

Approved 15 July 2021

**Minutes of a Formal Meeting of the Strategic Commissioning Committee (SCC)
Held on Thursday, 13 May 2021 via Microsoft Teams Videoconference**

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Dr Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
Roy Fisher	Chair	NHS Blackpool CCG
Graham Burgess	Chair	NHS Blackburn and Darwen CCG
Dr Geoff Jolliffe	Clinical Chair	NHS Morecambe Bay CCG
Dr Richard Robinson	Chair	NHS East Lancashire CCG
Paul Kingan	Chief Finance Officer	NHS West Lancashire CCG
Dr Julie Higgins	Chief Officer	NHS East Lancashire CCG
Anthony Gardner	Representing Morecambe Bay Chief Officer	NHS Morecambe Bay CCG
Andrew Bennett	Executive Director of Commissioning	Lancashire and South Cumbria ICS
Gary Raphael	Executive Director of Finance & Investment	Lancashire and South Cumbria ICS
Dr Lindsey Dickinson	Clinical Chair	NHS Chorley & South Ribble CCG
Dr Sumantra Mukerji	Clinical Chair	NHS Greater Preston CCG
Dr Peter Gregory	Clinical Chair	NHS West Lancashire CCG
Denis Gizzi	Accountable Officer	NHS Chorley & South Ribble / Greater Preston CCGs
David Blacklock	Chief Executive Officer	Healthwatch Cumbria & Lancashire
Beth Goodman	Deputy Director of Commissioning	Fylde Coast CCGs
Kevin McGee	ICS Provider Collaborative Representative	Lancashire and South Cumbria ICS
Kathryn Lord	Chief Nurse Representative	Lancashire and South Cumbria ICS
Nicola Adamson	NHSE Commissioning Representative	NHS England & NHS Improvement - NW
Peter Benett	Representing Fylde and Wyre CCG Chair	NHS Fylde and Wyre CCG
Debbie Corcoran	Lay Member – Patient & Public Involvement	Lancashire and South Cumbria ICS
Clare Thomason	Representing Linda Riley, Grp Commissioning Support Representative	Midlands & Lancashire CSU
Jane Cass	NHS England Locality Director	NHS England
In Attendance		
Roger Parr	Deputy Chief Officer/Chief Finance Officer	Pennine Lancashire CCG
Brent Horrell	Head of Medicines Commissioning	Midlands and Lancashire CSU
Jerry Hawker	Executive Director and SRO – New Hospitals Programme	Lancashire and South Cumbria ICS
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Zoe Richards	Senior Programme Manager for SEND	Lancashire and South Cumbria ICS
Pam Bowling	Team Leader	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Affairs Co-ordinator (Minute Taker)	Lancashire and South Cumbria ICS
Public Attendees		
5 members of the public were present		

Routine Items of Business	
1.	Welcome and Introduction The Chair welcomed Committee members and members of the public, observing the meeting, to the formal meeting of the Strategic Commissioning Committee (SCC), held virtually via Microsoft Teams videoconference.

