Healthier Lancashire & South Cumbria

Notes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 7 March 2019 13:00-15:00

South Ribble Borough Council (Shield Room), Civic Centre,
West Paddock, Leyland, Lancashire, PR25 1DH

In attendance			
Phil Watson	Independent Chair	JCCCGs	Attended
Andrew Bennett	Executive Lead Commissioning	HL&SC ICS	Attended
Dr Richard Robinson	Clinical Chair	East Lancashire CCG	Attended
Julie Higgins	Chief Officer	East Lancashire and Blackburn with Darwen CCGs	Apologies
Geoffrey O'Donoghue	Lay Member	Chorley & South Ribble CCG	Attended
Geoff Jolliffe	Clinical Chair	Morecambe Bay CCG	Attended
Anthony Gardner	Director of Planning and Performance	Morecambe Bay CCG	Attended
Doug Soper	Lay Member	West Lancashire CCG	Attended
David Bonson	Chief Operating Officer	Blackpool CCG	Attended
Debbie Corcoran	Lay member	Greater Preston CCG	Attended
Roy Fisher	Chair	Blackpool CCG	Attended
Jerry Hawker	Chief Officer	Morecambe Bay CCG	Attended
Sumantra Mukerji	Chair	Greater Preston CCG	Attended
Elaine Johnstone	Chair, Commissioning Policy Development and Implementation Group (CPDIG)	Midlands and Lancashire Commissioning Support Unit	Attended for item 6
Rebecca Higgs	Individual Funding Request (IFR) Policy Development Manager	Midlands and Lancashire Commissioning Support Unit	Attended for item 6
Prof. Dominic Harrison	Director of Public Health and Wellbeing	Blackburn with Darwen Borough Council	Attended
Amanda Doyle	Chief Officer	HL&SC ICS	Attended
Andy Curran	Medical Director	HL&SC ICS	Attended
Jane Cass	Locality Director	Healthier Lancashire and South Cumbria ICS	Attended
Neil Greaves	Communications and Engagement Lead	HL&SC ICS	Attended
Claire Kindness-Cartwright	Senior Programme Manager	HL&SC ICS	Attended for item 7
Denis Gizzi	Chief Officer	Chorley & South Ribble CCG and Greater Preston CCG	Attended
Dawn Walker	Executive Assistant	HL&SC ICS	Attended
Sue Stevenson	Chief Operating Officer	Representing Healthwatch Together	Attended

DRAFT

Healthier Lancashire & South Cumbria

Linda Riley	Director of Operations	Midlands and Lancashire Commissioning Support Unit	Attended
Dr Adam Janjua	GP and Vice Chair	FWCCG	Attended
Steve Thompson	Director of Resources	Blackpool Borough Council	Attended
Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
Apologies			
Harry Catherall	Chief Executive	Blackburn with Darwen Borough Council ICS	Apologies
Dr Gora Bangi	Chair	Chorley South Ribble CCG	Apologies
David Bonson	Chief Operating Officer	Blackpool CCG	Apologies
Katherine Fairclough	Chief Executive	Cumbria County Council	Apologies
Dawn Roberts	Director of Governance	Cumbria County Council	Apologies
Louise Taylor	Executive Director of Transformation	Lancashire County Council	Apologies
Lawrence Conway	Chief Executive	South Lakeland District Council	Apologies
Gary Hall (GH)	Chief Executive	Chorley Borough Council	Apologies
Neil Jack	Chief Executive	Blackpool Borough Council	Apologies
Sakthi Karunanithi	Director of Public Health	Lancashire County Council	Apologies
Angie Ridgwell	Chief Executive	Lancashire County Council	Apologies
Carl Ashworth	Service Director	MLCSU	Apologies
Gary Raphael	Executive Director of Finance	HL&SC ICS	Apologies
Kevin Toole	Lay Member	FWCCG	Apologies
Dean Langton	Chief Executive	Pendle Borough Council	Apologies

A.	Standing items
1.	**Welcome and Introductions** The Chair welcomed members to the regular business meeting of the Joint Committee of Clinical Commissioning Groups (JCCCGs) held in public and informed members that the business today was being live-streamed. It was reported that in line with recent meetings, members of the public had been invited to raise any questions relating to items on the agenda prior to the start of the main meeting and there would be a further opportunity at the end of the meeting for questions relating to the agenda. Apologies were noted.
2.	**Declaration of Interests** None reported.

