

Ratified 10 March 2022

Strategic Commissioning Committee

Minutes of Meeting	
Date and time	13 January 2022, 1.30 pm – 2.30 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
Paul Kingan	Chief Finance Officer	NHS West Lancashire CCG
Beth Goodman	Deputy Director of Commissioning (attending for Blackpool/Fylde and Wyre CCGs AO)	NHS Blackpool and NHS Fylde and Wyre CCGs
Denis Gizzi	CCG Chief Officer/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
Andrew Bennett	Interim ICS Chief Officer	Lancashire and South Cumbria ICS
Gary Raphael	ICS Executive Director	Lancashire and South Cumbria ICS
Sam Proffitt	ICS Director of Finance and Provider Sustainability	Lancashire and South Cumbria ICS
Andy Curran	ICS Medical Director	Lancashire and South Cumbria ICS
Sarah Sheppard	Interim ICS Director of HR and OD	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
Helen Curtis	Deputy Accountable Officer	Chorley and South Ribble CCG
Roger Parr	Interim Director of Performance	Lancashire and South Cumbria ICS
Zoe Richards	Senior Manager, SEND	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
Becky 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		
3 members of the public were present		

1. Welcome and Introductions

The Chair welcomed all to the formal meeting of the Lancashire and South Cumbria (L&SC) Strategic Commissioning Committee (SCC), held virtually via Microsoft Teams. Attendees were made aware that the meeting was being recorded.

2. Apologies for absence

Apologies were noted from Jane Scattergood, Sumantra Mukerji and Linda Riley.

The Chair highlighted the pressure that services across the health and care system were currently experiencing and that the response from all parts of the sector had been remarkable. In response to current pressures, regular meetings were focussing on essential business and reduced in length where possible. The implementation date for the establishment of the new Integrated Care Board had been extended to 1 July 2022. Existing statutory and organisational structures would continue until the end of June and the role of the SCC would be vital to ensure the safe and secure management of existing services operating throughout this extended period.

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 11 November 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 11 November 2021 were approved as a correct record.

Action log – All actions were accepted as closed.

5. Key Messages

Andrew Bennett (AB) reported that in mid-December 2021, the UK Covid-19 alert level had returned to a Level 4 national incident. AB paid tribute to CCG and CSU staff for their continued contribution to the

response to the pandemic. A multi-agency exercise was taking place this week to maximise flow of patients through the system. Since the start of this exercise, improvement had been seen in ambulance delays, reduction in bed occupancy, reduction in long waits in emergency departments and hospitals discharging more people than those admitted. Risks were being mitigated as services remained under significant pressure. Communication with the public continued around the broader range of services that remained open and available.

Building the system for 2021/22 and beyond

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

Brent Horrell (BH) presented the report and apprised the Committee of the work undertaken by the Lancashire and South Cumbria Medicines Management Group (LSCMMG) to develop commissioning recommendations relating to the following: two local policy positions where there were queries regarding the cohort of patients that should have access; the removal of one policy position due to the medicine's license removal; and two NICE technology appraisals.

In response to a request for clarification, it was explained that patient engagement was not required in relation to all recommendations. If the policy was expected to have a significant impact or be detrimental to the patient population, there would be a public engagement process, via CCGs. Opening access to new medicines would not usually require routine public engagement unless it was realised this could prove a significant impact on initial screen. To ensure a better understanding, future reports would include reference to whether it was deemed relevant to seek patient and public engagement.

ACTION: Brent Horrell

RESOLVED: The SCC ratified the collaborative LSCMMG recommendations on the following:

- **Clonidine 25 mcg Tablets for Vasomotor symptoms associated with menopause**
- **Glycopyrronium Bromide Oral Solution for Hypersalivation/ Sialorrhoea in Children and Adults (other than those with Parkinson's Disease)**
- **LICENSE REMOVAL - Dapagliflozin for the treatment of patients with T1DM as an adjunct to insulin in patients with BMI \geq 27 kg/m², when insulin alone does not provide adequate glycemic control despite optimal insulin therapy**
- **NICE Technology Appraisals (October-November 2021).**

7. Development of Lancashire and South Cumbria (L&SC) Clinical Commissioning Group Policies

Brent Horrell (BH) presented the following policies developed by the L&SC Commissioning Policy Development and Implementation Working Group (CPDIG):

- Endoscopic Procedures on the Knee Joint Cavity - an update to the pre-existing policy.
- Cystoscopy in uncomplicated Lower Urinary Tracts Symptoms in Males - a new policy position based on the Evidence-based Interventions national phase 2 recommendations
- Surgical Intervention for Benign Prostatic Hyperplasia - a new policy position based on the Evidence-based Interventions national phase 2 recommendations
- Male Circumcision - a minor change to wording in a recently approved policy.

It was confirmed that all the above policies had been through a clinician engagement process and a public consultation process with no significant changes required.

