioning Framework has been updated to reflect recent national changes in terminology which encourage the evolution of local integrated care partnerships (ICPs) and integrated care systems (ICS). A standardised definition of commissioning and service transformation has also been added to aid understanding and the consistent use of terms – this definition is reflected in the outputs from each of the work groups – example shown below.

Commissioning functions

- Identified six key functions (all or some elements of which will be undertaken at a ICS, ICP and/or Neighbourhood place):-



As requested by the JCCCGs in January 2018, work has been completed on a more detailed and shared understanding of the neighbourhood level of commissioning described in the framework, based on discussions with representatives from Fylde Coast, Pennine Lancashire, Central Lancashire and Morecambe Bay. A shared view on the definition of a neighbourhood, the role a neighbourhood will play in a local economy (and in relation to the rest of the system) and some of the benefits a neighbourhood can deliver has been defined, and has been reflected in the revised framework document.

A formal mobilisation plan has also been created by the Commissioning Development Group, setting out a number of workstreams which need to be implemented as part of the wider development of the Integrated Care System in 2018/19. This document is attached for the information of the Joint Committee as Appendix 1.

In addition to the evolution of the framework itself, there has been further enabling work on an underpinning Human Resources framework to ensure that commissioning staff are able to align their activities in a fair and transparent way. Two formal communication briefings have also been released to keep staff up to date with this development work.

Links have been retained with colleagues in the Strategy and Innovation Directorate at NHS England who have been considering commissioning development from a national perspective. The CDG will continue to liaise with those working on the development of Integrated Care Systems nationally to ensure that the commissioning framework in Lancashire and South Cumbria aligns with the latest national thinking around finance, assurance and regulation.

3. Progress with mobilisation of Mental Health commissioning recommendations

The Mental Health work group has continued to implement the recommendations previously agreed by the JCCCGs. Action has been taken to:

- Confirm the planning geographies for adult mental health services, and begin to identify the links to commissioning priorities for Children and Young people and people with Learning Disabilities and/or autism;
- Begin work on a refreshed mental health strategy, defining a 'core offer' to the L&SC population and a high-level needs assessment;
- Explore methodologies for revised funding arrangements, and collating a clear set of current investments to inform the 'core offer' work;
- Undertake a scoping exercise to identify the mental health commissioning workforce, its support functions and any gaps – current arrangements are complex, with 16 employing organisations;
- Review existing strategies for stakeholder engagement;
- Review existing governance structures.

4. Reminder of rationale and expected benefits

When the JCCCGs agreed the commissioning framework in January, a number of benefits were identified which are expected to be delivered by the new framework. These are repeated here to provide a reminder on the rationale for the further work on priority services.

- We believe joint decision making will give confidence to patients and the public that local NHS and Local Government organisations are able to work well together to improve the population's health and wellbeing.
- Our new system will allow us to set out common care standards and outcomes e.g. in mental health and stroke care, which we believe every patient should expect when they need local services.
- We will use greater collaboration to reduce unnecessary variations in performance and outcomes e.g. in urgent and emergency care and cancer services, in order to tackle inequalities in health.
- We will demonstrate that we've drawn on the latest evidence and advice for the configuration and development of clinical services, e.g. General Practice.
- Our new arrangements will enable us to demonstrate that we can deliver a clinically and financially sustainable health and care system, consistently and fairly across Lancashire and South Cumbria.

It is anticipated that the benefits to individuals, families and communities would be:

- To make the health and care system easier to navigate for the majority of individuals and families. Services will be designed around a much more person-centred, family-centred and community-centred health and care system.
- By empowering neighbourhoods we will support people to maintain their wellbeing and independence as far as possible. We will enable communities to leverage local assets and more fully engage with opportunities for self-care, using technology and information.
- We will measure the performance of our system (and not just our organisations) using consistent standards and outcome measures to take better, collective action towards addressing the long-standing inequalities in health which can be identified across Lancashire and South Cumbria.

For our workforce, we said that:

- By working as a system, that promotes, facilitates and requires collaboration between clinicians, practitioners and care professionals, we will use our workforce resources more wisely, focusing on a coordinated approach to the people who really need an intervention at the right time and in the right place
- Our Digital Strategy will be applied across our system so that we improve the way that we share records and information, which will improve patient experience and promote an increase in safety and continuity of care.
- We will support clinical leaders and staff to develop skills in system working so that they can operate effectively across organisations.

Finally, for our system, we described the following benefits:

- Through integrated working we will enable better sharing of skills, knowledge, resources and expertise across organisations, to deliver better quality care.
- Better use of resources will reduce waste and duplication of efforts e.g. the release of back office efficiencies through closer joint working.
- Stronger links and relationships between partner organisations (as a model of 'all in it together') will benefit everyone.
- By unlocking efficiencies in different parts of the system; incentives will be aligned and risks to individual organisations will be better mitigated through new payment mechanisms.
- Our new system will enable finances to flow (in a controlled way) that rewards good performance appropriately and helps all organisations achieve long term financial balance.
- Our new approach to system working will be governed by an improved approach to assurance, with delegated powers from the constituent organisations to enable a more collective view of quality, safety and performance, rather than a view of individual organisations.

5. Recommendations from the second tranche of service workstreams

The following service areas have been considered against the commissioning framework, with workstream groups in place to develop recommendations on a place based approach:

- Children's services;
- Urgent & Emergency Care;
- Services to people with Learning Disabilities and Autism;
- Primary Care/Out of Hospital services;
- Continuing Healthcare; and
- Cancer services

There has been extensive engagement with colleagues from all CCGs, clinicians in commissioning and provider roles, Local Authorities, the CSU and NHS England in undertaking this work. A list of stakeholders involved in each workstream has been included at Appendix 2.

Each workstream has provided more detailed working papers on the conclusions it has reached through the commissioning development framework. An additional "Check and Challenge" session was held at the end of April with members of the CDG to understand these outputs.

It is now possible for each workstream to set out its main conclusions for the JCCCGs. Their recommendations are summarised over the following pages, and should enable members to consider for each place based level:

- Commissioning responsibilities
- Transformation priorities for 2018/19
- Anticipated outcomes for 2018/19

Please note that there are more detailed working papers available for each workstream.

The following final areas for consideration against the Commissioning Framework are proposed:

- Planned care
- Integration/alignment of commissioning activities with Local Authorities.

A1. Children's health & wellbeing services (excluding CAMHS)

Place-based level	Commissioning responsibility	Transformation priorities
Lancashire and South Cumbria Integrated Care System	Maternity Antenatal & new-born screening Oral health surveys Child health information service Vaccination & immunisation services Vision testing FGM Sexual assault services Children's hearing services Acute paediatrics, paediatric surgery PICU, NNIC	<p>Agree key high impact areas for intervention to strengthen commissioning for improved outcomes:</p> <ol style="list-style-type: none"> Smoking in pregnancy Perinatal mental health Infant feeding Dental inequalities 0-4 service transformation, including school readiness ACE/trauma informed approaches <p>Agree and, if necessary rationalise, a new commissioning landscape for children and young people's services.</p>
Local Integrated Care Partnership (five times to same standards & outcomes)	Healthy child programme Early help, inc children's centres CYP sexual health services Weight management services Community paed continence Children looked after team Child exploitation Safeguarding hub Paediatric liason Children with long term conditions Speech & language therapy Community paediatrics PT, OT End of life Specialist nursing Community nursing team	<ul style="list-style-type: none"> Understand the commitment and involvement of the Local Authorities to this workstream in relation to public health, social care and education. Childrens commissioning in linked heavily to these areas and to have the greatest possible impact there needs to be an understanding of how this will work. The workstream has identified that much of the commissioning cycle; development of outcomes, standard setting, review should be at an ICS level (albeit that review will also need to happen at local level as well), but also recognizes that the delivery and design phase as part of the 'do' element need to be undertaken at the ICP level to ensure that the provision is effective and reflective of local need and circumstances to deliver the desired outcomes. In order to do this the following needs to occur: Define the relationship between the ICP and ICS in relation the commissioning cycle more broadly. Secure appropriate level of resources to deliver this large and complex agenda

A2. Children & Young People's Emotional Wellbeing and Mental Health

Place-based level	Commissioning responsibility	Transformation priorities 2018/19	Key outcome/benefits expected 2018/19
Lancashire and South Cumbria Integrated Care System	Digital Therapy Early Intervention Psychosis Forensic CAMHS IAPT training Inpatient CAMHS Inpatients Section 136 Secure Accommodation Sexual Behaviour Transgender Services	Obj 12 - CAMHS 0-19: up to 19 th birthday CAMHS service model operational across Lancashire Obj 13 - Redesign CAMHS in Lancashire and South Cumbria in line with THRIVE	<ul style="list-style-type: none"> • Compliance with THRIVE model • Consistent level of service for CYP across Lancashire and South Cumbria footprint • Reduced demand for AMH services • 35% access target met and options available for children and young people in need but not in treatment • Reduced levels of inpatient admissions for CYP • More appropriate referrals to specialist CAMHS teams and lower attrition rates • Better outcomes for CYP • Better use of existing and new investment • Economies of scale • Transparency and parity
Local Integrated Care Partnership	Children & Family Wellbeing Services Children's Social Care Therapeutic Commissioning Community Teams (general CAMHS) Emotional Health Schools Support Emotional Psychology Parenting Courses Primary Mental Health Workers Substance Misuse		
Neighbourhood	Local Neighbourhood Commissioned Initiatives		

B. Urgent & Emergency Care

UEC System wide	Assurance and Strategic Support	<ul style="list-style-type: none"> • Monthly strategic meeting with AEDB Chairs to be formed together with UEC Network/STP Leads. • Plans in place to develop a system wide routine data report to enable predictive capacity modelling escalation and assurance. • A review of current resource to be carried out at local and UEC level for consistency and to enable delivery of transformation at pace • Additional resource identified to undertake short term piece of work working with Acute Trysts and AEDBs around system pressures/winter preparedness. • Review of ECIP reports to identify system wide commonalties and develop a 'do once' approach that can be shared across each system 		
Place-based level	Commissioning responsibility	Transformation priorities 2018/19		Key outcome/benefits expected 2018/19
Integrated Care System	<ul style="list-style-type: none"> • NHS 111 Online • NHS 111 Calls • GP Access • Urgent Treatment Centres • Ambulances • Hospital • Hospital to Home 	<ul style="list-style-type: none"> • Roll out NHS 111 online across Lancs and South Cumbria – provisional 'go live' date 27th June 2018 • 50%+ triaged 111 calls to receive clinical assessment throughout 2018/19 • 100% of patients in Lancashire and South Cumbria will have access to Primary Care extended access service by October 2018 • Roll out remainder of Urgent Treatment Centres across the footprint by December 2019 • Transformation programmes to deliver trajectories for hear and treat and see and treat • Ensure that the new ambulance response time standards that were introduced in 2017/18 are met by September 2018 		<ul style="list-style-type: none"> • Reduced demand on other UEC services • Enable patients to access the right services • Increase in clinical interventions & advice, reduced demand • Increased urgent care offer leading to reduced requirement for non- emergency ED attendance • Appropriate use of UTC will decrease the need for non- urgent attendance at ED • Reduce handover and turnaround times • Reduction in conveyance rates • Improve response time standards