DRAFT

Healthier Lancashire & South Cumbria

3.	**Notes of the meeting held on 1 November 2018** Agreed as a true record.
4.	**Items of any other business** • Andrew Bennett (AB) requested that the draft Work programme for the Committee be discussed under Any Other Business . • Elaine Johnston (EJ) had an additional update to raise which it was agreed to discuss under item 6 on Commissioning Policies.
Improving Population Health	
5.	**NHS long Term Plan** Dr A Doyle gave a presentation introducing the main points of the NHS Long Term Plan which had been published in January 2019. This was followed by a discussion. Doug Soper asked how the obligations to engage the public on the implications of the 10 year plan would be linked to existing engagement programmes taking place across the patch for integrated partnerships. Dr Doyle indicated that it would be vital for local organisations to explain in their plans how they intend to implement the Long Term Plan working locally and across Lancashire and South Cumbria. Level. Mr Soper added that the plan contained a lot of aspirations but at times lacked hard targets. How will systems be held to account for their performance? Dr Doyle explained that the Long Term Plan was primarily a strategy document but it is understood that NHSE will be producing an additional Implementation Plan to accompany the Long Term Plan. This will be published soon. The ICS will still have to assure our regulators about the delivery of constitutional and other targets in the same way we do now. Dr Jolliffe commented that if the NHS puts more resources into a system and doesn't change the model of care, the it is likely that the extra capacity will fill up and outcomes won't change. How do we make sure we get that change in the model of care when this is rolled out how do we reduce demand where appropriate? Dr A Doyle added that we are trying to address these challenges in our developing approach towards improving population health. Much of the increased financial allocation is already committed and so we are not in a position to sit back and carry on as usual. This will only work if we do it in conjunction with improving efficiency, being more effective, managing demand better and changing the model of care. She agreed that we will never have the resources to meet rising demand if we are not able to change the models of care based on how much our demographics are changing – e.g. with the increasing number of people aged 85 and over or the fact that that 40% of our disease burden is modifiable or preventable. If we seriously want to tackle demand, we need to start looking at that 40%. Jerry Hawker commented that there is a level of expectation from people who work in the NHS and people who use the NHS about the level of change needed in the ways we work and how we behave. We are looking to address inequalities and improve people's wellbeing. There is a responsibility on individuals to behave and think

DRAFT

Healthier Lancashire & South Cumbria

	differently. If we are going to take a fundamental shift towards neighbourhood teams and getting decisions made in the community, again a change of behaviour and the recognition that if you go to your General Practice you are not always going to see a GP. In the future you are going to see a range of different care professionals. There are many attractive, exciting and ambitious things in the NHS plan but the scale of change is significant. Dr S Mukerji shared his concerns about the current and future workforce. He felt the ICS needs to have a workforce strategy because it doesn't matter how much more or less money we have, unless we have the workforce we won't be able to do what we want to do. Dr Doyle agreed that workforce issues are very important and confirmed that a Workforce Strategy is being developed. She added that every single one of our organisations and teams needs to be thinking about the future workforce they will need to support the model of care they want to deliver. However, we also need to make these jobs that people want to do and that means working in services that are sustainable, that give job satisfaction and enable members of staff to feel that what they are doing is worthwhile. She added that there is a current discussion to devolve much more responsibility for workforce and training strategies to local systems rather than it being done at National level, because the reasons for difficulties in recruitment are different. Speaking on behalf of Healthwatch, Sue Stevenson confirmed that a key theme around the entire plan is the involvement and engagement of people. It is essential that people are involved in thinking about the implications of the change process and what that might mean for them and how and when they may receive treatment. Sue explained that each Healthwatch across England will be engaging with people in local communities about the Long Term Plan and she has been discussing the approach to this with Neil Greaves, Communications and Engagement HL&SC ICS. The engagement will take the form of understanding what is important locally in each area but also what is important in terms of the pathways associated with each type of condition that people are experiencing. Healthwatch is hoping to carry out some focus groups as well as part of its engagement activity. Sue was prepared to have further discussions with colleagues across the system about the approach to be taken. Phil Watson commented that it was clear the Long Term Plan was a significant publication and it was likely that the Joint Committee will return to elements of it in due course. The Care Minister has recently announced that the Social Care Green Paper will be published very shortly, so the combination of these two together will be really important.
6	**Commissioning policies** E Johnstone introduced the item by explaining that there is a total of seven commissioning policies to discuss. Of those seven, the policy for Sterilisation Reversal in Males and Females has gone through our local Lancashire and South Cumbria process. The other six policies are a response to a request to all CCGs from NHS England. **Sterilisation Reversal in Males and Females**

DRAFT

Healthier Lancashire & South Cumbria

This policy has been reviewed through the local process of clinical review, clinical and public engagement, further review, quality impact assessment and consultation through the ICS Care Professionals Board for assurance..