Andy Curran, Chair of the Lancashire and South Cumbria Medicines Management Group, explained the consultation process for medicines and confirmed that it included extensive consultation via CCGs and Trusts and from patients and specific user groups. Dr Curran also provided assurance that relevant experts and non-experts were consulted during the process for development of Commissioning Policies.

Andrew Bennett confirmed that in order to maintain a common suite of consistent clinical approaches to this range of issues, he would work with Andy Curran and Brent Horrell in making the transition from a library of CCG policies to a library of ICB policies, early in the new financial year.

ACTION: Andrew Bennett

Brent confirmed that as part of the process of developing both medicines and commissioning policies, work was undertaken across other neighbouring areas in the North West to align policies wherever possible to minimise cross border issues. Dr Curran added that whilst commissioning decisions were made for the local population many policies were based on best practice and evidence so may come to similar outcomes.

Geoff Jolliffe asked what mechanisms the ICB would have in place to ensure policies were applied correctly. Dr Curran responded that the Clinical Policy Implementation Group had a role in following up on the application of policies. A benefit for the ICS was being able to do this once across the system and to be able to hold each other to account in 'place'.

Nicola Adamson highlighted that over the next 12 months, the Committee would need to consider the governance of clinical policies for specialised services coming to the ICS and other commissioned services within primary care and work was taking place in preparation for this.

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

- **Endoscopic Procedures on the Knee Joint Cavity**
- **Cystoscopy in uncomplicated Lower Urinary Tracts Symptoms (LUTS) in Males**
- **Surgical Intervention for Benign Prostatic Hyperplasia**
- **Male Circumcision.**

Managing 2021/22

8. CCG Closedown Report

Denis Gizzi (DG) updated members on CCG closedown and highlighted NHSE/I's announcement, in December 2021, of the delay in the establishment of the Integrated Care Board to a new target date of 1 July 2022 and to key changes to the programme.

The primary objective was now to ensure as many features of the programme as possible be approved by 1 April in order that the ICB was in a state of readiness and CCGs were able to safely transfer many undertakings by 1 April, albeit some statutory features would be contingent on the formal closedown date. The current structured closedown programme and handover plan would therefore continue and this was supported by ICS leadership.

A full reconciliation of the current action and programme plan would now be undertaken and the Risk Register refreshed. The need to ensure continued communication with staff, Executive and Governing Body colleagues was highlighted. It was also suggested that clarity was required on how the system will operate between April and July 2022 and the delegation and leadership arrangements between the designate ICB executive and designate Place executive teams.

NHSE/I was currently refreshing the national closedown critical path which would be shared in order for the recalibration exercise to be undertaken. Jane Cass, NHSE/I, had endorsed the opinion that the primary objective should be to continue with the closedown programme for 1 April 2022.

Helen Curtis added that the Governance Working Group, which included Heads of Corporate Service representatives from each of the CCGs, was committed to continue to take this work forward as planned mindful of the impact the delay was having on the resilience of staff. It was also suggested that thought be given to bringing some groups of staff together to ensure success in both the closedown of CCGs and the establishment of the ICB.

Paul Kingan advised that discussions were taking place nationally about the impact of the extension on financial issues, both the audit of accounts from April to June 2022 and the allocation of resource to the ICB.

Debbie Corcoran highlighted the importance of clear communication during this period of change, not only for staff but also members of the public and other stakeholders and suggested that an enhanced report be provided to CCG Governing Bodies on the changes and implications to support consistent messaging in the public domain.

Andrew Bennett confirmed there was a restructured programme in place and that the change in timeline brought complexity and risk which would be worked through over the course of the next few weeks. Additional guidance was expected which would inform dialogue with Governing Body members. The SCC would be used as a forum for progressing collective decision making over this period, both in terms of reporting progress, managing risk, and assisting the ICB to work in shadow form and then as a statutory body.

Andrew endorsed the comments about communication and confirmed that an initial briefing for stakeholders had been prepared and that the value of sharing this report with Governing Bodies would be considered. Two staff briefing sessions had been arranged for the following week, which would include an opportunity for staff to ask questions.

Roy Fisher confirmed that in December 2021, the CCG Transition Board had asked that reports be prepared for CCG Governing Bodies on both the current position regarding the establishment of the ICB and on closedown of CCGs and this was in hand.

RESOLVED: The Strategic Commissioning Committee noted the CCG Closedown report.

9. Quality and Performance Report

Roger Parr presented the report and highlighted the following key issues.

A&E performance against the 4-hour target was at 78.7% with acuity numbers remaining high in November alongside a high number of 12-hour waits reflecting current pressures. Cancer referrals remained above pre-pandemic levels, with a deterioration in performance against the 2-week target. In October, diagnostic performance showed a more positive position across providers with waiting lists having reduced. Appointment demand within GP practices had returned to pre-pandemic levels with October 2021 having the most appointments available per working day in the last 31 months and an increase in face-to-face appointments. As of October 2021, the number of patients waiting to start treatment was at over 166,000 and performance against the 18-week standard was 69% and there were 9,442 over 52-week waiters.