		<ul style="list-style-type: none"> • Develop and agree plans with each Health Economy across Lancs and South Cumbria to achieve the 30 minutes ambulance turnaround time by 30 September 2018 • Continue to strengthen links with the Mental Health workstream. • Evaluate the impact of Core 24 offer (including MH professional triage health line) • Patient Flow Issues and Standardisation <ul style="list-style-type: none"> ○ System wide approach to common patient flow (front and back door) • System Level Intelligence <ul style="list-style-type: none"> ○ Understand demand and capacity in the system ○ Organising system response (escalation) ○ Supporting day to day management of the system (reporting/assurance) • Strengthening Community Management <ul style="list-style-type: none"> ○ Pathways and navigation ○ Non-conveyancing options ○ Approach to high volume users ○ Extended GP access • Workforce (ICP Interdependency) <ul style="list-style-type: none"> ○ Flexibility across organisations ○ Workforce planning ○ Learning and Development 	<ul style="list-style-type: none"> • Improvements in patient satisfaction • A reduction in numbers of frequent attenders at A&E • A reduction in numbers of mental health-related A&E waiting time breaches (4 and 12 hour) • Reduction in the number of cubicle hours occupied within A&E by a patient with a mental health need • Support delivery of the 95% A&E standard • Support delivery of handover and turnaround • Reduce 12 hour trolley waits • Reduced length of stay • Reduction in stranded and super stranded patients • Reduce numbers of Delayed Transfer of Care • Reduce number and size of CHC and social care packages • Reduction in number of placements in long term residential and nursing care • Reduced unscheduled admissions • Standardisation to avoid duplication • Improved patient experience • Improve integration and collaboration across the system
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		<ul style="list-style-type: none"> • Leadership & Relationship <ul style="list-style-type: none"> ○ Building culture, trust and collaboration ○ Working effectively with local authority and system partners ○ To re-launch the Urgent and Emergency Care Network , review current membership and ensure there is clear accountability to and from local A&E Delivery Board systems ○ Review/develop clinical input and involvement into UEC workstream 	
Local Integrated Care Partnership	NHS 111 Online NHS 111 Calls GP Access Urgent Treatment Centres Ambulance Hospital Hospital to Home	<ul style="list-style-type: none"> • Local planning of services such as Directory of Services (DoS)/primary care, CAS • Engage with primary care for clinical input • Local workforce planning • See and Treat & Hear and Treat locally designed pathways • ED design/escalation/reporting • Frailty- acute/community services to be locally review and determined • Local Winter planning and escalation • Local delivery arrangements • Community discussions • Delivery of integrated discharge services • Collaboration across the ICS in design of common services, pathways etc. for local implementation • Share best practice across ICS • Pilot/evaluate agreed ICS wide services to test approaches to system side roll out • Free up resources (clinical and management) to develop/plan system wide approaches 	<ul style="list-style-type: none"> • Appropriate place based advice and support, so delivering benefits above • Reduction in the demand for urgent GP and UTC appointments • Increased use of self-care • Reduced use of 999 ambulance calls and visits to ED for non- emergency cases • Reduction in ED and emergency ambulance usage • Reduced number of inappropriate conveyances by PES • Reduction in unscheduled admissions • Reduced 4 & 12 hour ED breaches. • Reduced LoS • Fewer stranded and super stranded patients • Fewer admissions to long term residential care • Reduced DToC • Reduced CHC packages and social care • Improved patient experience

Neighbourhood	GP Access – Community Services Development	<ul style="list-style-type: none"> • Management of neighbourhoods and primary care clinical input on a local footprint to deliver extended access • Develop capacity in neighbourhoods team to enable patients to remain in or as close to home for as long as possible and able to return home with appropriate support after a hospital stay 	<ul style="list-style-type: none"> • Reduced LoS • Improved patient experience
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C. Services to People with Learning Disabilities & Autism

Place-based level	Commissioning responsibility	Transformation priorities	Key outcome/benefits expected 2018/19
Lancashire and South Cumbria Integrated Care System	Primary Care services and Annual Health Checks	All patients with a Learning Disability to be included on a GP register and offered an annual health check.	<ul style="list-style-type: none"> - Numbers of people on GP registers increase - People with a learning disability receive an invite for an annual health review - Improves performance on the CCG Assurance Framework indicators
	Community LD&A (CLDT) service, including Psychiatry (national model, local specification)	Service specification developed and approved by CCB in March 2018. Actions include: <ul style="list-style-type: none"> - Gap analysis for all providers to be undertaken. - Financial impact assessment. - Mobilisation plan. - Contractual requirements (CV or procurement) - Operationalise specification - Further consideration of Autism only pathways including pre and post diagnostic for all age 	<ul style="list-style-type: none"> - Improve quality of care for people with a learning disability and/or autism - Improve quality of life for people with a learning disability and/or autism. - Enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay.
	Specialist Support Team	Service specification operational from 1 April 2018. Further actions include: <ul style="list-style-type: none"> - Agree and confirm quality and reporting schedule - Formalise mobilisation timeline with the provider - Gap analysis between this and CLDT service - ICS level engagement input to formally launch the service including criteria and 	<ul style="list-style-type: none"> - Admission Prevention - Facilitate Skilled Discharge - Intensive support including a planned 'wrap around' and out of hours On-Call emergency response - Timely specialist forensic community assessments and interventions including therapies - Training and consultation to targeted teams and services

		referral pathways	
	CCG Specialist Acute LD Inpatient Service	<p>Development of interim model of provision for 2018-2020.</p> <p>Future, long-term model required from April 2020.</p> <p>Long term actions required:</p> <ul style="list-style-type: none"> - North West ODN to undertake a review and make recommendations on the overall clinical model, including: <ul style="list-style-type: none"> ➤ The number and categorisation of CCG ➤ commissioned beds ➤ The number of sites ➤ Clinical Standards and outcomes - Development of a Comms and Engagement plan - Formal Public Consultation on the model of care (not the location of the sites). - Interim model is developed, mobilised and operational from 1 April 2019. <p>Permanent model in development.</p>	<ul style="list-style-type: none"> - Local provision of non-secure, inpatient care - Reduction of OOA spot purchased packages
	Care Education Treatment Review (CTR / CETR)	<p>Dedicated process for undertaking CTR reviews.</p> <p>Dedicated process for CETR:</p> <p>Funding has been awarded for a dedicated post to project manage transformation and development of CYP process to:</p> <ul style="list-style-type: none"> - Develop processes for CYP risk stratification - Ensure the effective inclusion of Children 	<ul style="list-style-type: none"> - CTRs / CETR are undertaken in line with NHSE policy - Local Area Emergency protocol meetings held to prevent admissions - Agreed actions will prevent admission / progress discharge - Cover across Lancashire & South Cumbria - Supports reduction of inappropriate admissions

		<p>and Young People on risk registers</p> <ul style="list-style-type: none"> - Develop and embed CYP processes that are in line with established adult processes and protocols - Develop processes that support and are aligned to existing Individual Funding Requests, EHCP trigger points, Children in Need Plans and other Children's multi-agency operating protocols - Develop efficient pathways, processes, communication and escalation links - Implement a business as usual approach 	<ul style="list-style-type: none"> - Consistent approach and process for CYP and Adults
	Discharge Co-ordination	<p>Development of an Operating model.</p> <p>Actions Required:</p> <ul style="list-style-type: none"> - Await MH IDT model to enable further transformation with the inclusion of LD&A 	<ul style="list-style-type: none"> - Discharge preparation is kept on track - Shorter length of stay - Managed within community infrastructure - Consistent approach across MH and LD&A - Business as usual
Specialist Commissioning / NHS England	<p>Secure services (High, medium and low)</p> <p>Tier 4 CAMHs</p> <p>Highly complex sensory impairment</p> <p>Offender Health (Prisons)</p>	<p>Medium Secure:</p> <ul style="list-style-type: none"> - Agreement to move provision to the Magull site. <p>Low Secure:</p> <ul style="list-style-type: none"> - Specialised Commissioning are underway with a consultation based on 5 options of delivery - Transfer of in-reach service moving from Spec Comm to CCGs during 2018/19 	

D. Out of hospital services

The table on the next page provides an overview of recommendations for lead or co-ordinating lead commissioning responsibilities.

It is acknowledged that ICPs and Neighbourhoods (also known as Primary Care Networks) are at different stages of development and will locally wish to decide the responsibilities that are delivered at ICP, multiple Neighbourhood or individual Neighbourhood places.

It is also recognised that NCT (Neighbourhood Care Teams and similar) represent a significant bundle of commissioned services.

The only significant change to current arrangements is the proposed commissioning of Tier 2 services at a System place.

Transformation activities will be undertaken in all three places. Further work will take place to identify what transformation activities are best undertaken where (as part of the commissioning operating model and commissioning support discussions).

	NCT	Medical Core	Dental, Eye Health and Pharmacy Core	Dental, Eye Health and Pharmacy Non Core	Intermediate Care	Tier 2	Primary Urgent Care
Population needs assessment	P/Nx	P/Nx	S	S	P/Nx	S	P/Nx
Reviewing service delivery	P/Nx	P/Nx	S	S	P/Nx	S	P/Nx
Planning, prioritisation and setting standards and outcomes	P/Nx	S	S	S	P/Nx	S	P/Nx
Securing services (contracting and procurement)	P/Nx	S	S	S	P/Nx	S	P/Nx
Transforming services	P/Nx	S	S	P/Nx	P/Nx	S	P/Nx
Delivery assurance and evaluation	P/Nx	S	S	S	P/Nx	S	P/Nx

Nx = Neighbourhoods

P = ICP level

S = ICS level

OOH System Transformation Priorities and Expected Outcomes

Transformation Priorities	Deliverables
<ul style="list-style-type: none"> Building sustainable and resilient general practice 	<ul style="list-style-type: none"> 100% of CCGs have implemented 10 high impact initiatives 100% of practices have active care navigation 100% of practices have active clinical assistants 95% of practices have an online consultation system in use
<ul style="list-style-type: none"> Extending access and enhancing services offered to patients in a primary care setting 	<ul style="list-style-type: none"> Extended access to general practice is available to 100% of the population by October 2018 Every patient wanting a same day intervention will get one An increased number of services offered in a primary care setting Increased access to dental, pharmacy and eye care in and out of hours, with aligned urgent care support
<ul style="list-style-type: none"> Increasing the primary care workforce 	<ul style="list-style-type: none"> An increase of 234 wte GPs by 2020 An increase of 229 clinical staff (non GP) by 2020 Uclan undergraduate programme – dentists & therapists Independent prescribers in eye care
<ul style="list-style-type: none"> Increasing investment in primary care 	<ul style="list-style-type: none"> Spend in primary care will represent at least 10% of the total NHS spend National capital expenditure will increase by 8.56% Recurrent additional investment in dental services Maximum usage of the national £42m pharmacy integration fund
<ul style="list-style-type: none"> Primary care working at scale in primary care networks 	<ul style="list-style-type: none"> 100% of the population covered by primary care networks 100% achievement of level 2 on the national maturity matrix by March 2019 Integration of pharmacy, dental and eyecare into networks
<ul style="list-style-type: none"> Ensure effective communications of STP primary care delivery plans 	<ul style="list-style-type: none"> An overarching vision for primary care An engagement and communications strategy

- The above is based upon the Lancashire and South Cumbria STP Primary Care Delivery Plan.
- The deliverables are likely to be expanded to include system standards and clinical priorities.