This policy is a review of an existing policy. With the exception of minor edits to wording, it is largely unchanged.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

RESOLVED: The policy was ratified by the Joint Committee.

E Johnstone explained that the other six policies are the first part of a response to the national "Evidence Based Interventions (EBI) Project", which has been commissioned by NHS England and involved a number of other stakeholders such as NICE and NHS Clinical Commissioners. The aims of this project have been to ensure the NHS offers best care and best value by making sure that what we are commissioning and providing to patients is clinically effective and safe. There is also an aim to maximise the use of clinical time on interventions which offer the most benefit to our patients.

There have been two stages to this work at National level. The first stage was published last year and referred to the use of medicines. These policies relate to the second stage of work and a range of surgical interventions.

In November 2018, the national programme identified 17 procedures where it was felt that the NHS in England should adopt consistent criteria for procedures based upon the evidence for the clinical benefits. NHSE had set an expectation that if there was not a local policy in place for a particular intervention, then there was a requirement to adopt the national policy by 1 April 2019. The commissioning policy group has therefore had to undertake a rapid piece of work to understand which of the 17 policies came into that category, resulting in the presentation of 6 policies to the Joint Committee.

Mrs Johnstone confirmed that the Policy Development Group has undertaken a limited engagement process with clinicians and members of the public on the new policies, confirming that the evidence base for these has been developed nationally.

Feedback has been received from members of the public and clinicians about the clarity of the wording in some of the policies so we have added some explanatory language to our local documents.

For the other eleven policies, Mrs Johnstone confirmed the CCGs have a policy already in existence in Lancashire and South Cumbria which is fully aligned with the NHS EBI policies so we don't need to take any action on that.

The Chair asked if there were any questions or comments.

DRAFT

Healthier Lancashire & South Cumbria

Dominic Harrison commented that some members of the public may wish to have specific treatments even if the evidence for their effectiveness is limited. They may wish to have them for cosmetic reasons or reasons of personal choice. If we support the policies we will be saying there is some restriction in access to those treatments and interventions by the NHS, but people who can afford may be able to buy them. The only way we could assure equity is if we say no provider with an NHS contract should be offering those services on a private fee basis and no NHS estate should be used to provide those treatments and interventions on a private fee for service basis. Otherwise what we are doing is restricting some interventions for those who can't afford to do it privately but allowing NHS resource to be mobilised for those who can afford to pay for it.

[*Post meeting note: national guidance has been issued to NHS providers which confirms that they should not treat private patients with procedures not available to NHS patients.]*

A Doyle confirmed that the effect of these policies is to not use NHS staff and other resources for these treatments. We are not in a position to prevent staff offering services privately in their own time.

Policy for Chalazia Removal
Elaine Johnstone confirmed that this is an entirely new policy for the whole of Lancashire and South Cumbria. It relies entirely on the NHS EBI evidence review and criteria recommendations. No additional content has been added locally to this policy.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

The Committee was asked to consider ratifying the policy.

RESOLVED: The policy was ratified by the Joint Committee

Policy for Haemorrhoid Surgery
This policy relies entirely on the EBI guidance evidence review recommendations. As part of the clinical and stakeholder engagement, feedback was received that some of the definitions were not clear. In response, an appendix gives clarification on definitions and how to grade the severity of haemorrhoids.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

The Committee was asked to consider ratifying the policy.

RESOLVED: This policy was ratified by the Joint Committee

Dupuytren's Contracture Release in Adults
This is a new policy for all eight CCGs and relies entirely on the EBI evidence review.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

DRAFT

Healthier Lancashire & South Cumbria

The Committee was asked to consider ratifying the policy.

RESOLVED: This policy was ratified by the Joint Committee

Policy for Adult Snoring Surgery in the absence of Obstructive Sleep Apnoea (OSA)
This is a new policy for all CCGs except for Chorley South Ribble and Greater Preston CCGs this policy is aligned with the existing policy as well as the EBI.
On that basis we would like to ask or this policy to be ratified.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

The Committee was asked to consider ratifying the policy.

