Approved 13 January 2021

Strategic Commissioning Committee

Minutes of Meeting	
Date and time	11 November 2021, 1 pm – 3 pm
Venue	Microsoft Teams
Chair	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Roy Fisher	CCG Chair	NHS Blackpool CCG
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
Richard Robinson	CCG Chair	NHS East Lancashire CCG
Adam Janjua	CCG Chair	NHS Fylde and Wyre CCG
Sumantra Mukerji	CCG Chair	NHS Greater Preston CCG
Paul Kingan	Chief Finance Officer (attending for West Lancashire CCG and Fylde Coast CCGs)	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
Julie Higgins	CCG Accountable Officer	NHS East Lancashire and Blackburn with Darwen CCGs
David Blacklock	Healthwatch Representative	Healthwatch Cumbria and Lancashire
Gary Raphael	ICS Executive Director of Finance and Investment	Lancashire and South Cumbria ICS
Sam Proffitt	ICS Director of Provider Sustainability	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 (Audit Chair and Conflicts of Interest Guardian)	Lancashire and South Cumbria ICS
Debbie Corcoran	Lay Member (Patient and Public Involvement)	Lancashire and South Cumbria ICS
Kevin McGee	ICS Provider Collaborative Representative	ICS Provider Collaborative
Clare Thomason	Associate Director – Lancashire and South Cumbria (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	Interim Director of Performance	Lancashire and South Cumbria ICS
Dr Andy Knox	Clinical Lead for Population Health	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
Mark Hindle (up to item 7 only)	Managing Director	Lancashire and South Cumbria Pathology Service
Nathan Hearn	Partnership and Integration Manager	North West Ambulance Services
Lorraine Elliott	Designated Lead Nurse for Safeguarding Adults and Mental Capacity Act	NHS Greater Preston, NHS Chorley and South Ribble and NHS West Lancashire CCGs
Lucinda McArthur (from item 9)	Senior Advisor	NHS West Lancashire CCG
Charlotte Redmond	General Management Trainee	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		
6 members of the public were present		

1. Welcome and Introductions

The Chair welcomed committee members, and members of the public observing, to the formal meeting of the Lancashire and South Cumbria (L&SC) Strategic Commissioning Committee (SCC), held virtually via Microsoft Teams.

2. Apologies for absence

Apologies were noted from Andrew Bennett, Sarah Sheppard, Andy Curran, Jane Scattergood, Linda Riley, Peter Gregory and Beth Goodman.

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 9 September 2021

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

RESOLVED: The minutes of the meeting held on 9 September 2021 were approved as a correct record.

Action log – All actions were noted as closed.

5. Key Messages

Peter Tinson presented key messages on behalf of Andrew Bennett, acknowledged the continued pressures faced by health and care colleagues and thanked staff for their care and commitment.

Winter Access Fund - proposals had been submitted to NHS England for the Winter Access Fund to increase resilience across primary care and feedback was awaited. In the meantime, CCGs, Primary Care Networks (PCNs) and practices were implementing priority schemes to ensure pace was not lost around this.

Special Educational Needs and Disability (SEND) - Julie Higgins reminded members that in 2017 a SEND inspection took place in Lancashire, conducted by Ofsted and the CQC, which found serious weaknesses in services. Following an inspection revisit in March 2020, five areas of concern remained: leaders' understanding of data; joint commissioning; diagnostic pathways for ASD; transitions in healthcare; and improving the quality of the local offer. An accelerated progress plan was requested, with oversight by a sub-group including Councillors and Non-Executive Directors. A monitoring meeting took place in September 2021 following which formal confirmation was received that sufficient progress had been made and Lancashire would no longer be part of the formal monitoring regime. This was a result of the commitment and hard work of local authorities, CCGs, families and frontline staff across education, health and social care. A formal report would be brought the next board meeting. The Chair expressed his congratulations to all involved in the improvement work.