OOH Partnership and Neighbourhood Transformation Priorities and Expected Outcomes

Transformation Priorities	Deliverables
<ul style="list-style-type: none"> Development of Neighbourhoods (Primary Care Networks) 	<ul style="list-style-type: none"> Primary Care Network coverage (likely national measure) Robust leadership and governance arrangements Shared Neighbourhood plan (NHSE Maturity Matrix) Sight of and best use of resources including piloting incentive schemes (NHSE Maturity Matrix) Member of ICP leadership (NHSE Maturity Matrix)
<ul style="list-style-type: none"> Development of new and sustainable organisational models 	<ul style="list-style-type: none"> Defined/operational future business model (NHSE Maturity Matrix) Provider resilience, including sustainable voluntary sector Recruitment and retention of clinical staff (likely new national measure)
<ul style="list-style-type: none"> Delivery and leadership of integrated neighbourhood care teams 	<ul style="list-style-type: none"> Fully integrated teams, including social care (NHSE Maturity Matrix) Patient and staff satisfaction (former likely new national measure) System impact, e.g. reduction in non-elective admissions (likely new national measure)
<ul style="list-style-type: none"> Design and delivery of new models of care, for example, encapsulating:- <ul style="list-style-type: none"> Long term conditions Reablement Rehabilitation 	<ul style="list-style-type: none"> Access to new models of care (likely new national measure) Population coverage of new models of care (NHSE Maturity Matrix) Patient satisfaction System impact
<ul style="list-style-type: none"> Empowering people and communities (including prevention and self care) 	<ul style="list-style-type: none"> Implementation of evidence based prevention initiatives, including wider determinants such as housing Patient Activation Measure (PAM) coverage Personal Health Budget (PHB) coverage Community based approaches coverage , e.g. social prescribing System impact
<ul style="list-style-type: none"> Improving access to all out of hospital services, whether planned or unplanned 	<ul style="list-style-type: none"> Deliver extended access System impact Patient satisfaction

- Supported and enabled by interoperable systems, shared data, population segmentation and risk stratification, and optimised estates.
- The above can be translated into a phased maturity matrix for Partnerships and Neighbourhoods.

E. Continuing Health Care

Place-based level	Commissioning responsibility	Transformation priorities 2018/19	Key outcome/benefits expected 2018/19
Lancashire and South Cumbria Integrated Care System	Court of protection Appeals Complaints Finance processing Individual funding requests Complex cases CHC disputes CHC assessment, Funded Nursing Care & fast tracks (securing services, market management) Personalised Health Budgets (needs assessment, securing services, market management, assurance & evaluation)	Jointly develop an implementation plan. Review outputs from check and challenge. Explore integrated pilot sites variations on delivery model to be piloted in Pennine and Fylde Coast. Identify best delivery and operational approach for the ICS element Agree ICS 'triumvirate' approach of leadership (clinical/commissioning/managerial leaders).	Commissioning at scale Collective buying power Efficiencies of things being done once e.g. Contracting Strategies and policy development across Lancashire and South Cumbria
Local Integrated Care Partnership	CHC reviews Case management CHC assessment, Funded Nursing Care & fast tracks (needs assessment, reviewing delivery, prioritisation, standard & outcome setting) Appeals & complaints (assurance & evaluation) Personalised health budgets (reviewing delivery, prioritisation, standard & outcome setting)	Identified opportunities for integrated commissioning with local authority partners.	

F. Cancer services

Place-based level	Commissioning responsibility
Lancashire and South Cumbria Integrated Care System	<ul style="list-style-type: none"> Commissioners and providers to work on an ICS-level to promote consistency, avoid duplication of effort and promote equity Commitment to develop a commissioning model built on a developed programme budget for cancer Aim to deliver care through an alliance of cancer providers through value-based cancer pathways Ambition to develop a system of cancer services quality assurance which is informed through local agreement

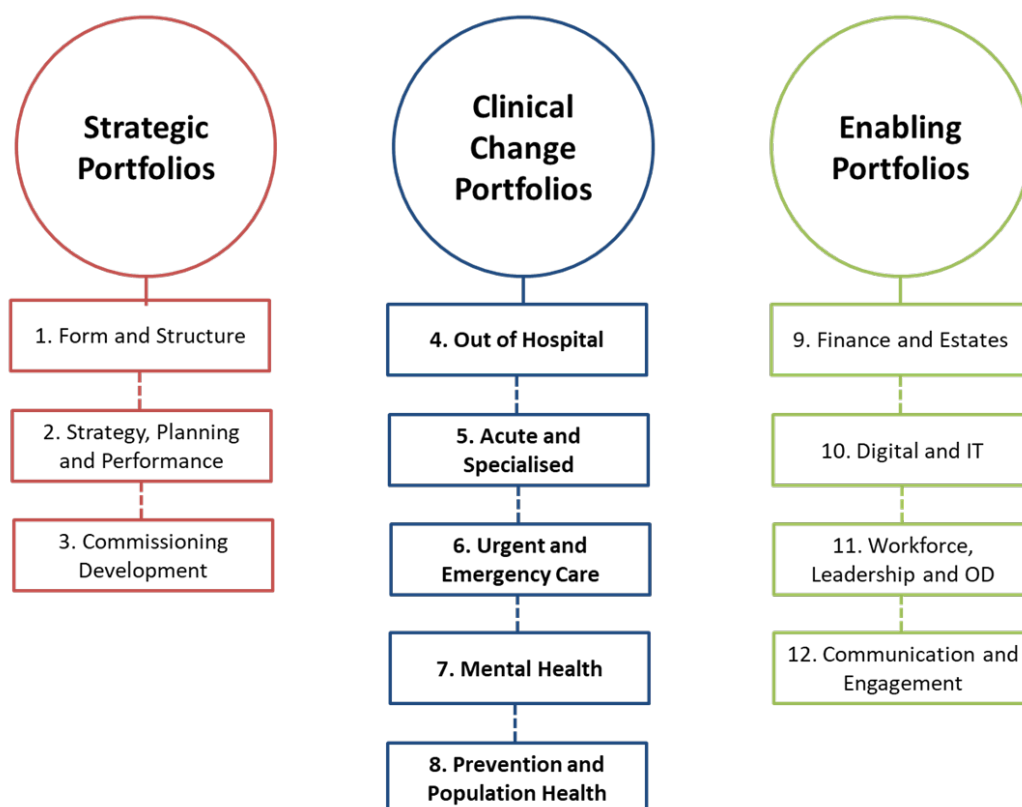
Transformation Priorities	Deliverables
Increasing cancer diagnostic capacity	<ul style="list-style-type: none"> Pooled radiology resource Increased diagnostic capacity within primary care
Increasing the cancer workforce	<ul style="list-style-type: none"> Cancer workforce overview by speciality Cancer workforce transformation plan
Support cancer pathway re-design for <ul style="list-style-type: none"> •Lung cancer •Prostate cancer •Upper GI cancer •Lower GI cancer •Breast cancer •Vague symptoms •Acute oncology 	<ul style="list-style-type: none"> Compliance with 62 cwt constitutional standard Best clinical practice clinical pathways Reduction in variation in service delivery Improved patient experience
ICS funding framework to support cancer commissioning	<ul style="list-style-type: none"> Model for agreeing service specification and funding across the ICS and ICPs

6. Governance and Reporting

Mobilisation of the Commissioning Framework is being managed within the overall development of the wider ICS and STP. The partners across Lancashire and South Cumbria have developed a 'Strategic Framework' that enables the shadow ICS and ICPs to determine what programmes of work (portfolios) should and can be undertaken once within the ICS, what should be undertaken five times in each ICP consistently, and what should and can be undertaken uniquely at ICP or at a neighbourhood level.

Based upon a review of the existing programme workstream structure, 12 refreshed portfolio areas have been adopted to design, mobilise and lead the work across the whole system. Each portfolio will have identifiable leadership and resource, and will report on progress against agreed programme plans, and delivery of responsibilities highlighted in the strategic framework, through the ICS Portfolio Management Group to the ICS Board.

10 ■■■ Proposed New Portfolios



Delivery of the Commissioning Development portfolio will fall under the leadership of the Executive Lead for Commissioning in the new Lancashire and South Cumbria Executive Team structure – the postholder will act as SRO for this portfolio, supported by a Programme Manager.

An oversight group, chaired by the SRO will manage the on-going progress of the commissioning development workstream and the Programme Manager will be responsible for actioning the workstream and updating this Commissioning Framework Mobilisation Plan. Members of the Oversight Group will include an Executive Director from each commissioning organisation. Early priorities for the Oversight Group would be:

- How to ensure 18/19 is all about credible delivery of our priorities at whatever level of “place” we have agreed. Examples include 62-day cancer waits, SEND inspection, integrated neighbourhood teams, primary care development, LD beds, mental health investment, financial recovery, stroke reconfiguration;
- How to continue to align health and social care commissioning through implementation;
- How to use a HR framework pragmatically to enable staff to work both flexibly and securely during the next year of development – and particularly between ICS and ICP levels;
- How to maintain effective communications with staff;
- How to ensure clinical leadership is embedded at each place-based level.

The impact of the implementation of shifts in where commissioning responsibilities are delivered will continue to be reported into the Collaborative Commissioning Board. Where it is clear that joint commissioning decisions will be required, these will be passed to the Joint Committee under the delegated responsibilities already in place.

7. Recommendations

The Joint Committee of CCGs is asked to:

7. Note the further development which has taken place on the Commissioning Development Framework and the Mental Health commissioning workstream since January 2018.
8. Note the development work which has taken place across six commissioning workstreams in support of the development of the Lancashire and South Cumbria Integrated Care System and its Integrated Care Partnerships.
9. Approve the proposals for each workstream for the continued implementation of effective commissioning arrangements at the ICS, ICP and neighbourhood levels.
10. Request that the Executive lead for Commissioning for Lancashire and South Cumbria and CCG Accountable Officers continue working together on the implementation of these arrangements, highlighting any risks to the Joint Committee.
11. Request that the Executive lead for commissioning identifies the appropriate timescale to request that Governing Bodies receive further recommendations for delegated decision-making into the Joint Committee of CCGs.
12. Receive an update on the implementation process in December 2018.

APPENDIX 1

Commissioning Development – Draft Mobilisation Plan

Introduction

1.0 This document outlines a mobilisation plan for implementing the ‘Lancashire and South Cumbria Commissioning Framework’. The framework was endorsed (with recommendations) by the Joint Committee of Clinical Commissioning Groups (JCCCG) on January 11th 2018. The Commissioning Framework sets out a model of *‘place-based commissioning’*, with three levels of *‘place’*:

- the Integrated Care System level (i.e. Lancashire and South Cumbria)
- the Integrated Care Partnership level (i.e. Fylde Coast, Pennine, West Lancashire, Central Lancashire and Morecambe Bay)
- the local neighbourhood level (e.g. Fleetwood, Kendal, Blackburn East)

2.0 The model of place-based commissioning is supported in the Framework by a vision and a commitment to implementation:

“The public sector in Lancashire and South Cumbria has both the potential and the obligation to make a substantial contribution to the development of our region. Our communities, patients and tax payers expect us to work together to promote and enable improved health and well-being, improve business and skills development and drive economic and environmental regeneration....

