Approved 9 September 2021

Strategic Commissioning Committee

Minutes of Meeting	
Date and time	15 July 2021, 1 pm – 3 pm
Venue	Microsoft Teams
Chair	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Amanda Doyle	ICS Chief Officer/CCG Accountable Officer	Lancashire and South Cumbria ICS/NHS Blackpool, Fylde & Wyre CCG, West Lancashire CCGs
Andrew Bennett	ICS Executive Director of Commissioning	Lancashire and South Cumbria ICS
Gary Raphael	ICS Executive Director of Finance	Lancashire and South Cumbria ICS
Andy Curran	ICS Executive Medical Director	Lancashire and South Cumbria ICS
Jane Cass	NHS England Locality Director	NHS England and Improvement – North West
Nicola Adamson	NHS England Commissioning Representative	NHS England and Improvement – North West
Debbie Corcoran	Lay Member (Gtr Preston CCG)	Lancashire and South Cumbria ICS
David Swift	Lay Member (East Lancs CCG)	Lancashire and South Cumbria ICS
Lindsay Dickinson	CCG Chair	NHS Chorley & South Ribble CCG
Roy Fisher	CCG Chair	NHS Blackpool CCG
Geoff Jolliffe	CCG Chair	NHS Morecambe Bay CCG
Graham Burgess	CCG Chair	NHS Blackburn with Darwen CCG
Peter Gregory	CCG Chair	NHS West Lancashire CCG
Richard Robinson	CCG Chair	East Lancashire CCG
Kevin Toole	CCG Lay Member (attending on behalf of Adam Janjua)	NHS Fylde and Wyre CCG
Sumantra Mukerji	CCG Chair	NHS Greater Preston CCG
Denis Gizzy	CCG Accountable Officer	NHS Central Lancashire CCGs
Anthony Gardner	CCG Chief Operating Officer (attending for Morecambe Bay AO)	NHS Morecambe Bay CCG
Kevin McGee	ICS Provider Collaborative Representative	ICS Provider Collaborative
Ben Butler-Reid	Executive Clinical Director	Fylde Coast CCGs
In Attendance		
Dr Deborah Lowe	National Clinical Director for Stroke	NHS England and Improvement
Jack Smith Elaine Day	Director of Stroke Transformation Programme Manager	Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) Programme
Phil Woodford	Chair	Patient & Carer ISNDN Assurance Group
Sharon Walkden	Project Manager	Lancashire and South Cumbria ICS
Fiona Ball	Working Planning Lead – Lancashire and South Cumbria	Health Education England
Gareth Jones	Head of Finance – Greater Manchester and Lancashire	NHS England - North West

Roger Parr	Deputy Chief Officer	NHS Blackburn with Darwen CCG
Fleur Carney	Director Mental Health, Learning Disabilities & Autism Programme	Lancashire and South Cumbria ICS
Jane Scattergood	Director of Nursing and Quality	Lancashire and South Cumbria ICS
Jerry Hawker	Executive Director and SRO – New Hospitals Programme	Lancashire and South Cumbria ICS
Brent Horrell	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Peter Tinson	Director of Collaborative Commissioning	Lancashire and South Cumbria ICS
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Becky Higgs	Business Manager to Amanda Doyle	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (minute taker)	Lancashire and South Cumbria ICS
Public Attendees		
12 members of the public were present		

1. Welcome and Introductions

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.

The level of interest and engagement from members of public and other stakeholders in the Strategic Commissioning Committee's business was welcomed. A number of questions had been raised prior to today's meeting, some relating to items on the agenda. Presenters were aware of the questions and would reference the issue if possible, within the item. Questions unrelated to agenda items would not be answered in the meeting; all questions and responses would be published with the minutes of this meeting. The committee was committed to openness and transparency.

2. Apologies for absence

Apologies were noted from Adam Janjua, Beth Goodman, David Blacklock, Katherine Lord, Julie Higgins and Linda Riley.

3. Declarations of Interest

RESOLVED: No additional declarations of interest were declared in relation to items on the agenda.

