Approved 11 November 2021

Strategic Commissioning Committee

Minutes of Meeting	
Date and time	9 September 2021, 1 pm – 3 pm
Venue	Microsoft Teams
Chair	Roy Fisher

Present		
Roy Fisher (meeting Chair)	Strategic Commissioning Committee Vice Chair / CCG Chair	NHS Blackpool CCG
David Blacklock	Healthwatch Representative	Healthwatch Cumbria and Lancashire
Lindsey Dickinson	CCG Chair	NHS Chorley & South Ribble 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
Paul Kingan	Chief Finance Officer (attending for West Lancashire CCG AO)	NHS West Lancashire CCG
Denis Gizzi	CCG Accountable Officer	NHS Central Lancashire CCGs
Anthony Gardner	CCG Chief Operating Officer (attending for Morecambe Bay AO)	NHS Morecambe Bay CCG
Andrew Bennett	Interim ICS Lead	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
David Swift	Lay Member (East Lancs CCG)	Lancashire and South Cumbria ICS
Kevin McGee	ICS Provider Collaborative Representative	ICS Provider Collaborative
Stephen Newton	Head of CMT (representing Linda Riley)	Midlands and Lancashire CSU
In Attendance		
Kathryn Lord	Director of Quality and Chief Nurse	East Lancs CCG and Blackburn with Darwen CCG
Roger Parr	Deputy Chief Officer	NHS Blackburn with Darwen CCG
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
Rebecca Higgs	Business Manager	Lancashire and South Cumbria ICS
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS

Sandra Lishman	Corporate Office Co-Ordinator (minute taker)	Lancashire and South Cumbria ICS
Public Attendees		
7 members of the public were present		

1. Welcome and Introductions

The Vice Chair, Roy Fisher, welcomed committee members and members of the public observing, to the formal meeting of the Strategic Commissioning Committee (SCC), held virtually via Microsoft Teams. It was explained that the meeting was being recorded; the recording would be uploaded to the Lancashire and South Cumbria Health and Care Partnership (L&SCHCP) website after the meeting. Meeting papers had previously been published on the website.

2. Apologies for absence

Apologies were noted from David Flory, Jane Scattergood, Debbie Corcoran, Beth Goodman (Paul Kingan to represent), Adam Janjua (Kevin Toole to represent) and Linda Riley (Stephen Newton to represent).

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 15 July 2021

The Chair proposed the minutes be accepted as a correct record of the meeting; Graham Burgess seconded.

RESOLVED: The minutes of the meeting held on 15 July 2021 were approved as a correct record.

Action log – *New Hospital Programme Case for Change* – It was confirmed that the discrepancy within the version of Case for Change that had been brought to the last meeting had been corrected in the final published version. The action was noted and closed.

5. Key Messages

Andrew Bennett reported that the NHS was now moving towards the second half of the financial year (H2), with significant challenges in response to the Covid pandemic and recovery and restoration of services. Further detail was expected nationally around the planning guidance and financial settlement assumptions and what this would mean locally. Much work was being undertaken in the system around the long-term financial stability and would be reported on at future meetings.

In addition, the second reading of the Health and Care Bill had been approved and was now progressing to committee stage of scrutinising legislation through which integrated care structures, governance and accountabilities would be considered. This would lead to the end of CCGs on 31 March 2021 and the creation of new structures across Lancashire and South Cumbria and place-based partnerships. Future SCC meetings would include a glossary of terms due to the changes of abbreviations/jargon.

Changes in structures and leadership would be subject to national recruitment processes. David Flory, Independent Chair, had been appointed as the Chair Designate for the Integrated Care Board and the role of Chief Officer was currently subject to an external national recruitment process. Members paid tribute to staff for their hard work during this difficult time which was expected to continue through the winter period.

6. Terms of Reference

Members were advised that the purpose of this committee had been revised earlier in 2021 and the CCG Governing Bodies had approved the role and remit of the Committee at that time. The Terms of Reference had now been updated to reflect recent leadership changes and were presented for approval. It was noted that Andrew Bennett was attending the SCC in the role of interim ICS Chief Officer, with senior CCG representatives joining the voting membership. The Terms of Reference would apply until the end of March 2022.

RESOLVED: That the Strategic Commissioning Committee approved the revised Terms of Reference.

Managing 2021/22

7. CCG Closedown

Dennis Gizzi (DG) presented the paper and updated the committee on the progress of the closedown of CCGs on 31 March 2022 when CCG undertakings would be transferred to the new statutory body.