In 3 years time we expect to have a fully functioning Lancashire and South Cumbria Health and Care “Board” which receives an allocation of statutory¹ funding in order to commission integrated health and care services to promote and enable improved health and well-being for the whole population. The financial allocation may be constituted from both national and local government sources. The ‘Board’ will work closely with a group of maturing, local systems (Integrated Care Organisations) to commission long term improvements in service standards and population health outcomes....

Integrated Care Organisations will work effectively with clinical leaders and a range of local partners including district councils, general practices, third sector organisations and local communities themselves to agree health and wellbeing priorities at a neighbourhood level....

In order to achieve this vision, we expect to make incremental changes over the following timeframe:

By April 2018 we will have begun the first stage of implementing the Commissioning Framework which will enable us to describe how our commissioning arrangements will evolve to support our future Integrated Care System. This will include:

- *The collective arrangements we need in place to work together at the Lancashire and South Cumbria level*
- *The priorities for commissioners to work more closely with providers in our local integrated health and care partnerships*

¹ - Subject to national legislation.

- *Building on the best examples of community involvement to support our neighbourhood models of population health improvement”*

3.0 To achieve the changes outlined in the Framework, commissioning, provider and local government organisations in Lancashire and South Cumbria are working together as members of a shadow Integrated Care System (ICS). The shadow ICS aims to organise our health and care system in line with the agreed shift to Integrated Care Systems, Integrated Care Partnerships and place-based commissioning.

4.0 The development of a mobilisation plan for the commissioning framework will enable local commissioning organisations to successfully align their priorities and capacity to the places and model outlined in the Framework, in order to achieve their ambitions for improved health and well-being, population outcomes, financial performance and system efficiencies.

Purpose and Scope

5.0 This document describes the mobilisation plan for the Commissioning Framework up to the end of the financial year 2018/19. It summarises the approach to be taken to incrementally moving the Lancashire and South Cumbria health and social care commissioning system towards realising the vision above.

6.0 Effective mobilisation of the commissioning framework requires the support of a number of leaders and partners from across the system. This includes:

- ICS Leadership
- ICP leaders
- CCGs
- Local Authorities
- NHS England
- Commissioning Support Unit
- Providers

7.0 In order to secure support this plan has been shared previously with key representatives to ensure buy in and agreement on high level deliverables and milestones.

8.0 This mobilisation plan outlines enabling work that is being undertaken currently as well as key steps which need to be taken during 18/19. This mobilisation plan will be refreshed prior to the end of 18/19 when progress will be assessed and intentions and requirements for continued change into 19/20 more clearly understood.

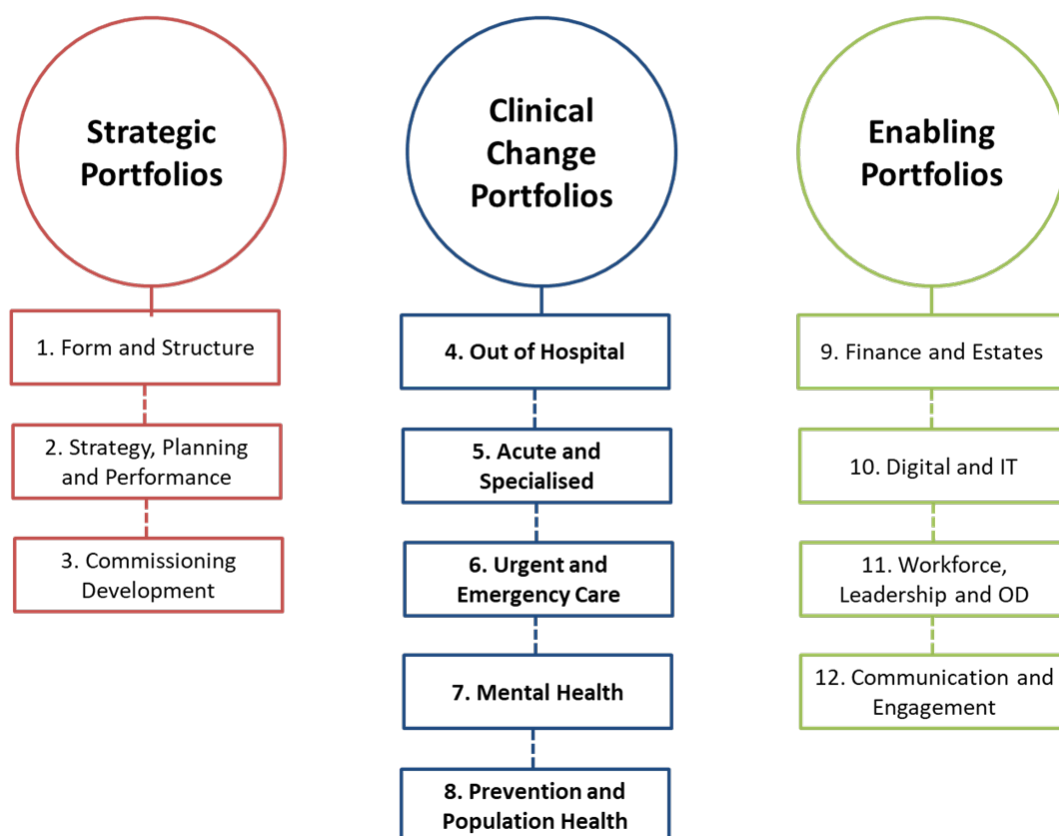
9.0 This mobilisation plan is not intended to be a detailed project plan. It is accepted that the delivery of the Framework is in the context of system changes that are still evolutionary. Successful mobilisation of the Framework will depend as much upon relationships, trust, collaboration and leadership behaviours as it will good planning and management of tasks. Some structure is needed around the requirements ahead. This mobilisation plan offers a means of coordinating effort.

10.0 More detailed project plans will be required in key workstreams.

Governance and Reporting

11.0 Mobilisation of the Commissioning Framework is being managed within the overall development of the wider ICS and STP. The partners across Lancashire and South Cumbria have developed a 'Strategic Framework' that enables the shadow ICS and ICPs to determine what programmes of work (portfolios) should and can be undertaken once within the ICS, what should be undertaken five times in each ICP consistently, and what should and can be undertaken uniquely at ICP or at a neighbourhood level. The framework enables colleagues working in organisations to understand how their roles and organisations contribute to system activities and facilitates system coordination. Based upon a review of the existing programme workstream structure, 12 refreshed portfolio areas have been adopted to design, mobilise and lead the work across the whole system. Each portfolio will have identifiable leadership and resource and will report through ICS Portfolio Management Group to the ICS Board.

10 ■■■ Proposed New Portfolios



12.0 Delivery of the Commissioning Development portfolio will fall under the leadership of the Executive Lead for Commissioning in the new Lancashire and South Cumbria Executive Team structure – the postholder will act as SRO for this portfolio, supported by a Programme Manager.

13.0 An oversight group, chaired by the SRO, will manage the on-going progress of the commissioning development workstream, and the Programme Manager will be responsible for actioning the workstream and updating this Commissioning Framework Mobilisation Plan. Members of the Oversight Group will include an Executive Director from each commissioning organisation.

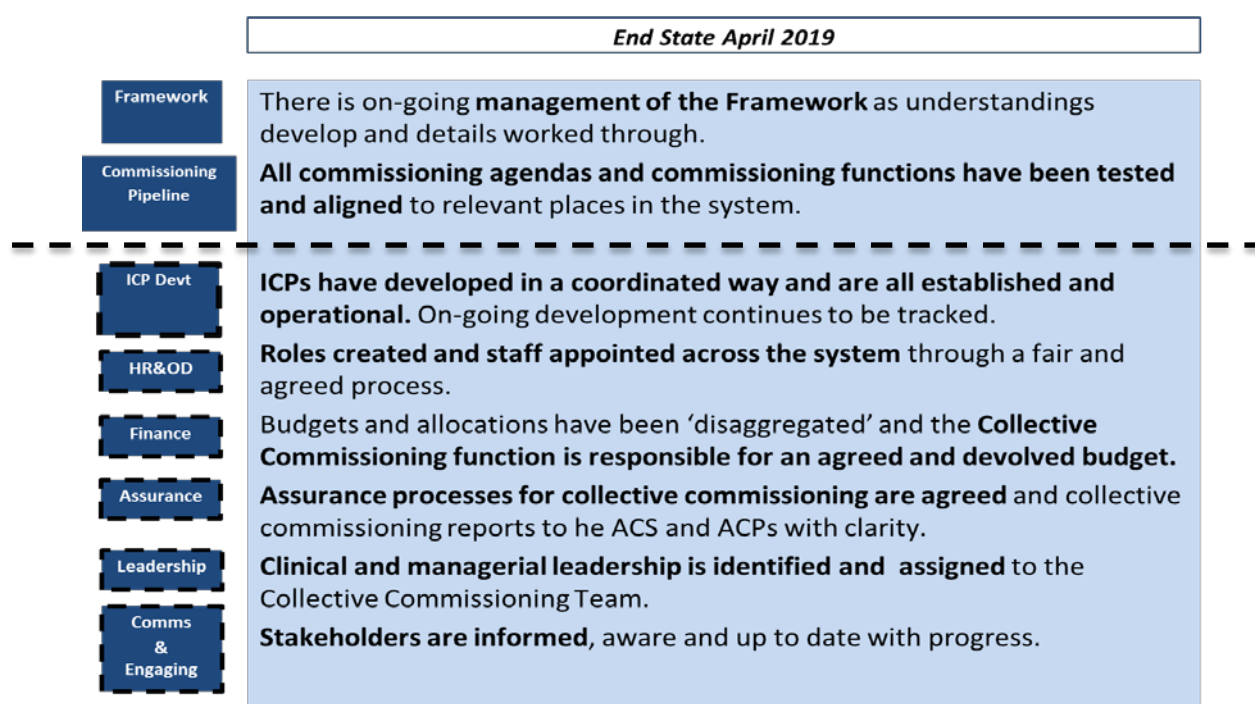
14.0 The Commissioning Framework has been developed in some detail but the pace of mobilisation needs to align really clearly to developments in the overall Integrated Care System. At times it is expected that the mobilisation of the commissioning framework and the overall commissioning development portfolio will serve to helpfully push the wider system forward, providing inputs and content to other work streams with which there is an inter-dependent relationship (e.g. Communication and Engagement). At other times the commissioning development workstream will need to pull on outputs and content from other workstreams across the system for enabling support to move forward (e.g. HR/OD). This push/pull relationship will require effective co-operation between leads and groups.

A High Level Plan

15.0 To reflect the 'push/pull' relationships of this workstream with others the Commissioning Framework Mobilisation Plan is broken down into 2 sections:

- **Direct Mobilisation:** those tasks and activities that will be delivered directly from within the commissioning development portfolio
- **Indirect/Enabler Mobilisation:** those inter-dependent tasks and activities that will be delivered from within other portfolios

16.0 In the visual below the delivery goals for the end of the transition year 18/19 are mapped out a high level. The difference between direct and indirect mobilisation is represented by the dotted line. There are clear inter-dependencies between the work around commissioning and that of other parts of the system.