Managing 2021/22

6. Pathology Collaboration Update

Mark Hindle (MH) provided an update on the progress made to date in the L&SC Pathology Collaboration and advised of the priority areas of work that were being progressed. The process of due diligence had been completed to identify and assess the risks/issues associated with the formation of the single pathology service. The Committee was assured that no new or unknown issues had surfaced and that there was nothing that would prevent the formation of the single service. The development of the Target Operating Model was now underway.

MH advised that all four acute providers in Lancashire who provide a pathology service to the people of L&SC had collaborated in terms of bringing together the service into one joined up pathology service for L&SC. National policy stipulates that pathology services should be grouped on sensible geographical locations. Work was progressing at pace and the Strategic Outline Business Case had been completed with the aim of acquiring £32m of capital to facilitate and underpin the delivery of a new service model. The model would be 'hub and spoke' with the vast majority of routine work to be undertaken in the hub, a large new laboratory building at Samlesbury, and all hospitals would have essential services provided on site. A TUPE consultation was about to begin to move all staff from their current organisations into one service from the beginning of April 2022. The service would be hosted by Lancashire Teaching Hospitals and the hub was planned to open in late 2023. During 2022/23 there would be a harmonisation of working practices, introduction of new management and clinical structures, development of a new laboratory information system and co-ordinated and centralised automation. This was an opportunity to work together to deliver more resilient, better quality and more efficient services. Formal notification of the allocation for capital was awaited from NHS England/Improvement.

The Chair thanked Mark for his comprehensive presentation and invited comments and questions. A number of comments were made regarding transport, impact on staff, staffing models and the sensitivity of the model to geography and local need. It was noted that whilst the traditional role of pathology service on testing samples would continue, the laboratory system held a vast amount of information which could be utilised to support population health and a more proactive primary prevention approach to health.

Sam Proffitt (SP) highlighted this to be a good example of collaborative work going forward, improving quality and outcomes for people and patients whilst delivering efficiencies and would be working with Mark to get messages like this into the system, as an example to set and pave the way for a Lancashire and South Cumbria approach.

It was confirmed that a further update would be provided to the Committee in due course. The chair asked that the future update include the plans for the intervening years through the transition period up to 2024 and taking up to 2027.

RESOLVED: The ICS Board noted the content of the report which was provided for information.
Mark Hindle left meeting.

7. Quality and Performance

Roger Parr (RP) presented the report which focussed on urgent care, cancer services, diagnostics, elective care, nosocomial infections, individual patient activity and continuing healthcare, safeguarding, children and young people mental health, adult mental health, learning disabilities and autism, population health and health inequities, complaints, MP Letters and PALS.

The following key issues were highlighted. The urgent care system had been incredibly busy over the last 3 months, due to increasing numbers in the system and more acutely unwell patients. In September 2021 there were 472 validated physical health 12-hour breaches, with a significant increase at Blackpool Teaching Hospitals. Cancer recovery and restoration continued to be the top priority for cancer services. Performance against the diagnostics 6-week target deteriorated in August mainly due to pressures in Blackpool and Lancashire Teaching Hospitals Trusts. GP referrals to secondary care had returned to pre-Covid levels. Elective activity in August 2021 was running at 90% compared to August 2019 levels. Early indications for the September/October position remained challenging. The impact on waiting lists continued to be an upward trend, increasing in the last 5 months. The longest waiting patients were tracked and monitored by providers in the elective recovery group.

Kathryn Lord (KL) provided an overview of nosocomial Covid-19 infections. Positive Covid tests had increased across the patch in every age group, which was starting to impact on system working. Information on the numbers of patients in hospitals and across all sectors were provided in the report.

Covid Vaccination - The Covid vaccination booster programme was being rolled out through various sites including Community Pharmacies, PCNs and hospital hubs and any areas of low uptake were being targeted with community engagement. The school programme was ongoing and would be completed by 17 December 2021, however uptake had been low. It was now nationally mandated that all NHS frontline staff must have received 2 vaccines by 1 April 2022 and a scoping programme to signpost people to support and receive the vaccine was underway. Uptake had increased across the patch with the 'Evergreen' programme, where the general public could attend any site for the first dose of vaccine.