4. Minutes of the previous informal meeting held on 13 May 2021

The Chair proposed the minutes be accepted as a correct record of the meeting held on 13 May 2021; Roy Fisher seconded.

RESOLVED: The minutes of the meeting were approved as a correct record.

5. Key Messages

Amanda Doyle reported that the second reading of the Health and Care Bill had now been passed in Parliament, enabling a range of developments to be able to be taken forward, including the ability to begin to recruit to designate posts in the new ICS structures.

Dr Doyle had recently been appointed to the role of NHS England's North West Regional Director. Andrew Bennett will act as the interim ICS lead for the L&SC partnership and continue his commissioning lead role for the Strategic Commissioning Committee. In addition, Andrew will act as the interim Chief Officer and Accountable Officer for Blackpool, Fylde and Wyre and West Lancashire CCGs.

The Chair expressed thanks to Dr Doyle for her leadership of the system whilst being the Accountable Officer at three CCGs and lead officer for the ICS. Lancashire and South Cumbria had been one of the first ICS sites in the country and was in a strong position to progress during this key period of reform. The process of appointment of a substantive ICS lead Chief Executive Officer would soon begin. On behalf of this committee and predecessor JCCCGs, the Chair expressed his thanks to Dr Doyle wishing her the very best for the future.

6. Enhanced Network model of Acute Stroke Care – Full Business Case

Jack Smith (JS) presented slides explaining that the purpose of discussion today was to seek approval to invest in acute stroke services and rehabilitation services in Lancashire and South Cumbria. The Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) had undertaken a significant amount of development work to ensure that local stroke services comply with national best practice and deliver high quality outcomes for residents. This work had led to the creation of a business case which contained proposals to enhance the model of acute stroke care and rehabilitation in Lancashire and South Cumbria. The full business case had been shared with members.

The total additional recurring revenue cost to Commissioning for delivery of the enhanced model of care would be £13.8 million and the additional capital expenditure required was £5.7 million. A phased investment plan was proposed, over the next 3 years, correlating with the time required to develop the additional stroke specialist workforce for delivery.

Further public engagement was recommended in 2021/22 in advance of the planned operational changes to patient pathways for Morecambe Bay residents expected by 2023.
Phil Woodford (PW) spoke from a patient experience perspective, being a stroke survivor and advised that the Patient Care Assurance Group fully supported this proposal and, on behalf of the group, thanked the ISNDN for involving them so transparently in each stage. Fellow carers and survivors in the Group were also thanked for their input into the proposal.

JS explained that the new proposed model includes robust stroke specialist triage and ambulatory care within each hospital Emergency Department 24/7; enhanced acute services with an operational model of 3 acute stroke centres, accessible 24 hours a day, 7 days a week at Royal Preston Hospital, Royal Blackburn Hospital and Blackpool Victoria Hospital; appropriate ambulance cover for patient transfers and repatriation; 7-day in-patient stroke rehabilitation; and integrated community stroke rehabilitation service available 7 days.

All existing stroke units would remain open, albeit with some changes involved. Patients ordinarily attending Furness General Hospital would continue to present for initial triage and treatment, prior to transferring to the Comprehensive Stroke Centre in Preston for 24-hour care, for up to 3 days. Residents ordinarily attending Royal Lancaster Infirmary would be directly diverted to the Preston Stroke Centre for the triage and initial treatment process along with 24-hour care, for up to 3 days.

The clinical model and phased investment plan had been assured in multiple stages. The risks and mitigations were outlined which included financial affordability given the current system financial deficit, hence a phased investment plan was proposed. The ISNDN Board had approved the implementation plan and would report to the Provider Collaborative Board in taking forward the plans. A dedicated operational implementation group would also be established.

A significant amount of engagement had taken place over the last 3 years developing an enhanced model of care and phased investment plan. Wider engagement would be required prior to the enhancement of acute stroke service changes in 2023. Deborah Lowe (DL) supported the proposed enhancements described to save lives, reduce disability and tackle the health inequalities gap. The enhanced service would enable a sustainable world class model of care delivery and was supported by NHS England/Improvement.