	<p>A correction on the agenda was highlighted – Item 11, the title of the paper was incorrect and should read ‘Development of Clinical Policies’.</p> <p>A number of written questions had been received in advance of the meeting; full written answers would be provided after the meeting. A number of questions were in regard to the New Hospitals Programme, community service development and the closing down of the CCGs. If any questions were unable to be answered, a response would be made as to when the answer could be provided with reference to a named member of staff who would provide the response. There were a number of questions around how the transition had been made from the JCCCGs to the SCC. This was in the context as in the Government’s White Paper and subject to legislation would determine how governance would work in the future. As part of that the CCGs would not exist beyond 31 March 2022, the successor body would be a statutory NHS body for Lancashire and South Cumbria. The SCC would be a core committee of the ICS. Focus would be on strategic commissioning issues that would carry forward beyond March 2022. This was also an opportunity to begin to test how we could best come together and not lose sight on issues as we focus on organisational change.</p>
2.	<p>Apologies for Absence Apologies were noted from Adam Janjua, Ben Butler-Reid, Andy Curran and Linda Riley.</p>
3.	<p>Declarations of Interests</p> <p>RESOLVED: No additional declarations of interest were declared.</p>
4.	<p>Minutes of the previous formal Joint Committee of Clinical Commissioning Groups (JCCCGs) meeting held on Thursday 4 March 2021, matters arising and actions</p> <p>RESOLVED: The minutes of the meeting were approved as a correct record.</p>
5.	<p>Key Messages Amanda Doyle (AD) reported the following:-</p> <p>Elective Recovery Programme - Colleagues across the system had been working on the recovery of elective services and catch up with the backlog that had built up over the last year. Lancashire and South Cumbria had been named as an ‘accelerator system’ and would benefit from additional investment to enable the employment of a range of different means to reduce the waiting lists for a faster restoration. Kevin McGee and the Provider Collaborative would lead on this work.</p> <p>COVID – Rates in hospitals had continued to fall significantly. As of Tuesday, there had been no deaths across Lancashire and South Cumbria hospitals for 12 days. Occupancy of hospital beds with patients suffering from COVID remained low. Variants across Lancashire and South Cumbria were being monitored, particularly the variant from India where increasing numbers were seen in Blackburn with Darwen. Much work was being undertaken in this area around enhancing measures, testing, contact tracing, people following rules around isolation, getting tested and putting effort into targeting vaccination particularly with those hesitant to take the vaccine. Significant numbers were testing positive in the community, however, the number of people in hospital with the virus remained low.</p> <p>The vaccination programme was moving at pace, continuing to deliver 2nd doses as well as ongoing work with 1st doses. People over the age of 38 years were now being called. For the over 40 years of age cohort, an average of 75% had received their 1st dose vaccine.</p>

	<p>The Chair thanked all working on the vaccination programme which continued to be incredibly effective across the patch.</p>
6.	<p>Quality and Performance Report</p> <p>Roger Parr (RP) introduced the report and highlighted the following issues:</p> <ul style="list-style-type: none"> - February A&E activity remained low in the report, however, numbers were now back to normal - The vaccination programme had made significant impact but data was showing that acute beds remained pressured with non-COVID admission starting to increase - The Cancer Alliance was working with stakeholders to ensure key ambitions were met; it was hoped that trajectories could be included in future reports. The key areas of risk remained to be access to diagnostics such as endoscopy and radiology, outpatient capacity for first appointments, service and workforce pressures with breast services, surgical capacity and wider workforce issues. Demand levels were continuing to increase as national social and lockdown restrictions were eased - Improved performance was seen in diagnostics - Referrals to secondary care were increasing - The national target to restore to 70% of elective activity levels in April would increase to 85% in subsequent months. February performance looked encouraging, however, more analysis was needed. <p>Kathryn Lord (KL) reported that following discussion by the Quality and Performance Sub-Committee, an overall forward plan would be presented quarterly to the Strategic Commissioning Committee. A 'deep dive' relating to Referral To Treatment (RTT) times (for elective care) would be reported to the Committee in June. The expectation was that the sub-committee would undertake the deep dive prior to the Strategic Commissioning Committee in June, to enable a flow of information. KL highlighted the following issues:</p> <ul style="list-style-type: none"> • Rates of nosocomial infections which care reviewed closely. • A pilot was being undertaken in East Lancashire Hospitals Trust around the approach to visiting patients - 7 wards were being reviewed to see the impact on infection rates when visitors were allowed. Following the pilot it was hoped that there would be evidence to demonstrate people could return to visiting, which would improve patient and staff experience. • There was a decrease in Covid outbreaks in the regulated care sector. • A revised trajectory had been set for deferred assessments for Continuing Health Care; slightly behind plan with 78 cases outstanding on 28 April. As of yesterday, 1 case was outstanding in the system. The CSU and CCGs continue to work together and the ICS workstream was fundamental to ensure the workforce was robust going forward. • Demand for CAMHS services is increasing and this is being reviewed closely. <p>Safeguarding Deep Dive – Kathryn Lord confirmed that Designate nurses from across the system had worked together looking at key themes to provide a level of assurance about what is known. There had been an impact from COVID on safeguarding delivery and several areas of restoration were now required. There is evidence of later presentations, with an increase in child safeguarding reviews in relation to neglect. Staff had been affected, particularly on respiratory or intensive care units, where situations had been dealt with over a screen/ipad. Organisations were working to provide psychological support. Profile changes were being seen in sleep, dental decay, increased complexity around care challenges, around children and young adults on paediatric units and older adults in placements due to being unable to find areas to address needs. Experience of trauma and adverse experiences around physical health were being seen. People had worked incredibly hard and flexibly</p>