Individual Packages of Care - It was expected that CCGs, apart from Blackpool, would not meet the quality premium target for individual packages of care. Extra funding was available for overdue reviews, and work was being targeted with families to ensure care was received and assessed in a timely fashion.

Safeguarding – the report highlighted items to be escalated to the SCC. It was noted that phase 1 of the national child protection information system was complete in L&SC, in relation to sharing information where children and families were at risk.

Children and Young People – Weekly escalation meetings were in place to review all eating disorder cases, including children and young people in paediatric units or those waiting within a community setting. Work was taking place with specialist commissioning and private providers to ensure pathways were given the greatest option of working. Discussions were being held with families around taking their child out of the area if a bed could be secured more quickly.

Mental health – Nationally, out of area placements remained relatively stable. The significant amount of out of area placements within L&SC were being reviewed and much work was being undertaken regarding inpatient capacity locally.

Cawston Park Reviews – Reviews were on track for completion prior to 31 December 2021. Of those completed, no issues had been escalated to date. A panel would be meeting weekly throughout December to look at key points of learning and key plans for individuals.

Complaints – From 1 April 2022, the ICB would have statutory responsibility in relation to complaints. Work was underway to scope what the service would look like and ensure the right workforce was in place.

Kevin McGee (KM) assured members of the committee that providers were focussed on patient safety and patient flow. Each place had detailed winter escalation plans which were working well with local authority colleagues in terms of social care and discharges. Elective capacity had been ringfenced on certain sites and elective recovery would be focussed on long waits. There was concern regarding an increase in acute and complex cases and critical care beds would also be ringfenced if Covid and respiratory illness rose over the next few months. Capital had been successfully secured to increase critical care capacity, however, staff recruitment was an issue. This risk was being managed hourly, ensuring a balance between elective and emergency capacity remained.

It was requested that future reports consider inclusion of the same data set in each report to support comparability. **ACTION: Kathryn Lord**

Lindsey Dickinson sought assurance about how the elective programme for children and young people was going to be managed through the winter period to ensure ongoing access to surgery in a timely fashion.

Kevin McGee confirmed that capacity for paediatrics was ringfenced within sites across L&SC.

Nicola Adamson added that pressures in paediatric services were reviewed three times a week. The two main tertiary centres for children were Alder Hey and Royal Manchester Children's Hospitals and work was ongoing on a shared transparency and shared waiting list across the two sites. However, some electives were being cancelled in order to manage critical care due to staffing shortages. The North West Network was looking at paediatric surgery transformation programme.

Jerry Hawker highlighted the need to use the information presented in the report to move to an environment of improvement and suggested picking a small number of areas where the system wants to see improvement, develop trajectories and focus on improving those areas to make a difference to our population.

The Chair concluded the discussion and recognised the pressures, demands and challenges faced across the system and emphasised the need to continue to support people to do the best they can. Performance had fallen in a number of areas and there was a need to remain focussed on how to get through and beyond the winter period.

RESOLVED: The Committee noted the contents of the Quality and Performance Report and supported its development.

8. Independent Sector Contracts

Gary Raphael (GR) provided a verbal report on the use of Independent Sector (IS) contracts for treatment of patients. Contracts for £60m per year were held within CCG budgets.

GR advised that as part of the elective recovery programme there was a need for SCC and senior leadership to have oversight of these contracts and three main issues were highlighted. Firstly, that in the first half of this year, IS budgets were underspent by at least £7m and there was a need to get the maximum impact of the contract. The second issue was the operational aspects of the clinical prioritisation process. Patients were prioritised according to need and there were also clear requirements around the need to eradicate long waiters. Improved joint working across both the NHS and IS sectors was required to achieve this. Thirdly, there was a need for a long-term relationship between the NHS and the IS to achieve the capacity required to manage the activity, whilst retaining patient choice. To achieve this, oversight would be developed through the SCC, joined up with the Hospital Cell. Janet Barnsley, Operations Director at Blackpool Teaching Hospitals, and Andrew Harrison, CCG Chief Finance Officer had agreed to undertake work in this area following up on these issues, linking with the elective care recovery group and reporting back to this committee.