17.0 Details on the high-level requirements for both direct and indirect mobilisation of the commissioning framework are provided below

1. Direct Mobilisation Work

Activity: Manage the Evolution of the Framework	June 2018	Sept 2018	April 2019
Lead: Programme Manager and Peter Tinson			
1. Maintain and update the Framework with any required changes to language or content as the system evolves.	Update the Framework from the JCCCG outputs, workshops and meetings and report back to the JCCCG and stakeholders. Replace descriptions from any new national thinking/language.	Update the Framework with further LA, Provider and wider partner inputs and report back to stakeholders.	Complete an end of year refresh of the Framework with stakeholders and adapt as necessary. Refresh the mobilisation plan.
2. Develop a more detailed and consistent understanding of the Neighbourhood level of Commissioning in the Framework and address the recommendations from the JCCCG.	Agree a shared definition and understanding of Neighbourhoods (in more detail) and update the Framework based on Neighbourhood development work.		
3. Maintain relationships with the National ICS Development Team.	Ensure representation at the National ICS Development Team meetings and webexes.	Support the development and implementation of the maturity matrix for ICS's.	Share end of year progress and intentions for 19/20.
Activity: Develop and Implement the	June 2018	Sept 2018	April 2019

Commissioning Approach			
Lead: Programme Manager and Carl Ashworth			
4. Oversee and support the implementation of the Mental Health “Early Adopter” Mobilisation Plan.	Ensure the April 2018 Mental Health mobilisation milestones met.	Ensure the Sept 2018 Mental Health mobilisation milestones met.	Ensure April 2019 Mental Health mobilisation milestones met.
5. Oversee the commissioning pipeline work for a tranche of commissioning agendas following the same methodology as the Mental Health test case to completion of alignment to the Framework and approval of mobilisation plans.	Coordinate on-going development work with the 6 commissioning agendas (cancer, children’s, LD, urgent and emergency care, CHC, primary care) and oversee the submission of recommendations to the June JCCCG (check and challenge session, timeline for socialising recommendations and for developing implementation plans). Also Local Authority specific socialisation session pre JCCCG.	Ensure a mobilisation plan for each commissioning area is in action and on track.	Review end of year progress and identify intentions for 19/20.
6. Bring forward remaining commissioning agendas into the pipeline process.	Identify the next tranche of commissioning agendas to take through the process (e.g. (planned care).	Coordinate development work and oversee the submission of recommendations to the Sept JCCCG.	Ensure a mobilisation plan for each commissioning area is in action and on track.

2. Indirect/Enabler Mobilisation Work

Activity: Align the Framework to System Wide Finance and Investment Planning	June 2018	Sept 2018	April 2019
Lead: Programme Manager, Andrew Harrison and Gary Raphael.			
7. Anticipate the impact of a control total arrangements and the relationship between this and place-based budgets.	Agree financial principles to underpin place-based commissioning.	Work with national colleagues to enable local requirements to be accommodated within national guidelines.	Implement an approach to financial accountability that aligns to the principles of mutual accountability across the system.
8. Agree a consistent approach to disaggregating, realigning and pooling financial resources for investment.	Agree an approach in principle to aligning budgets to place-based commissioning.	Develop common resources/knowledge/evidence for agreeing to align resources.	Achieve sign off of financial approaches from accountable bodies and plan implementation for 19/20.
9. Focus investments & disinvestments, over an agreed period of time, on the development of a core Lancashire and South Cumbria service offer.		Agree a system wide approach to investment and disinvestment planning and the shift to consistent service offer across commissioning agendas.	Implement an agreed model that shifts from “price” to “affordable costs” in 19/20

Activity: Align the Framework to System Assurance	June 2018	Sept 2018	April 2019
Lead: Programme Manager and Jane Cass			
10. Agree the approach for the collective and direct commissioning functions to be held accountable to the STP Board.	Define the model of assurance for collective commissioning, the relationships to support it and identify the high-level reporting requirements.	Agree the approach for performance management, support and escalation of issues around collective and direct commissioning.	Achieve sign off of assurance approaches for collective and direct commissioning from accountable bodies and plan implementation for 19/20.
11. Agree the approach for the collective and direct commissioning functions to set ICS wide standards and outcomes for commissioning portfolios.	Identify national standards, targets, outcomes and performance measures.	Agree processes for assurance of compliance with ICS wide standards and outcomes. Agree the reporting arrangements to and from ICPs. Identify and communicate ICP 'shares' of system measures.	Achieve sign off of standards and outcomes for collective and direct commissioning and the process for implementation from accountable bodies and plan implementation for 19/20.
Activity: Use the emerging leadership and workforce model to implement commissioning workforce requirements.	June 2018	Sept 2018	April 2019
Lead: Programme Manager, Sarah Sheppard and Amanda Doyle			
12. Apply any ICS wide approach to HR/OD and use it to support commissioning staff to move to new place-based roles.	Develop a proposal for a formal HR work stream for submission to CCB pre-meet. Mobilise the work stream with leadership and SME support. Prep test 2/3 key scenarios in a working group session.	Mobilise an ICS wide HR process for role identification, talent management, recruitment and appointments.	Complete recruitment processes to align commissioning staff to place based roles in the ICS, ICPs and Neighbourhoods.
13. Ensure the local HR/OD approach also aligns to the	Complete a local impact	Manage forecast issues in	

North regional HR Model and emerging national guidance.	assessment against the regional HR model.	recruitment processes including vacancies and contingency plan for talent gaps.	
14. Agree the clinical leadership roles needed to support Commissioning Development and the Collective and Direct Commissioning functions.	Identify the clinical roles/inputs required.	Align with the HR/OD approach to agree a process for recruitment.	Complete recruitment processes to assign clinical lead support to place based commissioning roles in the ICS, ICPs and Neighbourhoods.
15. Support the implementation of agreed leadership and management approaches that will enable the delivery of the Framework.	Align the Commissioning Development work to any emerging impacts from decisions around proposed CCG to ICP and ICS management and leadership changes.	Support with mobilising any changes to management and leadership structures.	Ensure appropriate transition to new structures.
Activity: Ensure the Framework Keeps Pace with ICP/ICS Development	June 2018	Sept 2018	April 2019
Lead: Programme Manager and Andrew Bennett			
16. Support the coordination of developing ICPs and the ICS as the vehicles for delivering the Commissioning Framework.	Provide confirmation to ICP leads re JCCCG agreement to the Framework and the MH Mobilisation Plan.	Ensure on-going alignment of the Commissioning Framework to ICP and ICS development.	Align emerging ICP and ICS progress and development to the re-refresh of the Commissioning Framework.
17. Enable ICPs to develop in a coordinated and consistent way.	Agree an ICP development track (with ICPs).	Review progress of individual ICPs against ICP development track.	Complete an end of year progress stock take.
18. Enable ICP Management and leadership structures	Ask ICP's to confirm plans to mobilise ICP leadership	Ask ICP's to confirm plans to mobilise ICP commissioning	Ensure appropriate transition to new structures.

	structures.	structures.	
Activity: Ensure Appropriate Comms and Engagement throughout the Commissioning Development Work Programme	June 2018	Sept 2018	April 2019
Lead: Programme Manager and Neil Greaves			
19. Agree an approach to comms and engagement that supports the programme of commissioning development work through 18/19.	Create a cycle for staff briefings. Agree contributors and sign off processes. Agree the process for sharing any key messages with the public and gaining feedback/supporting involvement.	Produce staff briefings in line with the cycle. Produce key messages for the public in line with the process.	Ensure any patient and public feedback informs the end of year re-fresh of the Commissioning Framework and share the revised Framework and 19/20 Mobilisation Plan with stakeholders.

Appendix 2

Stakeholders who have been engaged in the development of workstream recommendations

Cancer services

- CCG cancer commissioning leads
- NHS England Public Health Commissioning
- NHS England Specialised Commissioning
- Cancer Alliance

Urgent & Emergency Care

- Urgent Care Leads – Clinical Commissioning Group (CCG)
- Upper tier Local Authority Leads (Blackpool, Lancashire County Council, South Cumbria and Blackburn with Darwen)
- North West Ambulance Commissioners (Blackpool CCG)
- Urgent and Emergency Care Network Support team

Out of hospital

- NHS England
- ICS primary care transformation programme leads (clinical and managerial)
- CCGs (clinical and managerial)
- Neighbourhood chairs
- Local Authority

Continuing health care/Individual Patient Activity

- NHS England
- CSU clinical and managerial leads
- CCGs clinical and managerial leads
- Public Health
- Local authorities
- Cumbria
- Blackburn with Darwen
- Blackpool

Children's services

- Local authority commissioners from LCC, Cumbria, Blackpool and Blackburn with Darwen councils
- Local authority Public Health representatives
- CCG commissioner representatives
- CCG Designated nurses for safeguarding
- NHS England commissioner representatives

Learning disability & autism

- CCG commissioners
- Public Health
- Local Authority commissioners
- NHS England

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25 April 2018

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Mr Mark Youlton, CCG Chief Officer, East Lancashire
Mr Denis Gizzi, CCG Chief Officer, Chorley, Greater Preston and South Ribble
Ms Hilary Fordham, CCG Chief Operating Officer, Morecambe Bay
Mr Peter Tinson, CCG Chief Officer, Fylde and Wyre
Mr Mike Maguire, CCG Chief Officer, West Lancashire
Mr David Bonson, CCG Chief Officer, Blackpool
Mr Roger Parr, CCG Chief Officer, Blackburn with Darwen
Mr Stephen Martin, Local Area Nominated Officer

Dear Amanda

This letter is written in accordance with The Children Act 2004 (Joint Area Reviews) Regulations 2015¹ to inform Lancashire County Council and the various Commissioning Groups, as principal authorities, that Ofsted and the Care Quality Commission have jointly evaluated the written statement of action submitted to us on 17 April 2018.

The statement of action is deemed to be fit for purpose with the amends outlined below in setting out how the local area will tackle the significant areas of weakness identified in the published report letter.

I note that that the CCGs have considered cross boundary issues as part of the response. It also encouraging to see the development of individual working groups to support and monitor the delivery of action plans to implement the five strands of the

¹ The Children Act 2004 (Joint Area Reviews) Regulations 2015
www.legislation.gov.uk/uksi/2015/1972/regulation/4/made



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overarching written statement of action. Similarly, accountability for delivery of the plan through the SEND partnership board to the health & wellbeing board is appropriate. This is further strengthened by having a joint committee of the CCGs and the LCC cabinet including lay and elected members respectively.

The statement of action should be further improved by:

- having clearer outcomes. For example, the objective of an EHC plan is not to 'write standards to specific components of a high quality plan' but to ensure that plans are of a high quality that meet the needs of families and support children and young people to achieve in their education, health and care
- including health and care indicators in the SEND data dashboard (part B2 of the statement of action)
- broadening the mechanisms to identify need beyond the joint strategic needs assessment (JSNA) to include other NHS and social care initiatives.

The written statement of action must be published on local websites², so that parents, carers, children and young people can understand the actions you are taking to improve the effectiveness of the local area in identifying and meeting needs, and improving outcomes for children and young people who have special educational needs (SEN) and/or disabilities.

Yours sincerely,



Andrew Cook HMI
Regional Director, North West

² Regulation 4 (5); www.legislation.gov.uk/ukxi/2015/1792/regulation/4/made

Lancashire Special Educational Needs and Disability

Written Statement of Action

(May 2018)



- Senior Leadership Owners: Angie Ridgewell (LCC Chief Executive) & Mark Youlton (CCG Chief Officer with responsibility for SEND)
- Senior Officer Support Owners: Amanda Hatton (Director of Children's Services) / John Readman (Executive Director for Children's Services) & Hilary Fordham (Chief Operating Officer MBCCG)

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Introduction

The Lancashire local area is committed to a process of continuous improvement as a partnership of statutory agencies, parents and community groups. We are committed to ensuring that we maximise opportunities for children and young people with special educational needs and/or disabilities (SEND) enabling them to benefit from high quality services which are developed in partnership.