	<p>to ensure people can access services and to know where they could go for a service. Heads of safeguarding and professions had been working across the system with education and other providers, looking at strategic risks, profiling and mitigation strategies.</p> <p>It was noted that these issues needed to be addressed through close working between the NHS and Local Authorities.</p> <p>Members discussion included:-</p> <ul style="list-style-type: none"> - Peter Gregory asked if it would be possible to be sighted on performance issues of services for patients living on the boundary of the ICS - A comparison where 3 ICS' in the North Region was received weekly through region - From a provider perspective, Kevin McGee asked if the report could be shared to the provider collaboration on a regular basis - The visiting pilot in East Lancashire was going well and an increase had not been seen in nosocomial infections or outbreaks - Further thought would be given to reporting the performance of the independent sector - Jane Cass asked if consideration could be made to include services commissioned by NHS England/Improvement e.g. breast screening, bowel cancer screening. <p>The above points were noted and would be fed into future reports and ways of working.</p> <p>Andrew Bennett confirmed that the next deep dive would be on elective care, commenting it would be helpful to understand which partners were taking actions. Children's mental health and cancer would be future deep dives as they stand out in the performance report.</p> <p>The Chair commented that the elective care accelerator programme provided a great opportunity to increase recovery in elective care services. A lot of work was being undertaken across all organisations in addressing indicators; confidence should be taken in the ability to improve. In February 2020, there were no 52-week waiters, now there are very long waits. Significant deterioration had taken place during the pandemic; the system had shown how well organisations come together to deliver access to standards patients need.</p>
7.	<p>New Hospitals Programme – Quarter 4 Update</p> <p>Jerry Hawker (JH) stressed that the New Hospitals Programme was part of the wider ICS ambitions to improve hospital services, care in the community and population health, ensuring care was provided as soon as possible to ensure people are supported to stay healthier for longer periods. No decisions had been taken to date with regard to the New Hospitals Programme either in terms of facilities, services provided or locations. Open, transparent and inclusive engagement was planned with members of the public, patients and staff.</p> <p>Members were updated as follows:-</p> <ul style="list-style-type: none"> - The previously circulated Quarter 4 update report was for the period January to March; significant events had taken place since the report had been produced - The update reflected ongoing discussions with the national team at the time of report, when it had been confirmed there would be greater flexibility in terms of the timeline to produce a strategic outline case and timing for the consultation. The ambition was to be in the best position to go to consultation as early as possible and continue to work through options available for potential to consult prior to Purdah in 2022. The decision on timing for the consultation would need to be a partnership between the ICS, NHS England and the New Hospitals Programme - The 'Big Chat', a form of engaging with staff and public, had now been launched. In the first 2 weeks since, over 3,000 members of staff engaged, sharing ambitions, ideas for the future, and