The Chair expressed concern regarding the under-utilisation of the contract and requested that a report including a clear analysis of the activity, utilisation across the different parts of the patch, management across the whole of the system and an action plan be prepared for the next meeting.

Action: Executive Team

9. Population Health Operating Model and Development Programme

Julie Higgins introduced the paper which updated the Committee on the population health operating model and development programme which had a £20.87m investment commitment by the L&SC Health and Care Partnership. The paper provided a summary of the proposal including:

- The vision, goals and approach
- Clear context and key challenges
- Overview of the operating model for L&SC through the six strands of enabling capabilities
- High-level overview of impact, interdependencies, funding requirements and next steps.

Also included was a detailed section on the operating model and development programme including each of the six strands of enabling capabilities; detailed design principles; aggregated benefits and key measurements across the operating model; and evidence base underpinning the operating model.

Andy Knox explained that over the last 12 months, the implementation programme had been developed collaboratively with communities, the voluntary and faith sectors and place-based partnerships and expressed his thanks to the team who were working on this. The vision was clear – to improve the health of our population through the tacking of health inequalities. Assurance was provided that key partners including the Kings Fund, Professor Chris Bentley and Sir Michael Marmot had been involved to ensure scrutiny. Discussions had taken place both nationally and regionally and with Directors of Public Health and the programme was embedded across all workstreams.

Andy explained how it was envisaged the model would work. Intelligence and infrastructure would need to be built as this was currently at different levels across place-based partnerships. Data was strong across many parts of the patch and there was an ability to risk stratify, to identify the areas on which to focus and support decision-making. There would be a focus on working with communities to build social movement, community power and a sense of real participation. Leadership and organisational development structures were being built to ensure this could be delivered at place, at system and in neighbourhoods. A population health academy was being developed working with the anchor institutions across the patch and making sure that the teams were able to deliver what was needed on the ground. Once the infrastructure was built the right kind of interventions, based on both clinical and social need, could be enacted to drive behavioural change.

The Chair thanked Julie and Andy for their excellent work on this programme. Members expressed support for the programme and congratulated the team on the progress made. Comments, questions and points of clarification were received and noted or responded to during discussion.

RESOLVED:
The Strategic Commissioning Committee noted and approved:

- **the population health operating model**
- **the financial envelope, accepting that further work was required on budgets,**

The Committee also accepted 'in principle' the next steps in developing the implementation programme, which would report via the Population Health Board to the Senior Leadership Executive, subject to the satisfactory conclusion of the governance processes currently being worked through.

10. Financial Report

Sam Proffitt (SP) provided highlights from the report on the month 6 (H1) financial performance for the CCGs and the position on ICS central functions. The H1 financial target was met and run rates started to reduce. Against the target of £56m savings, £50m had been met. 75% of actions taken to make savings in the first

half of the year were non-recurrent. Longer term plans to improve quality and outcomes for the population, whilst supporting the workforce, needed to be built up.

Plans for H2 were being drafted and showed a lot of pressure in the system. A further £56.6m was to be delivered within the efficiency plan, supplemented by a further £30m of system-wide schemes. Significant activity had taken place during the last couple of weeks to prepare plans to achieve the required level of savings and these had resulted in a number of actions to take forward without compromising ongoing management of winter pressures, urgent care and restoration of services within the financial envelope. This included an event attended by senior system leaders and a system-wide check and challenge session. Alongside, plans were also being developed to reduce duplication and drive out inefficiencies in the system in the longer term.