The Chair thanked Phil, Jack and Deborah for their contributions along with Elaine and reminded members that they had previously given detailed consideration of this matter. Members were familiar with the financial proposal and critical issues within the case for change and should have confidence therefore in the professionalism, thoroughness, leadership and engagement undertaken to get to this point.

Geoff Joliffe (GJ) reported that Morecambe Bay were in support of this very timely proposal, however, raised concern regarding the recent change relating to the Royal Lancaster Infirmary. It was recognised that this was an ICS decision for implementation across the system, however, there was a need to understand how the clinical pathways would work in Morecambe Bay and to ensure there would be adequate ambulance capacity. It was suggested that the ISNDN take this forward with due regard to engagement with the clinical bodies in Morecambe Bay and be mindful that the Overview and Scrutiny Committee may request further public engagement. Dr Joliffe asked that he be involved in the implementation work.

Roy Fisher (RF) congratulated the team on the presentation and asked that as implementation and delivery would be through the ISNDN Board and Provider Collaborative, update reports be provided to the Strategic Commissioning Committee for awareness of issues raised.

JS responded that wider engagement had been planned with Morecambe Bay clinicians and public forums; it was the responsibility of the ISNDN working with partners to ensure this occurred. The ISNDN Board and/or Provider Collaborative Board would provide regular update reporting to this Committee, to ensure Commissioners could influence any issues raised.

Kevin Toole supported the proposal and asked how the programme would dovetail with the New Hospitals Programme. JS responded that the executive sponsor for the ISNDN also sits on the New Hospital Programme Board and decisions taken through the Provider Collaborative would ensure any interdependencies between the New Hospitals Programme and Acute Stroke Units would be fully understood. The New Hospitals Programme vision had been considered when looking at the number of stroke centres.

Debbie Corcoran (DC) commented that the evidence base for the proposal was strong, the engagement approach had been exemplary and echoed the recommendations of Phil Woodford and the Stroke Patient and Carer Assurance Group in supporting the new service delivery.

Peter Gregory offered his support to the service model and referred to discussion at a recent primary care sub-cell meeting. Disappointment had been expressed that there had not been earlier engagement with primary care and concerns noted about the distance of travel for people in Barrow and Morecambe Bay and the impact this may have on deprived individuals. The Group had also discussed the ethos as an ICS. Significant financial investment was required and whilst hyper acute services were necessary for the future, the challenge was how to tackle these issues in a preventative way.

Nicola Adamson shared a view from NHS England specialised commissioning that it would take longer in Lancashire and South Cumbria than in other areas to get a thrombectomy service to a 24-hour, 7-day week, however, they were very supportive to move forward and put the service in place.

The Chair sought the Committee's approval to the recommendations, confirming that whilst a new set of statutory arrangements would be in place for Commissioning from April 2022, subject to legislation, a decision was required by this Committee at this meeting today.

RESOLVED: The Strategic Commissioning Committee:

- **Approve 3-year financial revenue and capital funding requirement**
- **Agreed to instruct the ISNDN Board to take responsibility for implementation delivery under the assurance oversight of the Lancashire and South Cumbria Provider Collaborative Board**
- **Approve the communication and engagement plan including further public engagement about the changes proposed to patient pathways.**

Following the resolution, the Chair added that there was a need to be mindful of the questions raised at this meeting, when taking forward the communications and engagement exercise and to be reactive to discussions that take place. Colleagues should listen to concerns raised and bring them back to this table, and other forums, to ensure they are addressed through implementation. The Health Overview and Scrutiny Committees would play an important role in this. JS and PW added that they had met with local MPs in Morecambe Bay who were very supportive, and arrangements were in place to meet with Cumbria and Lancashire County Councils. The Chair continued that the quality of the work undertaken to this stage demanded a comprehensive communications and engagement plan.

JS thanked the Committee for their support to what was a big step in the journey and expressed his appreciation to the team for their work and made a commitment to the further public engagement and listening exercise.