	<p>concerns with how the programme would progress. The first staff summit had been held, with over 600 staff joining to listen about the New Hospitals Programme, sharing views and ideas</p> <ul style="list-style-type: none"> - The New Hospitals Programme team is in the final stages of completing the Case for Change and formal communication and engagement strategy that would support the New Hospitals Programme. Thanks was offered to the team for preparing the documents. Following Strategic Commissioning Committee approval, the documents would be submitted to NHS England for the stage 1 assurance. It was hoped this would be completed by the end of May 2021.
8.	<p>Proposal for the development of the Acute Specialised Services Workplan for Lancashire and South Cumbria ICS</p> <p>Nicola Adamson (NA) explained this was the first in a series of papers and discussions which start to set the scene in work that would need to be undertaken. Specialised Services included a range of services, including chemotherapy, neonatal services and artificial eye centre. Roughly, around a third of specialist services would need to be commissioned at national level, a third on the NW footprint and a third at ICS level.</p> <p>Subject to the legislative changes set out in the White Paper, further consideration is now being given to consider how the ICS could take on responsibility for commissioning specialised services.</p> <p>Lancashire and South Cumbria currently spends around £468m on specialised services and roughly about a third is spent on providers outside of Lancashire and South Cumbria. There are a number of significant transformation areas of work which include services such as paediatric critical care.</p> <p>Specialised service commissioners expected to work closely in future with the developing provider collaboratives and the future of clinical networks would be reviewed and how they might be organised in the future consideration of ICS'.</p> <p>Kevin McGee (KM) reported that providers wanted to act quickly to respond to these changes as these could bring benefits to patients and families in travel and access. Recruitment and retention would be benefitted in terms of more specialist staff.</p> <p>RESOLVED: That the Committee note the update and discussions for the way forward.</p>
9.	<p>Special Educational Needs and Disabilities (SEND) – End of Year Update and Assurance</p> <p>Debbie Corcoran (DC) introduced the item as a progress update on SEND across Lancashire and South Cumbria and assurance on the the accelerated progress plan (APP) for SEND across Lancashire.</p> <p>Zoe Richards (ZR) explained that an action and plan continued to be implemented to respond to the recent SEND inspections. In Lancashire, 54% of actions have been delivered, 23% are ongoing and on target, 24% behind due to COVID/contracting issues. External assurance was available from DFE. DFE and NHS England recently undertook a monitoring visit, the outcomes of which would be confirmed in a formal letter. Partners found the visit to be positive with good feedback on progress being made. A monthly meeting was being held to review progress, ensuring support and challenge.</p> <p>3 areas of risks had been flagged:</p> <ul style="list-style-type: none"> • around engagement with adult services during transition. Whilst there had been improvement in children's services, transition from child to adult remained a challenge • commissioning gaps impacting on young people and SEND. • underpinning work in areas of work that require improvement; a complicated picture with different systems and providers.

	<p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Noted the position for each local authority area in relation to SEND inspections - Noted the progress with the improvement areas - Noted and continued to support the priorities for delivery under the Accelerated Progress Plan for Lancashire - Noted the risks associated with the SEND priorities.
10.	<p>Collaborative Commissioning Advisory Group – Terms of Reference (ToR)</p> <p>Denis Gizzi (DG) reported that a session had been held with local authority colleagues for their views on revised terms of reference. Local authority colleagues had confirmed they would not be formal members of this group as there were other venues to conduct joint business with the NHS; however, they welcomed an open invitation to discuss specific matters. A Chair for the group was being sought.</p> <p>RESOLVED: That the Strategic Commissioning Committee approve the Collaborative Commissioning Advisory Group draft Terms of Reference.</p>
11.	<p>Development of Lancashire and South Cumbria Medicines Management Group Recommendations – Clinical Policy Updates</p> <p>Brent Horrell (BH) described the 3 policies that had been developed throughout March and April 2021. Glucose monitoring had been discussed by the JCCCGs at their March meeting and a policy development group had recently re-started after being paused for most of 2020.</p> <ol style="list-style-type: none"> 1) gammaCore – A new policy for non-invasive nerve stimulation for the management of cluster headaches and migraines. Internationally this was being used in a number of areas. The policy defines its use in cluster headaches, exclusively in the North West in tertiary at the Walton Centre. The policy had been drafted with engagement from the Walton Centre, also being aligned with NICE guidelines. 2) Spinal Injections and Radiofrequency Denervation in low back pain. This was a revised policy, first in place in 2018, and had been amended due to criteria that did not fully align with NICE guidelines. Previously the policy allowed repeat frequency for radio frequency for 6 months, this had now been removed and repeat frequency denervation was not recommended. The policy had been considered against latest evidence- based interventions and aligned with NICE guidance. 3) Waiver of a condition with the Cosmetics Surgery Policy for blepharoplasty and brow lift surgery – The request came from an ocular plastic surgeon regarding the cosmetics policy, around blepharoplasty to support the current way services were running with getting services back up to full capacity. A minor change had been asked for in the wording so that patients do not need to be brought in for an assessment if not clinically appropriate. <p>RESOLVED: The Committee noted the content and approved the three policies listed above.</p>
12.	<p>Any Other Business</p> <p>There was no other business.</p>
<p>Next Formal Meeting of the Strategic Commissioning Committee for Lancashire and South Cumbria:- Thursday 15 July 2021, 1 pm – 3 pm, MS Teams</p>	