

## Key Messages from the Joint Committee of Clinical Commissioning Groups

11/01/2018

Clinical Commissioning Groups (CCGs) are NHS organisations that plan and buy health and healthcare for their communities. The Joint Committee of Clinical Commissioning Groups (JCCCG) is a meeting of the CCGs in Lancashire and South Cumbria and will be responsible for making decisions about any future proposals referred to it by the CCGs. Decisions that will be referred if they require a Lancashire and South Cumbria approach, but most decisions about healthcare will continue to be taken locally.

The committee is held in public and chaired by Phil Watson CBE, who is independent of the health organisations. The key messages below are from the committee held on 11th January 2018 at Tanhouse Community Centre in Skelmersdale.

[Click here to view a glossary of terms that may support understanding the key messages below.](#)

### A New Commissioning Framework for Lancashire & South Cumbria

A paper outlined presented to the committee outlined the process that local commissioners have taken to develop a new Commissioning Framework for Lancashire and South Cumbria. The Framework will be used to agree the services that will be commissioned at a L&SC level, and those that will be commissioned locally. The document describes a set of design principles; expected benefits of applying the framework; a model of commissioning for the future centred around a place-based approach; criteria against which to assess the appropriate level for commissioning; and the next steps required for mobilisation.

The Framework recommends that we adopt a “place-based approach” to the evolution of commissioning in Lancashire and South Cumbria. Place based commissioning means:

- Commissioning organisations (health and local government) should work together to govern the common resources available for improving health and care in their area.
- The approach taken to developing local systems of care should be determined using a common set of design and operating principles.
- Changes to the roles of commissioners are needed to support the development of systems of care across the ICS and in local ICPs.

It proposed that in Lancashire and South Cumbria, that place-based commissioning should work at three levels:

- Collective – at the level of Lancashire and South Cumbria
- At the level of the Accountable Care Partnership (Fylde Coast, Morecambe Bay, Central Lancashire, West Lancashire, Pennine Lancashire)
- Neighbourhood- which could be a district or smaller community level of around 30-50,000 population

The JCCCGs endorsed the framework for the development of the commissioning system in Lancashire and South Cumbria recognising it is work in development and subject to comments.

The JCCCG endorsed the recommended enabler workstreams and timetable in the paper and agreed that more detailed mobilisation plans should be developed with the JCCCG being informed of the timetable for other services.

The JCCCG supported further discussions and development of this framework with all partners particularly including specialist commissioning and local authority in relation to the wider health and wellbeing agenda.

### **Mental Health Commissioning Development Mobilisation and Next Steps**

A paper was presented that built upon a Case for Change that was presented to JCCCG in September 2017. The paper described the next steps in mobilising the new commissioning model for Mental Health based on the proposed Commissioning Framework for Lancashire & South Cumbria in the previous agenda item.

The JCCCGs endorsed the proposed levels of commissioning for the identified groups of mental health services, as per the Commissioning Development Framework, recognising that it is work in progress and subject to further work on the positioning of certain identified services.

The JCCCGs agreed the mobilisation plan, including the requirement for more focussed engagement with the Local Authorities and Providers, recognising that this is a work in progress.

The JCCCGs noted the timescales of the mobilisation plan and enabling workstreams as set out in the paper presented.

### **Specialist Neuro Rehabilitation Implementing a New Model of Care**

The members received a paper relating to work previously undertaken by the North West Coast Strategic Clinical Network and supported by the Collaborative Commissioning Board (CCB) in July 2016 on an agreed vision for the new model of care for specialist rehabilitation.

The model of care being developed by the Specialist Rehabilitation workstream seeks to support a person's rehabilitation needs being met within a community setting where appropriate, and ensure that inpatient beds are utilised only where there is no suitable alternative.

The JCCCG noted the content of this paper regarding progress in developing and progressing implementation of the model of care for specialist rehabilitation.

The JCCCG supported the Collaborative Commissioning Board's agreed actions for providing commissioning leadership and financial principles for achieving the model of care through financial realignment of existing resources.

The JCCCG supported the Collaborative Commissioning Board's assertion that the JCCCGs should take joint decisions on support for future business cases for implementation of the model of care and the associated realignment of resource.

### **Commissioning Policies for Complementary and Alternative Therapies and Facial Nerve Rehabilitation**

The Commissioning Policy Development & Implementation Working Group (CPDIG) has been established to consolidate system efforts to write, review, update and support the implementation of a suite of clinical commissioning policies on behalf of CCGs.

As part of the CPDIG's work plan, a review of the clinical policies on (a) complementary and alternative therapies and (b) rehabilitation after damage to the facial nerve has been completed. The JCCCGs was asked to ratify the policies.

The revised and updated Policy for Complementary and Alternative Therapies was ratified. A new Policy for rehabilitation after damage to the facial nerve was ratified.

## Questions from members of the public

Members of the public in attendance were given the opportunity to ask questions. It was agreed that the public drop in sessions ahead of the meeting are an opportunity for members of the public to ask questions relating to items that are not on the Joint Committee of CCGs agenda.

## Glossary of Terms

- **Integrated Care System (ICS)** – the whole system that we are seeking to create across Lancashire and South Cumbria (commissioners, providers and regulators). This has been updated to reflect the Refreshing NHS Plans 2018/19 publication (February 2018) and has previously been referred to as Accountable Care System.
- **Local Delivery Plan areas (LDP), becoming known as Integrated Care Partnerships (ICP)** – sub Lancashire and South Cumbria level systems i.e. Pennine, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire (commissioners and providers).
- **Neighbourhood** – sub LDP area level systems e.g. Fleetwood, Millom etc, (which may or may not align to local authority districts, depending on local arrangements)
- **Place based commissioning** – commissioners organising themselves so that they collaborate together to address the challenges and improve the health of any defined population
- **Collective Commissioning** – commissioning collaboratively across the whole geography of Lancashire and South Cumbria
- **Sustainability and Transformation Partnership (STP)** – the partnership of NHS and other organisations working to deliver our 5 year **Sustainability and Transformation Plan** for Lancashire and South Cumbria that describes how we will improve quality, develop new models of care; improve health and wellbeing; and improve efficiency of services
- **Accountable Care Organisations** – a single provider or an alliance of providers that work under one budget and one contract to deliver services to a population