On 19 August 2021, NHS England published several documents for consideration including a closedown procedure for CCGs, incorporating a due diligence checklist. In anticipation of this being released, an executive group and governance leads group had been established along with an information governance/information technology sub-working group. Work was also taking place with Mersey Internal Audit Agency (MIAA) on population of a programme plan. A risk register had been developed and key risks identified to date included maintaining quality and safety and sufficient workforce during closedown and loss of functions if not identified. It was confirmed that a sub-group was leading on work in relation to records management transition and archiving.

In response to a question about the closedown of CCG accounts for 2021/22 it was confirmed that CCGs were responsible for developing a plan for financial closure which would continue until the final accounts had been submitted and all due diligence completed. Consideration would need to be given to the identification of individuals and resource for this work and discussions were taking place with external audit on the detail. The new ICS Chief Officer and Finance Director would have responsibility to sign off the CCG accounts.

On behalf of the committee, the Vice Chair expressed his thanks to DG and the team for the work being undertaken on CCG Closedown.

RESOLVED: That the Committee note the update on CCG Closedown.

8. Quality and Performance

Roger Parr highlighted the following from the report, which included focus reports on Urgent Care and Cancer Services:

- The urgent care report provided an overview of urgent and emergency services, key metrics, challenges, learning and plans in place to address. New standards and quality outcomes had been released and incorporated into the urgent care reporting workplan. Performance for the 4-hour target in A&E was just under 80% across L&SC. A&E attendances remained high with greater acuity and ambulance hand-over times had increased. Bed occupancy remained high and all providers had focused actions to support earlier discharge of stranded patients in acute beds.
- Cancer - recovery and restoration of services was considered the top priority. An improvement plan had been created for cancer waits, including increased diagnostics to reduce the backlog, working with primary care to reduce inappropriate referrals and investment in cancer team.
- Diagnostic Services – the numbers of patients on waiting lists continued to fall, however, there was differential across providers in June. Endoscopy remained an issue; recovery plans were being developed and monitored through the ECRG.
- Elective Care - GP appointments had returned to pre-Covid levels and referrals into hospitals increased. The ‘type’ of appointment had changed with reductions in face-to-face appointments and

increases in telephone and video appointments. The Advice and Guidance service had been implemented across L&SC to support management of demand.

- The rolling 4-week recovery was strong, albeit the last week was reduced for elective admissions but for outpatients L&SC were slightly behind compared to the rest of the North West. Actual activity/recovery against targets in July were challenged. Restoration plans continued to progress covering elective admissions, out-patients, diagnostics, the independent sector and critical care. As of June 2021, the number of patients waiting to start treatment had increased to 155,000 and performance against the 18-week standard target was 70.1%. There were nearly 10,000 people waiting over 52 weeks, of which 223 had waited over 104 days. The number of over 52-week waiters had slowly decreased however the 36 to 52 weeks cohort was showing an increase for the fourth consecutive month. All trusts continued to undertake the national clinical prioritisation programme, treating patients in clinical prioritisation order.

Kathryn Lord (KL) continued taking members through the remainder of the report, providing the following highlights:

- The Covid-19 pandemic continued to present significant challenges within the community and hospital. As of 11 November 2021, unvaccinated staff would be unable to deliver care in nursing/residential/care homes and staff showing hesitancy were being encouraged to receive the vaccination. The Phase 3 Covid vaccination programme was expected to start around 20 September 2021; national guidance was awaited. Young people aged 16 and 17 years old were being invited to receive the Covid vaccine. National guidance was awaited regarding the school programme for those aged 12 to 15 years old. Separate flu and Covid vaccine programmes were being worked up; staff training was being undertaken.
- With regard to Individual Patient Activity and Continuing Healthcare, the project to address the legacy of incomplete referrals was nearly complete. Regular meetings were in place around this cohort of patients and families were being involved in the planning process.
- An increasing level of resource input and commitment from Safeguarding Teams was being required to support commissioning of placements for individuals requiring complex care. A gap in service provision for undertaking Looked After Children Initial Health Assessments for 16 to 17 years old had been identified in Central Lancashire. A pilot was underway in relation to the Court of Protection and application; due to complete around the end of December 2021.
- There was increased demand and waits for treatment for CAMHS services. A CYP transformation programme was in development to support the delivery of sustainable services across the system. Demand for the young people's eating disorder service had also increased and LSCFT were undertaking a capacity and demand review across both the adult and young people's services.
- Performance in adult mental health services was being looked at, and a 'perfect week' was planned for the beginning of October around urgent care pathways, the outcomes from which would be reported back to this committee.
- Mental health detentions – an error had been made within the paper. Performance should read that there were 40 x 136 breaches in Q1 (not Q4).
- The numbers of out of area placements was an issue but had decreased slightly this month. Work was ongoing to look at the safety of placements, admissions, discharges and flow. Weekly meetings were taking place as to how this would be managed going forward on a multi-agency basis. A geographical breakdown would be reported to members. **ACTION: Kathryn Lord/Roger Parr**
- Suicide prevention – cluster analysis was taking place to identify any hotspots and support being provided to families and engagement with local services as appropriate.
- Member Assessment Services (MAS) and older adults – A capacity and demand deep dive commenced at the beginning of August; improvements would be reported to the next committee meeting.
- Learning disabilities and autism Q1 had 22 CCG admissions with no secure admissions, some readmissions.