7. New Hospitals Programme Case for Change

Jerry Hawker (JH) presented the report and explained the background to the development of the New Hospitals Programme case for change and the opportunities and impact it would have in Lancashire and South Cumbria. As part of the assurance process, NHS England had supported the case for change, asking for a number of amendments to the previous draft which included strengthening the relationship between the New Hospitals Programme and the ICS Strategy, ensuring it was clear that the New Hospitals Programme included options to rebuild and refurbish facilities as well as developing new hospitals and strengthened detail around Furness General Hospital and clinical remote dependency as assets in this area remained a strong and viable hospital. Visual aspects of the document had been improved to ensure it was easier for the public to read. The next steps would be around engagement with the public, using social media and focus groups working with Healthwatch and insight services. The 'Big Chat' was being expanded as a mechanism for staff support.

The Chair thanked Jerry and the team for their work on the document and invited questions and comments.

Members felt that overall, the document had improved in a short period of time and shared the following discussion points. Debbie Corcoran (DC) commented on this being a clear, well written and compelling case for change which demonstrated positive pre-engagement and opportunities for public and staff to share their views prior to moving to the public engagement phase. DC suggested that key themes from the public engagement be included such as 'You Said…We Heard'. DC also expressed disappointment that the draft case for change was not able to be shared with the public seven days prior to this meeting, along with the other Committee papers. DC asked if planning and timings of Committee meetings could be considered to synchronise the New Hospitals Programme to ensure there would be public engagement going forward. JH responded that timing was being looked at.

In response to a question as to whether the document has been 'tested' with members of the public in terms of it being credible and easy to understand, it was confirmed that members of the public, Non-Executive Directors and Lay Members had been given the opportunity to scrutinise the case for change and, as a result, presentational changes had been made. It was confirmed that a summary and an 'easy read' version of the case for change would be produced and an external PR support company had been secured to support the engagement process.

David Swift (DS) commented that this was a very good and readable report, adding that one of the key features in the approval of the New Hospitals Programme would be around a green eco-friendly environment and asked if this matter was sufficiently addressed in the case for change. JH responded that more reference would be made to this in the business case and that work was underway with the national team around modern methods of construction.

Action: JH to check the deficit figures on pages 69 and 70, differing by £40m. **ACTION: Jerry Hawker**

RESOLVED: Members of the ICS Board:-

- **Approved the material changes within the case for change, in line with feedback received**
- **Noted that this case for change would be made available to key stakeholders and the public week commencing 12 July 2021**
- **Noted that a summary version of this case for change would be published over the coming weeks.**

8. Quality and Performance Report

Roger Parr (RP) presented the paper which attempted to bring together collective oversight for quality and performance. The NHS System Oversight Framework had been published after the paper had been written and would be a focus incorporated in future papers. Deep dive reporting on elective care and mental health

had been circulated with the meeting report. The focus would be on urgent care and cancer at the next meeting.

RP highlighted the following key issues from within the report. With regard to urgent care, activity levels in April 2021 were at pre-pandemic levels. May's position against the 4-hour target was over 81%. High occupancy levels had driven an increase in ambulance turnover delays. The number of 12-hour mental health breaches continued to increase whilst physical health 12-hour breaches remained stable. COVID bed occupancy had increased in June compared to May, however, numbers were low compared to summer 2020. Each Trust had now agreed a set of initiatives for urgent care recovery with an implementation/monitoring process being co-ordinated via the GOLD command hub. Challenges were reported in performance against the cancer waiting times targets which were directly related to COVID-19 pressures and diagnostic capacity. Diagnostics had shown a steady increase in numbers on the waiting list, despite an increase in demand improvement in performance against the diagnostic 6-week target.

Jane Scattergood (JS) advised work was underway to include enhanced quality narrative to these reports in the future and added that many of the quality themes in the report were due to impact of COVID and the pandemic, including any harm caused by delayed treatment and the impact on workforce of staff self-isolating. Other themes had emerged such as the negative impact of lockdowns on mental health and wellbeing and significant demand on safeguarding. Whilst JCVI guidance was awaited, ICPs were working up plans for Phase 3 of the vaccination programme with the aim of beginning this in early September.