Gary Raphael confirmed that Aaron Cummins would chair a meeting the following day to consider the position reached within the plans and the group had been given a mandate to make further adjustments on behalf of the system to get to as near to a balanced position as possible.

Paul Kingan advised that there remained an element of risk regarding balancing the CCG plans.

The Chair commented on the need to submit a balanced plan to the regional office.

RESOLVED: The Committee noted the report.

The agenda was taken out of order.

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

Brent Horrell presented the report and apprised the Committee of work undertaken by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) to develop commissioning recommendations regarding a reversal agent for patients on anticoagulent therapy and confirming the commissioning position on hypersalivation in patients with Parkinson's disease, which was already used, and was not expected to have a significant financial impact.

The paper also described four NICE technology appraisals which were not expected to have a significant cost impact. One may have had a very small cost impact and one had already factored-in the cost in a previous paper that had been approved by the Strategic Commissioning Committee in July 2021.

RESOLVED:
The Committee ratified the collaborative LSCMMG recommendations, as set out in the meeting papers, on the following:

- **Glycopyrronium Bromide Oral Solution for Hypersalivation/Sialorrhoea in Adults with Parkinson's Disease**
- **Idarucizumab (Praxbind®) for adult patients treated with Pradaxa (dabigatran etexilate) when rapid reversal of its anticoagulant effects is required for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding**
- **NICE Technology Appraisals (July-September 2021).**

14. Development of Lancashire and South Cumbria Clinical Commissioning Group Policies

Brent Horrell presented the paper relating to the outputs of the Commissioning Policy Development and Implementation Group. Two policies had been reviewed, a pre-existing policy which had been approved previously and a policy on Sensory Integration Therapy. The paper set out the development process and included final recommended policies for consideration. Brent highlighted the public engagement process undertaken which had resulted in a tweaking of the wording in the policy to ensure clarity.

RESOLVED:

The Committee ratified the Lancashire and South Cumbria policies on the following interventions:

- **Sensory Integration Therapy (SIT)**
- **Photorefractive Surgery for the correction of Photorefractive Error.**

The agenda reverted to its original order.

11. Establishing the Integrated Care Board (ICB)

The Chair introduced the item by confirming the appointment of Kevin Lavery to the position of Chief Executive Designate of the NHS Lancashire and South Cumbria Integrated Care Board who would be joining in the next few months.

Jane Cass informed the Committee that the first phase of the consultation on the development of the Board had taken place and valuable feedback had been received. From this a number of changes had been made to the proposed composition, including the proposal for an additional Non-Executive Director to be included, taking the total to four Non-Executive Directors with the potential to supplement further as the Board evolves. This would take the number of Non-Executive Directors to be equal to the number of Executive members on the Board. A further proposed change to partner members was to add a fourth member, the Executive Lead for mental health services, to partner the Executive Lead for the Trust providing acute and community services. Contributions would be drawn from across the patch with confirmation that the voluntary sector and Healthwatch would work in collaboration with the Board as participants.

The next phase would be around other aspects of the constitution, large elements of which were legal or policy requirement and could not be changed and a model constitution template had been issued by NHS England/Improvement. Some content could be localised and there would be a process of engagement with stakeholders encouraging comments on those aspects. It was expected that the engagement process would be completed by mid-November.

RESOLVED: Members noted the update to establishing the ICB.

12. New Hospitals Programme Quarter 2 Board Report

Members noted the update. Questions to be directed to Jerry Hawker outside of the meeting.

RESOLVED: Members noted the update provided within the report.

Reports from Sub-Committees

15. CCG Transition Board

Roy Fisher stressed the importance that colleagues across organisations sign up as quickly as possible to the data sharing agreement, to ensure that the transitional work on the functions can take place as soon as possible.

RESOLVED: Members of the Committee acknowledged the report.

16. Quality and Performance Sub-Committee

RESOLVED: Members of the Committee acknowledged the report.

17. Any Other Business

No other business was raised.

Next formal meeting:
13 January 2022, 1 pm – 3 pm, MS Teams