The Vice Chair expressed his thanks for the report and referred to the need for a balance between quantitative and qualitative data. In response it was confirmed that going forward there would be shift towards a focus on the quality elements. Andrew Bennett commented that services were extremely challenged by having

busy workloads, whilst trying to catch up from the backlog created during the pandemic and suggested that it would be useful to look at patterns over time to see whether services, which would remain under pressure for some time, were making progress or needed support.

The Chair invited comments and questions and member's discussion included reference to the following:

- The 52-week wait for the Fylde Coast was highlighted as being higher than the rest of L&SC, however this was likely to be due to the Independent Sector Spire Hospital located in that area and would be reviewed further outside the meeting. **ACTION: Roger Parr/Paul Kingan**
- In response to a question about individuals returning from abroad having received vaccinations not licensed in the UK it was suggested that any questions should be submitted via the existing Covid vaccination route.
- A question was asked as to whether the report would be developed to include both primary and secondary care data to assist in making correlations between the two. It was confirmed that this was being developed to provide a broader and enriched report going forward.
- A comment was made about primary care activity, that reputable studies outside the NHS were showing that general practice activity was generally 30% or 40% up on a comparable time 2 years ago. Activity was taking longer due to the need for infection prevention control measures and there was increased complexity. Demand was exceeding capacity and there was concern that the situation was unsustainable.
- Healthwatch Cumbria and Lancashire had produced a report on patient experience of online consultations via primary care and agreed to share with members.
  ACTION: Sandra Lishman to circulate to members
- There had been an increase in communications encouraging people to come forward with cancer symptoms, including campaigns from Cancer Alliance colleagues around certain types of cancer, signs to look out for and what do to. Feedback from GPs was an increase in the presentation of people with symptoms and an increase in the number of cancer referrals across L&SC.

RESOLVED:
The Strategic Commissioning Committee noted the contents of the report and supported future developments.

9. New Hospitals Programme Quarter 1 Report

Jerry Hawker presented the report and highlighted progress on the revised governance, progress against plan including the key products to support business case development along with the public, patient and workforce communications and engagement activities underway.

Much work had been undertaken over the past few months following publication of the Case for Change in July 2021. There had been 170,000 points of engagement with the public and over 20,000 staff had engaged via the 'Big Chat'. To improve direct engagement with members of the public, the website would be made more interactive and attendance increased at Health and Wellbeing Boards and Scrutiny Committee meetings. A framework model of care had been developed by clinical leads working alongside external partners. This was the clinical vision and outlined the aspirations for what future care should look like within hospitals. The framework model of care had been taken forward through the new Clinical Collaboration Board to look at how the New Hospitals Programme would work with the ICS clinical strategy to develop a hospital strategy for the future. The initial long list of options had been published on the L&SC Health and Care Partnership website, for people to review and provide feedback. The options included new hospital buildings on new sites, re-building of existing sites and refurbishment. The shortlisting process would take place during October 2021.

The Chair, on behalf of the Committee, thanked clinicians who had input into the framework model of care and invited questions and comments. Questions were asked about the flavour of the feedback received from clinicians and the public; what engagement had taken place with campaigning groups with strong views; and about the level of interest in the clinical strategy.

JH responded that work had been undertaken nationally to provide clarity on the new hospitals programme and that it could mean several different opportunities. In terms of return on investment, building on existing sites, as well as building on new sites, needed to be considered. Feedback through the 'Big Chat' and other portals, reflected a spectrum of views, including strong views for a new single hospital and equally strong views emphasising the importance of local access to local people. The engagement challenge was to listen to and hear from all people from a wide range of groups. With the support of Healthwatch engagement was taking place with the harder to reach and seldom heard groups as well as those campaigning groups with strong views. Opportunities had been extended to groups for face-to-face meetings and there had been extensive engagement with MPs.