The Chair sought assurance regarding actions taking place to address shortcomings and variations in the different parts of the patch. JS advised that CCG Quality and Performance Committees continued to meet to monitor performance and quality standards in all areas and the enhanced quality narrative to these reports would provide assurance to the SCC that action was being taken to address any shortcomings. In addition, it was confirmed that the monthly focus report would provide a more in-depth analysis of performance and quality including areas of challenge and improvement measures taken.

Amanda Doyle (AD) commented on the improved style of the report and highlighted that currently and traditionally, intra-Lancashire comparison was used to look at performance and quality, which provided assurance; in future, comparison of variation would need to be made with places outside of Lancashire and South Cumbria. Some measures could be compared by ICP.

The Chair referred to the elective care focus, in particular trauma and orthopaedics with a high percentage of 52-week waiters. AD responded that during the past year due to the pandemic, only urgent patients had been seen, resulting in waiting lists for less urgent patients being significantly larger than in previous years. The availability of critical care and anaesthetists was also a contributor. Waiting list reduction was proving to be a significant challenge and assurance was provided that the time for people awaiting routine trauma and orthopaedic procedures would be the same across the whole of Lancashire and South Cumbria.

Debbie Corcoran (DC) commented on a need to be clear about the problems, the actions and what difference those actions would make and suggested reviewing data relating to customer complaints. Dr Mukerji referred to the importance of anticipating challenges and prevention.

Kevin McGee reassured members that work was being undertaken as a provider collaborative to achieve consistency of performance across the system, tackling variation and gaining a consistent approach to quality and improvement across Lancashire and South Cumbria.

It was recognised that this committee cannot fix the problems but needed to be clear about who is doing this, and that there are action plans in place to make the necessary improvements. Anthony Gardner (AG) added that it was particularly important during emerging transition to be clear about this and that assurance is provided through the Quality and Performance Committee that action plans are being delivered. Trajectories for improvement need to be set and performance monitored against those trajectories. The role of the Committee is to intervene and support when not delivering. AG confirmed that work on this would continue.

A request was made for data on electives for children and young people to be shown separately to adult services. In response it was noted that this detail would be provided in future deep dive reports.

Elective Care Services Update

Roger Parr presented the report which provided a more in-depth analysis of performance and quality and highlighted the key points contained therein. The report focussed on demand, activity, 18 weeks Referral to Treatment, incomplete pathways and 52+ week waiters. In March, general practice referrals had returned to pre-pandemic referrals. The national planning letter received on the 25 March 2021 set clear activity targets for the first half of the financial year and from April 2021, ICSs were required to deliver 70%, of the elective activity levels reported in 2019-20, with a five-percentage point increase in delivery in subsequent months to 85% from July 2021. Additional monies were available via the Elective Recovery Fund (ERF) for performance at Core+ and Accelerator level. Early indication weekly activity had been used by the Elective Care Recovery Group to highlight the position in May 2021 against the Core, Core+ and Accelerator targets. The pace of restoration had been different between the individual providers within the ICS for both April 2021 and May 2021. An increase in the number of patients waiting to start hospital treatment had been seen in April 2021, compared to 2020. There had been a decline in over 52-week waiters in April whilst waiters in other time bands had increased; 104-week waiters were expected to increase in June.

Mental Health Update

Fleur Carney (FC) provided an update regarding performance against key nationally monitored metrics, current key pressures within Lancashire and South Cumbria's mental health provision, the current mitigations for the pressures and plans for sustainable solutions to these issues. There had been suppression of non-urgent demand (lower referrals from primary care at times of social restrictions) and surges in demand particularly in crisis pathways such as Home Treatment Teams, A&E and acute inpatient admissions.

Highlights from the report included:

- Home community treatment teams had seen an increase in demand, particularly in young people and children with eating disorders. Access to psychological therapy and children and young people with eating disorders were key performance indicators not being achieved.
- There was concern regarding out of area placements.
- The urgent access key performance indicator was being achieved; children presenting with issues were being seen quickly.
- The pathway for all age eating disorders was being reviewed; patients on the waiting list were being monitored, with more support provided if required.
- Additional capacity had been brought in to help reduce waiting times and lists, alongside pathways.
- IAPT performance indicator was expected to be achieved by the end of the year due to a review of pathways.
- Significant investment had been made for trainees.
- A three-year Community Mental Health Transformation programme was underway to support patients in the community and closer to home.