This Written Statement of Action (WSOA) has been produced as a response to Lancashire's local area SEND inspection undertaken by Ofsted and Care Quality Commission (CQC) between the 13th and 17th of November 2017. Lancashire accepts the findings of the inspection report and is committed to ensuring the areas of concern are addressed to regain the trust of the local population. It is a response from Lancashire County Council (LCC), Morecambe Bay CCG, Greater Preston CCG, Chorley & South Ribble CCG, West Lancashire CCG, East Lancashire CCG and Fylde & Wyre CCG. We recognise that there are cross boundary flows between neighbouring CCGs and therefore have included Blackburn CCG and Blackpool CCG within the governance structure to ensure any resulting issues are addressed.

The WSoA addresses the 12 areas of significant concern identified during the inspection. It concentrates on these 12 areas and clearly defines the high level actions the partners need to address. There are additional development activities within the local area that are not referenced here, but which will ensure a golden thread throughout services for children and young people with SEND.

The WSoA sets out plans to address the inspection's 12 areas of significant concern:

1. The lack of strategic leadership and vision across the partnership.
2. Leaders' inaccurate understanding of the local area.
3. Weak joint commissioning arrangements that are not well developed or evaluated.
4. The failure to engage effectively with parents and carers.
5. The confusing, complicated and arbitrary systems and processes of identification.
6. The endemic weakness in the quality of EHC plans.
7. The absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area.
8. No effective strategy to improve the outcomes of children and young people who have SEND and / or disabilities.
9. Poor transition arrangements in 0-25 healthcare services.
10. The disconcerting number of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school.
11. The inequalities in provision based on location.
12. The lack of accessibility and quality of information on the local offer.

As a partnership, we want to create a shared vision and clear strategy for the development and implementation of SEND services in Lancashire, in doing so our aim is to improve the equality of access to provision, work with children, and young people and their parents /carers along with other stakeholders to develop systems and processes which impact on the outcomes and ensure children and young people's needs are met through effective delivery of EHC plans. The overall aim is to improve outcomes for children and young people with SEND.

This WSoA describes the high-level actions that will be taken to address the significant areas of concerns about SEND services in Lancashire. These actions have been grouped into 5 themes which will be taken forward by a dedicated working group:

- Strategy
- Commissioning and Access to Provision
- Engagement
- Identifying and Meeting Need
- Improving Outcomes

Membership of each working group will be agreed and published. Each of the working groups has a lead and includes representation from a range of partners including parents, carers and children and young people, key strategic leads, commissioners, providers and the voluntary, community and faith sector. Each working group will co-produce a more detailed action plan by June 2018 to support delivery of this WSoA, including specific actions, owners, dates for completion and success measures. Each group will report monthly progress to the SEND Partnership Board (Transitional) on the tasks outlined in pages 9 – 16.

Commitment to co-production is central to the delivery of the WSoA and to the longer-term delivery of SEND provision across Lancashire. Whilst the high-level actions have been produced by key partners and time has allowed some discussion with wider stakeholders, further development will take place in the individual working groups.

Service provision across the pan-Lancashire area is shared across a number of commissioning bodies including LCC, 12 district councils, 6 Lancashire CCGs, plus 2 CCGs associated with unitary authorities and NHS England. NHS services are delivered by 6 hospital trusts, 2 community health trusts and 1 mental health trust that deliver services across CCG boundaries. Each working group will be required to take account of this complexity to ensure that the intended improvements are driven forward and there is clear accountability throughout the whole programme of work. The WSoA refers to actions being carried out within a number of geographical area footprints, these are explained in the 'Key Terms' table below.

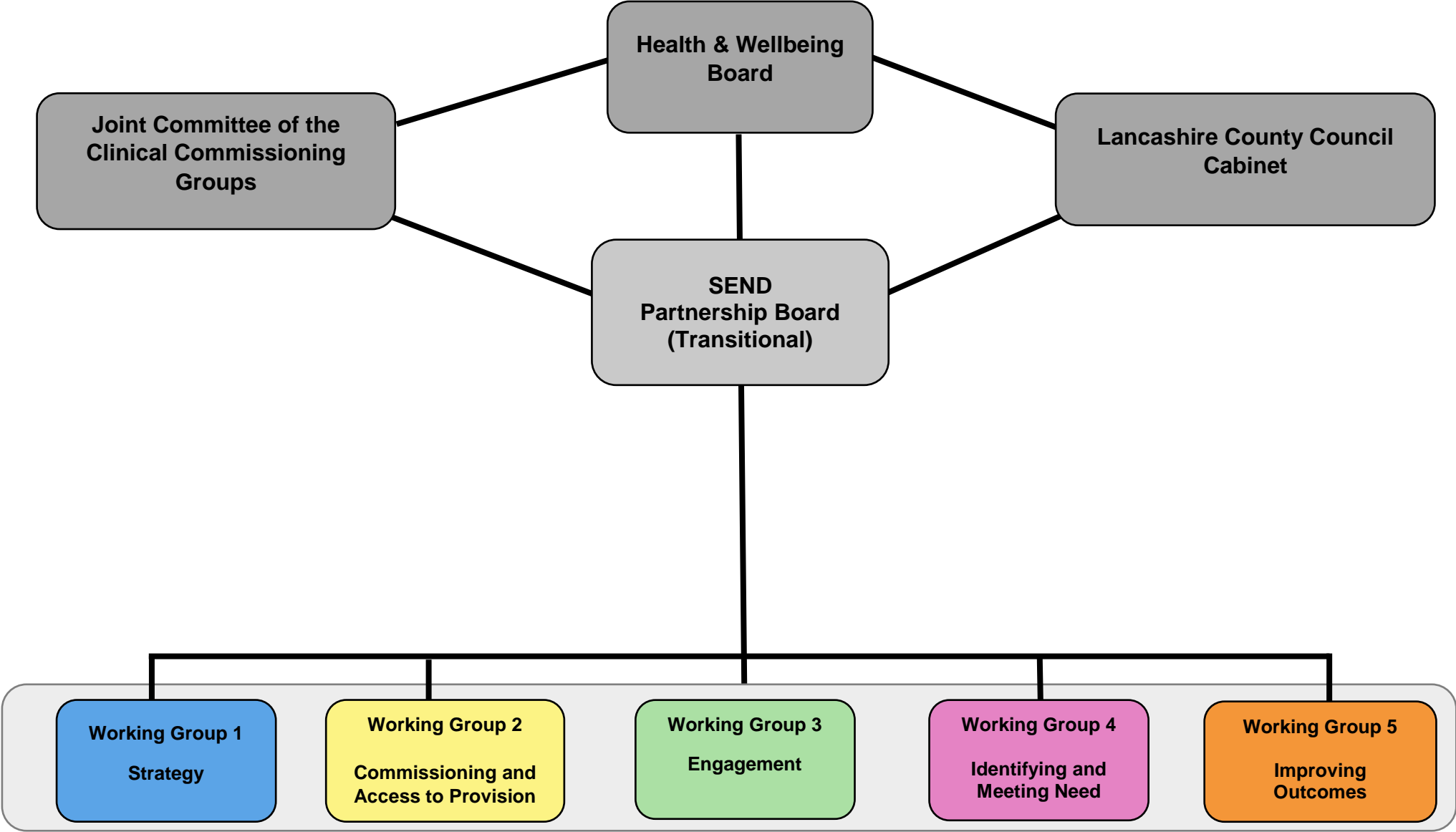
Strategic planning and decision-making responsibility for the implementation and monitoring of this WSoA will be held by the SEND Partnership Board (Transitional) reporting to the Lancashire Health and Well-Being Board (see governance structure on page 6 below). In addition, the Joint Committee of the CCGs and the LCC Cabinet include lay and elected members respectively, to act as advocates for the public interest.

The plan will be in place until Ofsted and CQC are satisfied that sufficient progress has been made in relation to improving outcomes for children, young people and their families.

Key Terms

	Definitions
Lancashire / local area	<p>The twelve districts in the Lancashire County Council (LCC) area: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre.</p> <p>Six NHS Clinical Commissioning Groups (CCGs): Chorley and South Ribble, Fylde and Wyre, East Lancashire, Greater Preston, Morecambe Bay (the North Lancashire area) and West Lancashire</p>
Pan-Lancashire	The area described above plus the two unitary authorities of Blackburn with Darwen Council and Blackpool Council, and Blackburn with Darwen CCG and Blackpool CCG
Integrated Care Systems- (ICS)	The Pan-Lancashire area plus south Cumbria (part of Morecambe Bay CCG's area)
Joint Commissioning Framework	The existing Joint Commissioning Framework (2017) found here applies to the local area. This framework is currently being developed to apply across the ICS.
Health and Wellbeing Board	<p>The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire to work together to improve the health and wellbeing of the local population and reduce health inequalities, further information and membership found here</p> <p>The SEND Partnership Board is accountable to this board</p>
Joint Committee of the CCGs	<p>Joint committees are a statutory mechanism enabling CCGs to undertake collective strategic decision making, encouraging the development of strong collaborative and integrated relationships and decision-making between partners, further information and membership found here</p> <p>There will be regular reporting on progress to this committee.</p>
Lancashire County Council Cabinet	<p>Within the budgetary and policy frameworks set by the Full Council, the Cabinet is responsible for carrying out almost all of the Council's functions in delivering services to the community, including Children and Young People Services and Adult and Community Services, further information and membership found here</p> <p>There will be regular reporting on progress to the Cabinet.</p>
SEND Partnership Board (Transitional)	The purpose of the Partnership Board is to ensure Lancashire thoroughly fulfils its SEND code of practice duties, and in doing so, provides the best possible outcomes for all its children and young people with SEND. The Board also has the strategic leadership for the WSoA.

Lancashire SEND Governance and Accountability Structure



Working Group Actions

Working Group 1 – Strategy

Lead: David Graham (Head of Service - SEND)

- Area of Concern 1 Action **A:** To develop strategic leadership and vision for SEND across the partnership
- Area of Concern 2 Action **B:** To develop an accurate understanding of SEND across the local area, to support leadership and strategic decision making
- Area of Concern 8 Action **C:** To develop an effective strategy to improve the outcomes for children and young people with SEND

Working Group 2 - Commissioning and Access to Provision

Lead: Hilary Fordham (Chief Operating Officer - Morecambe Bay CCG)

- Area of Concern 3 Action **D:** To develop robust joint commissioning arrangements, which are regularly monitored and evaluated
- Area of Concern 7 Action **E:** To develop effective, evidence-based diagnostic pathways for Autism across the local area
- Area of Concern 9 Action **F:** To develop arrangements to support good transitions in health care services 0-25
- Area of Concern 11 Action **G:** To ensure that all children in Lancashire have equal access to provision regardless of location

Working Group 3 – Engagement

Lead: Sophie Valinakis (SEND Reforms Manager)

- Area of Concern 4 Action **H:** To ensure that parents and carers are fully engaged in decision making
- Area of Concern 12 Action **I:** To provide a local offer that is clear and accessible, and which provides high quality information

Working Group 4 – Identifying and Meeting Need

Lead: Janette Hastings (Integrated Assessment Manager - SEND)

- Area of Concern 5 Action **J:** To develop and implement simple, transparent and consistent procedures for identifying and meeting need
- Area of Concern 6 Action **K:** To develop systems to ensure the quality of EHC Plans

Working Group 5 – Improving Outcomes

Lead: Steve Belbin (Principal Advisor for School Improvement- LCC)

- Area of Concern 8 Action **C:** To improve the outcomes of CYP with SEND towards the national average and statistical neighbours
- Area of Concern 10 Action **L:** To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours

The partnership is committed to ensuring that this programme provides for greater joint working and co-production going forward. We acknowledge that some of the arrangements in place are interim and may evolve as the work progresses. The tables below outline the priorities and associated high level actions for each working group. Success measures and the more detailed actions required to achieve these will be agreed as part of the working group delivery plans. A Red, Amber, Green (RAG) rating is being used as part of the monitoring process. Some significant issues required immediate action and have either been completed or are underway.