RESOLVED: This policy was endorsed by the Committee

Policy for the Excision of Ganglia and Mucoid Cysts
This is a new policy for all CCGs except Chorley South Ribble and Greater Preston CGs who had an existing policy with similar scope but slightly different commissioning position. The difference was that the potential to have the ganglia aspirated rather than going straight to open surgery was not previously included in the Chorley and South Ribble and Greater Preston CCGs' policy. The Commissioning Policy Group worked with the 2 CCGs to understand the rationale for that and the CCGs indicated that they were happy to move in line with the EBI guidance and therefore the policy is entirely in line with the EBI position.

The Chair asked if there were any questions or comments relating to the policy. No questions were received.

The Committee was asked to consider ratifying the policy.

RESOLVED: This policy was ratified by the Joint Committee.

Policy for the Commissioning of Arthroscopic Shoulder Decompression Surgery for the Management of Pure Subacromial Shoulder Impingement
Again in this example, the Chorley and South Ribble and Greater Preston CCGs already had an existing policy. The situation with this policy is somewhat more complex because the existing locally policy was different in certain respects to the national EBI policy. Some of the criteria about the conservative management that you should undertake before moving to surgery was more specific in the Chorley and Preston policy than the EBI.
Elaine Johnstone explained that the Policy Group felt that it was more helpful to have this additional language so we consulted on the adoption of that policy across the whole of Lancashire and South Cumbria whilst making it clear that that would be still in alignment with the EBI.

The Chair asked if there were any questions or comments relating to the policy

D Soper indicated he was supportive of the policy. He asked Elaine Johnstone about whether we are in a position to audit it and ensure it is enforced and have you given any thought into our previous discussions to how that is laid out in contracts with

DRAFT

Healthier Lancashire & South Cumbria

hospitals to ensure it is complied with.

E Johnstone explained that some action on this is being taken at a national level by changing the payment by results tariff so that e.g. for snoring surgery, trusts would receive no funding if they treated a patient with a particular procedure.

Locally, the Policy Development Group has worked with the analysts in the CSU to obtain data at a level of detail sufficient to understand the impact of all our policies. This work has been presented to Chief Finance Officers in the ICS Finance and Investment Group to ensure they are fully sighted on the implementation of a policy. This would enable us to follow up on how policies are being followed by our providers.

E Johnstone added that for the national EBI policies, NHSE is ensuring that a national data set is available at CCG and provider level to monitor compliance with these policies.

G Joliffe asked for clarification about the approach to patients who may already been referred for procedures considered in these policies. E Johnstone confirmed that our standard practices is that if a patient was already in the system (referred) then they would be treated under the policy that was in force at the point of referral.

J Hawker reflected that the traditional approach of a commissioning/provider system would have been to introduce a policy, look to enforce it, set up contracting processes to monitor activity and then send out contracting challenges to the providers. This is now a good example of where these policies should become clinical policies which are owned by the whole system. We would get much clearer communication with the public and also would have the whole of the clinical community supporting education and discussion with the public.

The Committee was asked to consider ratifying the policy.

RESOLVED: This policy was ratified by the Joint Committee.

Glucose Monitoring Policy

E Johnstone wanted to raise an additional item in relation to the current commissioning for Glucose Monitoring policy discussed at a previous meeting.

At this point, Geoffrey O'Donoghue, Lay Member, Chorley and South Ribble CCG declared a non-financial personal interest in the item. Mr O'Donoghue remained in the meeting but did not take part in the discussion.

The Glucose Monitoring policy had been ratified in October 2018. The policy contained guidance on the use of continuous glucose monitoring devices including a specific type of flash glucose monitor known by its brand name of Freestyle Libra.
Subsequent to this decision, NHS England made a national announcement about the use of flash glucose monitors and further guidance had been received about this on the day of the Joint Committee (7th March).

Elaine Johnstone explained that as there had not been sufficient time to review the latest guidance, it may be necessary for further decisions to be made about local implementation from the 1st April in advance of the next formal meeting of the Joint Committee.