Members welcomed the detailed report and noted the transformation taking place across the system.

In response to a question about the targets for reducing out of area placements, it was confirmed that a capital programme was planned over the next 2 years with commitment to deliver the right number of beds for the population base with the aim of achieving the target trajectory of zero out of area placements by 2023, sooner if possible. Currently, the independent sector had been commissioned for block booking to ensure beds were available for the system.

Debbie Corcoran welcomed this detailed report and hoped to see more of the detail in the routine report in future. In addition, DC asked if the work and investments taking place were enough and if things needed to be done differently. In response it was confirmed that as a system priorities and investments had been agreed and work was taking place to triangulate the investments with outcomes and to join up delivery, finance and quality.

RESOLVED: The Strategic Commissioning Committee noted the Quality and Performance report.

9. Lancashire and South Cumbria Medicines Management Group Commissioning Policy Positions

Brent Horrell explained that the purpose of this report was to apprise the Committee of the work undertaken by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) to develop commissioning recommendations to four local recommendations and a number of NICE technology appraisals. The four local policy recommendations had been developed in line with processes developed by the committee. Risks

included technology appraisals; the committee was assured that medications were monitored and would only be used if there was an appropriate benefit.

RESOLVED: The Committee approved the collaborative LSCMMG recommendations on the following:

- **Insulin Lispro (Lyumjev) for the treatment of diabetes mellitus in adults**
- **IV infusion ketamine for chronic non-cancer pain in adults**
- **Metolazone for the treatment of patients with chronic heart failure with resistant volume overload**
- **Zonisamide for migraine prophylaxis**
- **NICE Technology Appraisals (February to May 2021).**

10. Development of Lancashire and South Cumbria (LSC) Clinical Commissioning Policies

Brent Horrell presented the revised policy (V1.2) for the Management of Otis Media with Effusion (OME) using Grommets and Adenoidectomy developed by the LSC Clinical Policy Development and Implementation Group (CPDIG) and assured the SCC of the process taken. The existing policy was ratified by the JCCCGs in September 2019. The revised policy aligns criteria to those defined by the Evidence Based Interventions (EBI) and the EBI criteria included in the revised policy were accepted by the Clinical Lead for ENT at University Hospitals of Morecambe Bay on 28 April 2021. On 17 June 2021, the LSC CPDIG agreed that the revised policy should be presented to the SCC for ratification. Given the consultation undertaken in 2019, the small number of responses received at that time and the small number of changes required to bring the policy in line with EBI list, the CPDIG also agreed that further clinical or public consultation was not required.

RESOLVED: That the Committee:

- **Noted the content of the revised policy**
- **Approved the content of the revised policy**
- **Approved the process taken to develop the policy**
- **Agreed that no further involvement was required in terms of wider engagement or consultation.**

11. Strategic Commissioning Committee Workplan 2021/22

Andrew Bennett presented the final copy of the proposed workplan for 2021/22, following the draft presented at the June meeting, setting out the areas for collective decision making. Nicola Adamson had appended reference to the specialised services 2021/22 workplan where this related to Lancashire and South Cumbria to allow joined up discussion.

RESOLVED: That the Strategic Commissioning Committee:

- **Agreed the proposed workplan and schedule for delegated decision-making**
- **Agreed that the workplan be shared with each CCG's Governing Body.**

Reports from Sub-Committees

12. CCG Transition Board

RESOLVED: Members of the Committee acknowledged the report.

13. Collaborative Commissioning Advisory Group

RESOLVED: Members of the Committee acknowledged the report.

14. Quality and Performance Sub-Committee

RESOLVED: Members of the Committee acknowledged the report.

Items for Information

15. Questions received for 13 May 2021 meeting

The questions and responses from the SCC meeting held on 13 May 2021 were noted.
16. Any Other Business
No further business was raised.

Next meeting:
9 September 2021, 1 pm – 3 pm (Formal)