RAG Definition	Green	Action completed and signed off
	Amber	Action underway and on target for completion within timescale
	Red	Action planned but yet to commence

Working Group 1: Strategy

Action A	Develop strategic leadership and vision for SEND across the partnership			
Action B	Develop an accurate understanding of SEND across the local area, to support leadership & strategic decision making			
Action C	Develop an effective strategy to improve the outcomes for children and young people with SEND			
Key tasks to address actions A - C		Date to Complete	Expected Outcome	R/A/G Rated Progress
A1	Agree the governance structure for SEND across the local area	July 2018	The line of accountability is clear to families and practitioners. The governance structure is agreed and published. Regular reporting takes place to the Health and Wellbeing Board and JCCCG and is scrutinised by the Children's and Education scrutiny committee.	
A2	Each partner organisation must agree a senior accountable officer to support regular and consistent communication of the SEND agenda across the local area	May 2018	Families and practitioners are informed of the identified senior officers via the Local Offer.	
A3	Senior accountable officers work together to create the SEND partnership vision across the local area in collaboration with CYP, Parent/Carers & Stakeholder's	July 2018	Families, practitioners and partners are clear about the SEND vision, through the Local Offer, as a driver for improvement.	
A4	CCGs to pool funding and recruit a single joint commissioning post for Health across pan-Lancashire.	April 2018	Funding agreed to support increased consistency pan-Lancashire	
A5	Establishment of the Designated Clinical Officer (DCO) service across the area	May 2018	Families benefit from greater equity in access to provision and a timely response to requests for assessments in line with statutory timescales.	

A6	CCGs and LCC to include a contract variation with all their provider organisations to ensure that all provider senior management teams and staff receive appropriate training and information with regards to the ethos and the implications of the SEND reforms.	Sept 2018	Contract variations produced, training and information regularly shared. Provider services receive regular training which impacts positively on their professional practice	
B1	Complete and publish a Joint Strategic Needs Analysis (JSNA) to support understanding of health, social care and education need across the local area ensuring CYP and Parent/Carers voice is clearly communicated.	Jan 2019	JSNA produced which provides clarity for all partners about the ongoing needs of the community	
B2	Develop a data dashboard to share SEND performance outcomes including health and education, to inform CYP, parent/carers and stakeholders of progress.	Sept 2018	All stakeholders, including CYP and parent/carers, can assess progress across the performance measures	
C1	Develop a Strategy for improving outcomes for CYP with SEND across the local area through co-production with stakeholders across the partnership	Oct 2018	The SEND Strategy will result in improved outcomes for children and young people. More children, young people and families will to be involved in the co-production of the assessment and EHCP, resulting in greater satisfaction.	
C2	SEND partnership agree shared measures to monitor the Improvement Strategy	Oct 2018	The Partnership will be able to evaluate progress and develop or amend actions, according to outcomes achieved.	
C3	Establish and implement with CYP and parents/carers an agreed set of strategic principles to ensure that co-production is at the heart of strategic decision making and service delivery (see H2)	Oct 2018	Decisions taken by the local area partners are co-produced with parents/carers and lead to services which meet their needs.	

Working Group 2: Commissioning and Access to Provision

Action D	To develop robust joint commissioning arrangements which are regularly monitored and evaluated			
Action E	To develop effective, evidence-based diagnostic pathways for Autism across the local area			
Action F	To develop arrangements to support good transitions in health care services 0-25			
Action G	To ensure that all children in Lancashire have equal access to provision, regardless of location			
Key tasks to address actions D - G		Date to Complete	Expected Outcome	R/A/G Rated Progress
D1	Use the existing Joint Commissioning Framework (2017) to identify the appropriate level of commissioning for each service or function	April 2019	Levels of commissioning are clearly mapped.	
D2	Building on the work already being undertaken develop a commissioning plan based on JSNA including the joint commissioning strategy.	April 2019	Commissioning Plan sets out services across the geographical area which meet the needs of individual areas.	
D3	For those services to be commissioned at an ICS level agree joint commissioning function	Sept 2019	Families benefit from having easier access to services through joint commissioning agreements.	
D4	Develop evaluation and monitoring system for jointly commissioned services at ICS level	Sept 2019	Services can demonstrate ongoing improvement, benefitting their users.	
E1	Implement an ASD diagnostic pathway for Morecambe Bay CCG (Lancs North)	Mar 2018	Families and practitioners have clear information about the pathway and how to access services.	
E2	Agree a pan-Lancashire NICE compliant diagnostic pathway for ASD as part of a neurodevelopmental diagnostic pathway	Dec 2018	Families benefit from a compliant pathway, which meets local need and supports consistent agreed outcomes pan Lancashire.	
E3	Implementation of NICE compliant diagnostic pathway across ICS as part of a neurodevelopmental diagnostic pathway	Dec 2019	Pathway implemented. Commissioners use the performance data collated in the dashboard to ensure families access high quality services.	

			Regular reviews ensure quality assurance.	
F1	Review and strengthen transition arrangements and ensure a 0-25 transition protocol is included as part of the joint commissioning plan	April 2019	All CYP passing through transition points have a quality service which supports a positive transition.	
F2	Agree monitoring mechanism for transition processes	Oct 2018	Partners are able to see the impact of arrangements and make changes if required.	
G1	Review and strengthen the health, social and education offer to ensure that services meet the needs identified in the JSNA to deliver consistent outcomes across the local area	April 2019	CYP and their families pan Lancashire increasingly have more equitable outcomes.	
G2	Develop the healthcare offer to ensure that vulnerable groups have their healthcare needs identified, assessed and met, and that there is oversight across the local area.	Dec 2018	Vulnerable groups protocol published. Vulnerable groups are able to access services appropriate to their needs.	

Working Group 3: Engagement

Action H	Ensure that parents and carers are fully engaged in decision making at a strategic and individual level			
Action I	Provide a local offer that is clear and accessible, and which provides high quality information			
Key tasks to address actions H & I		Date to Complete	Expected Outcome	R/A/G Rated Progress
H1	Ensure that CYP & parents / carers are fully represented throughout the SEND governance structure	July 2018	It is evident that SEND strategic decision making is influenced by CYP, Parent/Carers	
H2	Inform and implement an agreed set of principles with CYP, Parent/Carers for co-production across the SEND Partnership (see C3)	Oct 2018	The principles are evident in the way parents, carers and CYP through increased co-production	
H3	Embed and ensure Section 19 principles (found here) underpin a culture of co-production at an individual level	Sept 2018	CYP and their families/carers can recognise their views in co-produced plans.	
H4	Co-ordinate the delivery of an annual survey for CYP, Parents/Carers, and professionals and communicate findings of Personal Outcomes Evaluation Tool (POET found here).	June 2018	The outcomes of the annual POET survey drive improvements informed by parent views.	
H5	Develop a viable and robust two-way communication system to rebuild trust and regain positive relationships to facilitate wider participation and engagement with CYP & Parent/Carers	Dec 2018	CYP, Parents/Carers feel their feedback is reflected in service plans, delivery and ways of working.	
I1	Work with CYP, Parents/Carers and stakeholders to review the Local Offer and ensure the Local Offer is accessible and provides comprehensive high-quality information	Sept 2018	CYP, Parents/Carers are aware of the Local Offer web pages and find the information accessible and high-quality	
I2	Develop mechanisms to collect and respond to Local Offer feedback	July 2018	CYP, Parent/Carer are clear that their views influence services through the 'You Said, We Did' report	

Working Group 4: Identifying and Meeting Need

Action J		Develop and implement simple, transparent and consistent procedures for identifying and meeting need		
Action K		To develop systems to ensure the quality of EHC Plans		
Key tasks to address actions J & K		Date to Complete	Expected Outcome	R/A/G Rated Progress
J1	Implementation and integration of a transparent and consistent DCO service across the local area	Sept 2018	CYP & families have their needs assessed and met in a timely and consistent manner	
J2	Co-produce, publish and implement a clear pathway for identifying and meeting for CYP 0-25 across the local area.	Oct 2018	CYP & families pan-Lancashire have information about and benefit from a clear pathway to services	
K1	To review the current EHC Plan process to ensure the agreed pathway is fully embedded across all organisations including co-production and particularly from social care and health professionals	Oct 2018	CYP benefit from high quality EHC Plans, produced pan- Lancashire, which reflect co-production across all partners	
K2	Define Lancashire quality standards for EHC Plan	Sept 2018	All partners understand what quality plans look like and the quality assurance processes reflect ongoing improvements	
K3	To develop and implement an EHC Plan content audit process across the local area and participate in regional audit and training opportunities	Jan 2019	CYP benefit from high quality EHC Plans produced pan Lancashire. Plans demonstrate continuous improvement through analysis of audit outcomes.	
K4	Commence using the results of audit to inform the professional development of plan writers, advice givers and those supporting the delivery of the plans	Dec 2018	Outcomes for CYP are improved through the performance management and training of plan writers.	
K5	To develop planning and recording systems to support joint working and the improvement process of producing quality EHC plans	Jan 2019	Improved joint working ensures the needs of CYP and their families are assessed and responded to with improved timeliness and efficacy.	

Working Group 5 – Improving Outcomes

Action C	To improve the outcomes of CYP with SEND towards the national average and statistical neighbours			
Action L	To reduce the number of permanent school exclusions for CYP with an EHC Plan to below the national average and statistical neighbours.			
Key tasks to address action C & L		Date to Complete	Expected Outcome	R/A/G Rated Progress
C4	Analyse the outcomes for CYP with SEND and agree targets for improvement	June 2018	Key themes for improvement, including a reduction in exclusions and raising attainment, are identified	
C5	Implement a programme of action with schools to achieve the agreed targets with and Primary Heads in Lancashire (PHIL), Lancashire Association of Secondary Heads (LASH) and Lancashire Special School Head teacher Association (LASSHTA)	July 2019	CYP benefit from improved outcomes in line with agreed targets	
L1	The newly established SEND Improvement Partnership Team will support the development of SEND Inclusion policy	July 2019	Increasing numbers of CYP will benefit from inclusive practice, by a reduction in exclusions, an increase in attendance and improvement in attainment	
L2	Training package will be produced and delivered for the school workforce to promote inclusive practice	Jan 2019	Teachers will have increased skills and confidence to support inclusive practice	
L3	Deliver a series of briefings to SEND Leaders, school governors and workforce to promote inclusive practice	Nov 2018	Governors and School leaders will support a reduction in permanent exclusions for CYP with an EHC Plan	
L4	Review guidance for Lancashire's school behaviour policies to ensure reasonable adjustments for SEND needs are appropriately identified and managed	Dec 2018	Guidance published and issued to all governing bodies. CYP have increased access to education through reasonable adjustments.	