DRAFT

Healthier Lancashire & South Cumbria

	Amanda Doyle proposed that subject to the detailed review of the national guidance, that the Joint Committee delegate responsibility to Phil Watson and Andrew Bennett to sign off an amendment to our policy to respond to the national guidance. The Chair asked the Committee if they were in favour of this action. **RESOLVED: Committee members were all in favour of this decision.**
7	**Stroke Programme Update** C Kindness-Cartwright provided an update on the Stroke Programme. The paper confirmed that individual CCGs are no now reviewing local business cases which set out proposals for the further development of integrated community stroke rehabilitation services. Decision making was expected to take place between March and May 2019. Jerry Hawker commented that the Joint Committee should recognise the huge amount of work that has gone into the Stroke programme and that this is a clear expectation of the NHS Long Term Plan. It was also important to stress that there are further priorities for investment in Mental Health services, Learning Disabilities, Childrens services, primary care services which also need to be borne in mind. **The Joint Committee of CCGs is requested to :** • **Note the content of this update report** • **Ask each CCG to include an agreed level of investment in community-based stroke rehabilitation services in CCG operations plans for 2019/20** **RESOLVED: All members noted the contents of this update report and agreed on the level of investment in community-based stroke rehabilitation services in CCG operations plans for 2019/20.**
8	**Any other business** **Work programme for the Committee** Andrew Bennett introduced the current draft of a work programme for the Joint Committee. The Joint Committee works on the basis of an agreed delegation of activity and the work programme therefore must be supported by all eight CCGs in order for decisions to be taken together rather than in our separate local governing bodies. The intention is that the work programme is as precise as possible in what is being asked of the Joint Committee. Andrew Bennett indicated that once the work programme is fully drafted, formal requests will be sent to each CCG Governing Body to approve it.
	Questions from the public The Chair asked members of the public if there were any questions in relation to any of the items on the Agenda today.

DRAFT

Healthier Lancashire & South Cumbria

There were questions about plans to streamline commissioning and the number of CCGs.

Dr Doyle replied that the direction of the Lancashire and South Cumbria system is for commissioners and providers to work much more closely together, particularly in local areas. The Long Term Plan confirms this direction of travel but detailed plans or timescales for local changes to the number of CCGs have not been developed. There are also some proposals for legislative change which have been made nationally and which could help to make it easier for local partnerships to work more closely together.

Question**:** What arrangements are in place for members of the public to attend the meetings of the integrated care systems and are the minutes and agendas going to be published on the internet.

Dr Doyle replied that at present, ICS meetings are not currently held in public but there is an expectation that as ICS arrangements mature, they will be held in public.

Andrew Bennett added that where NHS organisations are taking statutory decisions they are doing this through their existing Board meetings held in public. What we are describing here is the development of partnership working (through the ICS) where Lancashire and South Cumbria is part of a first wave testing new ways of working and decision-making.

Question: If the third sector is to make a contribution, can we expect that the commissioning process for such bodies will be changed and made more straightforward and is this the forum for which it might happen?

A Bennett acknowledged that in some respects, the NHS's contracting processes have become complicated and added to that some commissioners have not been as effective in building relationships with the VCFS as they might be. At ICS level and certainly at local level there is a lot of effort going on to try and link up VCFS leaders to try and promote more effective working relationships. I think there is learning from Local Authority Commissioners about how best to do that and when you talk about the VCF it is a very variable sector. We have large National VCF providers working with small providers. We need to be more effective in that relationship with the voluntary face sector going forward.

N Greaves added that Lancashire and South Cumbria is one of four areas in the country involved in the Building Health Partnerships programmes looking at the development of improved working arrangements between statutory and VCFS partners.

Question**:** Are voluntary sector services replacing the statutory services that have been removed?

Dr Doyle explained that NHS commissioners use the voluntary sector to encompass a wide range of services. When we talk about the voluntary sector contracts we are not talking about volunteer contracts. We are talking about things we commission from charities; the faith sector; community groups that we pay for they are not replacing contracts. Examples include groups offering exercise programmes, help with weight management, help to stop smoking, added support for elderly people in the community that voluntary sector groups are very good at providing.

A member of the public made a statement outlining concerns about the impact of

DRAFT

	changing commissioning policies.

Date and time of next meeting:
2 May 2019 1pm – 3pm
Main Lecture Theatre
Morecombe Bay CCG
Moor Lane Mills
Moor Lane
Lancaster
LA1 1QD

Dates of future meetings held in public :
04 July 2019
05 September 2019
07 November 2019
02 January 2020
05 March 2020

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