JH explained that the framework model of care brings together clinical views around what best practice needs to look like in 2030 and beyond, taking into consideration digital and new technologies and is different to the ICS clinical strategy. Dr Curran added that the new hospitals programme is one way of implementing the ICS clinical strategy, however, there are many different parts to it. With the support of the communications team, there is to be a video launch of the ICS clinical strategy to encourage interest from front-line staff and members of the public.

RESOLVED:
That the Committee note the progress undertaken in quarter 1 and note the development of the products to support business case development.

10a. Lancashire and South Cumbria Medicines Management Group (LSCMMG) Commissioning Policy Positions – July 2021

Brent Horrell apprised members of the outputs of the LSCMMG meeting held in July 2021. Three local policy positions were agreed, plus two NICE technology appraisals. Specifics related to:

- Hydrocortisone Granules in Capsules for Opening (Alkindi®) as Replacement Therapy of Adrenal Insufficiency in Infants, Children and Adolescents. This would have a low-cost impact on the health economy.
- Sodium Oxybate for the treatment of narcolepsy with cataplexy in adults. Based on NICE estimates could have a relatively significant impact, however, there was awareness from the number of funding requests received over several years, uptake was expected to be lower than this estimate.
- Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD) (Sativex®) for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication. Change in position, previously position was specialist only, however, the proposal was to move into initiation by specialist, moving to primary care if the patient was stable, and was expected to be cost neutral.
- NICE technology appraisals (June 2021). This would have a small impact due to a small number of patients and a new drug recommended that has a similar price to medicines used at the same part of the treatment pathway.

RESOLVED:
That the Strategic Commissioning Committee ratify the collaborative LSCMMG recommendations listed above.

10b. Commissioning Policy Development and Implementation Group (CPDIG)

Brent Horrell reported on the outputs from the Lancashire and South Cumbria CPDIG review of three commissioning policies.

1) *Dilatation and Curettage Policy*. Minor amendment, no significant changes in terms of the clinical evidence review conducted.
2) *Male Circumcision Policy*. Evidence review conducted and no changes in terms of clinical content. One minor amendment in the title of the document.
3) *Carpal Tunnel Syndrome Surgery Policy.* The CPDIG had been working with the Trauma and Orthopaedics Network looking at the pathway for Carpal Tunnel Syndrome and the policy had been

amended to align with the new pathway. Changes were set out and primarily related to Nerve Conduction Studies. There was not expected to be any significant impact in terms of activity.

RESOLVED: The Strategic Commissioning Committee:

Dilatation and Curettage Policy

- **Accepted that the policy did not require any revision to the policy position, and that no further clinical or public engagement was required**
- **Agreed to change the title to the Dilatation and Curettage (D&C) Policy.**

Male Circumcision Policy

- **Agreed that no revision, no clinical or public engagement was required**
- **Approved the process taken to develop the policy**
- **Agreed to change the title to Male Circumcision Policy**
- **Ratified the Policy.**

Carpal Tunnel Syndrome Policy

- **Noted the content of the revised policy**
- **Approved the content of the revised policy**
- **Approved the title of the revised policy**
- **Approved the process taken to develop the policy**
- **Agreed that no further consultation should be undertaken.**

Reports from Sub-Committees

11. CCG Transition Board

RESOLVED: Members of the Committee acknowledged the report.

12. Collaborative Commissioning Advisory Group (CCAG)

RESOLVED: Members of the Committee acknowledged the report.

13. Quality and Performance Sub-Committee

RESOLVED: Members of the Committee acknowledged the report.

Items for Information

14. Questions received for 15 July 2021 meeting

The questions and responses from the Strategic Commissioning Committee meeting held on 15 July 2021 were noted.

15. Any Other Business

Financial Update

Anthony Gardner reflected that the financial position of CCGs at the end of the financial year would have a direct bearing on the financial position of the newly established Integrated Commissioning Board and requested a position statement on CCG finance for a future meeting of this committee. Gary Raphael commented that the key financial issue for CCGs was achievement of the savings targets and it was noted that CCGs continued to report their financial position to their Governing Bodies. Gary Raphael confirmed that this financial information was already presented to the ICS Board and agreed that a report on H1 including a forward look to H2 would be prepared for the Committee.

ACTION: CARL ASHWORTH/GARY RAPHAEL

Next formal meeting:
11 November 2021, 1 pm – 3 pm, MS Teams