L5	LCC Governors Service to provide training on the role school governing bodies have in avoiding the needs for permanent exclusion of pupils with EHC Plans (Equality Act for CYP with SEND found here)	July 2018	Inclusion of young people with SEND increases; exclusion from school is a standing item on governor training	
L6	Support and intervention to be made available by LCC Educational Psychologist (EP) and Specialist Teachers Service for pupils with an EHC Plan identified as being at risk of permanent exclusion	Sept 2018	CYP benefit from support in school resulting in fewer exclusions	
L7	SEND Exclusions will be a regular standing item on the School Improvement termly visits to schools and the Schools Service Guarantee meetings	Sept 2018	Reduction in exclusions and targeted action agreed where required.	
L8	SEND Service champion will attend the Partnership Development Group termly meetings and contribute to the schools Governors newsletter	July 2018	Improved communication of local areas SEND development	
L9	LCC will establish a new Lancashire Education Pledge for 'Inclusive Practice of SEND'	July 2019	More CYP benefit from an inclusive approach with increasing number of Lancashire schools recognised as having inclusive practice	

Joint Committee of Clinical Commissioning Group's

Title of Paper	Special Educational Needs and Disabilities – Update		
Date of Meeting	7 June 2018	Agenda Item	6

Lead Author: Hilary Fordham			
Purpose of the Report	For Information	X	
Executive Summary	To update the Joint Committee of CCGs (JCCCGs) on the outcome of the submission of the Written Statement of Action (WSOA) following the SEND Inspection in November 2017 for Lancashire and the progress being made to address the issues raised.		
Recommendations	JCCCGs is asked to: <ul style="list-style-type: none">• Receive the WSoA and note the work that has already been undertaken in relation to the governance and workstreams.• Note the work that is ongoing in the workstreams.• Note the Commissioning and Access to Provision workstream update and the need for CCGs to support the working groups as requested over the next month.		
Equality Impact & Risk Assessment Completed	Yes	No	Underway
Patient and Public Engagement Completed	Yes	No	Underway as per report
Financial Implications	Yes	No	Not yet known
Risk Identified	Yes		No
If Yes : Risk	That sufficient progress is not made to demonstrate improvements to children and young people within the timeframes identified		
Report Authorised by:	Mark Youlton, Chief Officer, ELCCG		

Special Educational Needs and Disabilities – Update

June 2018

Purpose

To update the Joint Committee of CCGs (JCCCG) on the outcome of the submission of the Written Statement of Action (WSOA) following the SEND Inspection in November 2017 for Lancashire and the progress being made to address the issues raised.

JCCCG is asked to:

- Receive the WSoA and note the work that has already been undertaken in relation to the governance and workstreams.
- Note the work that is ongoing in the workstreams.
- Note the Commissioning and Access to Provision workstream update and the need for CCGs to support the working groups as requested over the next month.

Introduction

Lancashire County area had its SEND Inspection in November 2017. The Inspection took the form of a whole system inspection with the Local Authority being the lead agency, but all CCGs as commissioners expected to take part and accept the findings and all providers being part of the process.

The report was received in January and set out some very challenging findings. JCCCG received a paper in February explaining:

- The findings.
- Setting out the expectation to develop a Written Statement of Action (WSOA) to commit the area to addressing the issues raised.
- Requesting additional support to enable this to happen across all CCGs.
- Recommending that the JCCCG provide oversight and decision making for this agenda.

The paper was agreed virtually as the meeting was cancelled due to poor weather.

Written Statement of Action

The WSoA is attached at Appendix A and Appendix B is the formal agreement from Ofsted and CQC that it has been agreed.

As can be seen significant work has occurred since the report was received in January to develop the WSoA, which divides the 12 areas of improvement into 5 workstreams as set out on page 7:

- Strategy
- Commissioning and Access to Provision
- Engagement
- Identifying and Meeting Need

- Improving Outcomes

The actions in the plan are high level and have an associated outcome measures. As part of the Ofsted and CQC response to the WSoA we were asked to amend some of the outcomes to make them more child and family impact centred and this has been undertaken.

Whilst some engagement was undertaken with parents, young people, providers and schools as part of the development process, it is recognised that this is not yet sufficient and more detailed engagement will be undertaken by each of the workstreams as it develops its more detailed plan.

A programme of monitoring is also in place with the Department of Education Advisor and the NHS England Advisor. These meetings take place quarterly and the outcomes of these will ultimately influence the advice given to the Minister at the end of the year regarding progress.

The WSoA is now on the Local Authority Website and links to it have been put on CCG websites; communications of this type regarding SEND are now being centrally managed via the CSU to ensure a consistent response.

Governance and Support Structures

Significant work has been undertaken to address the governance and partnership issues associated with this agenda which were heavily criticised in the report.

Page 6 of the WSoA sets out the governance structure which has been agreed. The SEND Partnership Board has been re-set to oversee the work. The key purpose of the group is to:

- Agree the shared vision and clear strategy for the development and implementation of SEND services in Lancashire.
- Improve equality of access to provision.
- Oversee the development of the systems and processes which will improve the delivery of and engagement with services.
- Ensure children and young people's needs are met through the effective delivery of Education Health and Care Plans (EHCPs).
- Improve the outcomes for children and young people with SEND.
- Promote a culture of inclusion and partnership working.

Its main role will be to oversee the implementation of the WSoA and achievement of the impact measures, as well as ensuring that Lancashire County Council (LCC) Cabinet, JCCCG and ultimately the Health and Well Being Board are kept informed of progress and used as required to make relevant decisions.

Progress has also been made with recruitment to an Improvement Team to support the implementation of the WSoA. A Senior Improvement Partner has been recruited by LCC and this post will complement the post recruited to cross the CCGs to work on a pan-Lancashire basis (start date 1 June). These two posts will lead the improvement team which

is made up of a number of staff recruited to undertake project management and support and communication and engagement. The CSU staff that the CCGs have allocated to this agenda, are also part of this team.

Progress with Implementation

The workstream groups are gradually being set up and starting to work through the areas of work they need to undertake.

1) Strategy Group

This group's workstreams include:

- The development of the strategic vision to improve outcomes.
- The development of an accurate understanding of SEND across the local area.

Included in this part of the WSoA are the governance arrangements which as set out above have been agreed and the implementation of the Designated Clinical Officer function (DCO). The posts for the DCO function have now been filled and will come into post during May. Their role is set out in the service specification which has been developed and will underpin the work.

An initial scoping meeting for the workstream has been held and work is on-going to develop the plan for engagement on the vision and strategy.

2) Commissioning and Access to Provision

This group covers several of the issues which were items of particular concern for CCGs:

- Development of robust joint commissioning arrangements.
- Development of evidence based pathways for Autism across the area
- Improve the transitions processes for services 0 – 25.
- Develop equal access to provision, regardless of location.

This group has met and agreed six workstreams:

- The commissioning framework – no separate group will be set up for this, the workstream that is already established as part of the wider commissioning framework process within the Integrated Care System (ICS) will feed into the Commissioning and Access to Provision workstream. The members of the group will ensure that the SEND agenda is considered within that work.
- ASD and Neurodevelopmental Pathway development. The particular issue for North Lancashire; the lack of a diagnostic pathway, has now been resolved and a pathway agreed and funded with waiting list initiatives being put in place to address the backlog. A working group is now working to agree a high-level pathway for neurodevelopmental issues across the ICS taking the best features from those pathways which are running or have been developed. A pathway should be ready for agreement by the Autumn, this will give time for engagement which now needs to be a key feature of all developments.

- Transitions – there are a significant number of transition points within health, social care and education for children. A scoping exercise is underway to assess which of these are most important to address initially.
- Access to services for vulnerable children – within the report the reference was particularly related to inconsistency regarding services for Children Looked After and so this will be the initial focus of this work. The Designate Nurses and Children Looked after Nurses have already been asked to consider how services can be made more consistent across the ICS. Support is being provided in this work through the CSU and Commissioning Manager from Morecambe Bay CCG.
- Special School Nursing – the Children's Overview and Scrutiny Committee set up a task and finish review of the provision of special school nursing across the county. This will report in July and is expected to make a number of recommendations. Due to the link with the SEND agenda it has been agreed to feed this work via the Commissioning and Access to Provision group and Fylde and Wyre CCG have offered to support this work. Initial discussions have been undertaken on the likely outputs and work will be undertaken to develop an action plan pending the report.
- Complex Cases Panels – it has become apparent through work in North Lancashire and via the report that the processes surrounding the complex cases panels are not effective. The processes were agreed after the establishment of the CCGs and the issuing of the first guidance on SEND, but now require review and improvement. Agreement has been reached with LCC that initial work will be undertaken on this in North Lancashire and then rolled out to the rest of the county. Again this will be monitored via the Commissioning and Access to Provision Group.

3) *Engagement*

This group is of particular importance given the issues raised in the report, and was the focus of a short workshop session at the recent SEND Partnership Board. It is recognised by the Partnership that there is significant work to do in this area to regain the trust of families and young people across the County. More detail will be provided to the JCCCG in the next report.

In order to commence the process of engagement, discussion has been undertaken with the POWAR group (the young people's participation group, run by Barnardo's which was praised in the Inspection Report) regarding the branding that is currently used by SEND in Lancashire. The group is likely to support a re-branding of services to focus on a partnership approach.

Agreement has been reached that the CSU will provide a single point for formal communications to ensure that all CCGs include on their websites the necessary links and documentation.

4) *Identifying and Meeting Need*

This group is focused on ensuring that children and young people's needs are appropriately identified and then through either SEN Support or the development of a formal EHCP support is delivered. It will also oversee the development of the electronic system which

should improve the flow of information for the development EHCPs. It is currently in a scoping phase.

5) *Improving Outcomes*

This group is focused on improving the educational attainment of young people and as part of that addressing another of the key features set out in the report to reduce the number of exclusions for those children who have an EHCP. Again this group is in a scoping phase at the moment.

Links to other workstreams

Links are being developed to other workstreams to ensure a coherent process. A meeting has been undertaken with the Learning Disabilities Transforming Care Programme (TCP) and links are being formed through attendance by SEND representatives at the TCP Steering group and through inclusion of TCP posts into the SEND governance structure.

Discussions have been held with the Programme Lead for the CAMHS redesign process to ensure that the needs of those with SEND are considered as part of the redesign process.

A contract variation has been agreed and input to the contracts for all providers to highlight the need for all providers to understand their responsibilities in relation to this agenda.

It should also be noted that the target for transfers of Statements to EHCPs to have all complete by 31st March 2018 was achieved, although it is acknowledged that there may be improvements to be made on the quality of those plans when they are reviewed.

Recommendations

JCCCG is asked to:

- Receive the WSoA and note the work that has already been undertaken in relation to the governance and workstreams.
- Note the work that is ongoing in the workstreams.
- Note the Commissioning and Access to Provision workstream update and the need for CCGs to support the working groups as requested over the next month.

Hilary Fordham

Chief Operating Officer, MBCCG

June 2018

Mark Youlton

Chief Officer, ELCCG