Kathryn Lord explained that pressures due to staff absence had continued across all sectors. The Local Authority regulated care sector was under significant pressure and work was taking place to ensure care was maintained in care settings at a level appropriate, and admissions kept to a minimum. The vaccination programme continued and thanks were extended to staff who stepped into different roles pre-Christmas to offer their support. The mandate for health and social care staff to be fully vaccinated by 1st April presented a risk and work was underway across the system to gather data, ensuring any hotspots were known with a view to mitigating any risks prior to deadlines.

With regard to Safeguarding the following item was escalated for the attention of the Committee: NHS readiness for Liberty Protection Safeguards (LPS) and it was noted that collective partnership was progressing. Other emerging items that may require future escalation included Resource Implication – implementation of Liberty Protection Safeguards, Delayed Deprivation of Liberty Applications and Service Pressures.

Nicola Adamson reported that she was currently acting as the Director of Vaccine Inequalities for Lancashire and South Cumbria, whilst still representing NHSE commissioning on the Committee, and emphasised the focus of the Vaccination Programme on equalities to ensure that everyone is protected and hospital admissions due to Covid are reduced.

Debbie Corcoran sought further information and assurance regarding the following matters covered in the report: The Friends and Family Test and RPH being an outlier; Advice and Guidance and how patient feedback is being gathered to influence and guide future use of the service; Access to CYP eating disorder services; and addressing access to services for people with autism – seeking assurance on the pace of improvement and impact of current interventions, and highlighting any recommended further commissioning decisions or considerations for the SCC to support securing improved patient experience and outcomes.

The Chair requested that these issues be considered outside the meeting and a response provided.

ACTION: Kathryn Lord/Roger Parr

RESOLVED: The Committee noted the content of the Quality and Performance Report.

10. SEND Update

Julie Higgins (JH) introduced the report and advised members that SEND inspections had commenced in the L&SC ICS in November 2017 and progress had been reported to the SCC. The report provided the latest position.

Nicola Adamson commented that whilst not a conflict of interest, she had a personal interest relating to SEN, so would refrain from commenting on this item.

Lancashire had an inspection revisit in March 2020 which resulted in an Accelerated Progress Plan (APP) covering 5 areas of significant concern. The APP had been closely monitored by Department for Education (DfE) and NHS England (NHSE) since September 2020 and at the end of September 2021 a 12-month monitoring session took place. The outcome of the monitoring was that the DfE and NHSE were satisfied that sufficient progress had been made and the local area had demonstrated clear and sustained progress, resulting in the ending of continued formal monitoring. The monitors noted that this positive result came as a result of a great deal of commitment and hard work on the part of the Local Authority, CCGs, families and front-line staff across education, health and social care. Dr Higgins acknowledged the work of the SEND Board partners and the leadership of Edwina Grant, Hilary Fordham and Zoe Richards. Commissioning intentions had been put in place for the oversight process and were required to continue to deliver the SEND plan.

Zoe Richards continued that 'SEND news' was now being shared monthly to provide an update on SEND across the ICS. Maturity matrix were required by NHS England and the Quarter 3 return had been submitted. Feedback received from the first return identified Lancashire as being one of the few areas in the country rated as 'green'.

It was noted that Blackburn with Darwen had continued to progress well with ongoing improvements and had agreed to be a test area for methodology testing for a new SEND Inspection Framework that was expected to come into effect in April 2022. Blackpool was expecting its initial SEND inspection based on the original Inspection Framework prior to April 2022. Cumbria was previously inspected in 2019 and was anticipating an inspection revisit in early 2022.

In July 2021, the Collaborative Commissioning Advisory Group (CCAG) received and approved a list of future commissioning needs, recognising that addressing these would improve the outcomes for children and young people whilst at the same time supporting the ICS in meeting its statutory duties. CCAG supported that these should be put forward for the H2 and 2022/23 planning process.

Andrew Bennett confirmed that this would be picked up formally as part of the 2022/23 planning process and that he would liaise with colleagues to ensure that the issues raised were clearly understood and factored in the planning process.

RESOLVED:

The Committee:

- **Noted the outcome of the Lancashire Accelerated Progress Plan monitoring meeting.**
- **Supported the funding request for:**
 - **Second part of the ASD waiting list management**
 - **Specialist community nursing (as outlined in the supplementary paper presented to CCAG in July 2021) including Special School Nursing and Bladder and Bowel services**
- **Recognised that further developments would be presented through CCAG over the next few months which may have funding implications for 2022/23. This included neurodevelopmental pathway and therapies**
- **Continued the commitment to support the ongoing programme management of SEND and recognised the need to marry ICB and Local Authority level responsibilities as the structures developed.**

Reports from Sub-Committees

13. CCG Transition Board

RESOLVED: Members of the Committee acknowledged the report.

14. Quality and Performance Sub-Committee

RESOLVED: Members of the Committee acknowledged the report.

15. Any Other Business

No other business was raised.

**Next formal meeting:
10 March 2022, 1 pm – 3 pm, MS Teams**