Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Notes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 11th January 2018, 13:00 -15:00
at Tanhouse Community Enterprise, Tanhouse, Ennerdale, Skelmersdale WN8 6NR

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
Voting Members **(One vote per CCG)**	Alex Gaw	Chair	Lancashire North CCG	Apologies
	Andrew Bennett	Chief Officer	Morecambe Bay CCG	Attended
	Penny Morris	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	Sumantra Mukerji	Chair	Greater Preston CCG	Attended
	Doug Soper	Lay Member	West Lancashire CCG	Attended
	Susan Fairhead	GP Member	Blackpool CCG	Apologies
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
	Gora Bangi	Chair	Chorley South Ribble CCG	Apologies
	Graham Burgess	Chair	Blackburn with Darwen CCG	Apologies
	Mark Youlton	Chief Officer	East Lancashire CCG	Attended
	Steve Gross	Lay Member (Primary Care)	West Lancashire CCG	Apologies
	Tony Naughton	Chief Clinical Officer	Fylde and Wyre CCG	Attended
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Phil Huxley	Chair	East Lancashire CCG	Attended
	Debbie Corcoran	Lay Member for Patient & Public Involvement	Greater Preston CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
	Denis Gizzi	Chief Officer	Chorley South Ribble & Greater Preston CCG	Apologies
In attendance	Amanda Doyle	STP Lead	Healthier Lancs & South Cumbria	Attended
	Andrew Bibby	Director for Specialised Services	NHS England	Apologies
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Attended
	Carl Ashworth	Service Director	Healthier Lancs & South Cumbria	Attended
	Gary Hall	Chief Executive Officer	Chorley Council	Apologies
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Jane Cass	Acting Director of Operations	NHS England	Attended
	Jo Turton		Lancashire County Council	Apologies
	Kim Webber	Chief Executive	West Lancashire Borough Council	Apologies
	Lawrence Conway	Chief Executive Officer	South Lakeland District Council	Apologies
	Louise Taylor	Director	Lancashire County Council	Apologies
	Sir Bill Taylor	Chair	Healthwatch	Attended
	Neil Greaves	Communications and Engagement Manager	Healthier Lancs & South Cumbria	Attended
	Paul Hinnigan	Lay Member	Blackburn with Darwen CCG	Attended
	Clive Unitt	Lay Member	Morecambe Bay CCG	Attended
	Dean Langton	Representative	Pendle Borough Council	Apologies
	Debbie Nixon	SRO Mental Health	Healthier Lancs & South Cumbria	Attended
	Neil Jack	Chief Executive	Blackpool Council	Apologies
	Rebecca Higgs	IFR Policy Development Manager	Midlands and Lancashire CSU	Attended
	Sakthi Karunanithi	Director of Public Health	Lancashire County Council	Attended
	Sue Hesketh	Office Co-Ordinator	Healthier Lancs & South Cumbria	Attended
	Katherine Fairclough	Chief Executive Officer	Cumbria County Council	Apologies
	Dawn Roberts	Representative	Cumbria County Council	Attended
	David Bonson	Chief Operating Officer	Blackpool CCG	Attended
	Harry Catherall	Chief Executive Officer	Blackburn with Darwen Council	Attended
	Steve Thompson	Director of Resources	Blackpool Council	Attended
	Becky Rossall	Comms & Engagement	Healthier Lancs & South Cumbria	Attended

	Charmaine McElroy	Business Manager to Amanda Doyle	Healthier Lancs & South Cumbria	Attended
	Lucy Atkinson	Comms & Engagement	Healthier Lancs & South Cumbria	Attended

		ACTION
1	**Welcome and Introductions** The Chair welcomed the members of the Committee to the formal meeting. He explained the status of the meeting and that the Committee had invited members of the public to a drop-in session prior to the meeting commencing, in order to give them the opportunity to ask questions in advance. He added that there would still be an option to ask questions after the meeting had finished.	**Information**
1.1	**Apologies and Quoracy** Apologies were received from: Alex Gaw, Denis Gizzi, Gora Bangi, Graham Burgess, Roger Parr, Katherine Fairclough, Louise Taylor, Neil Jack, Dean Langton, Gary Hall, Kim Webber, Laurence Conway and Susan Fairhead ***RESOLVED: The Chair noted the apologies and declared the meeting quorate***	**Information**
1.2	**Declarations of Interest** The Chair requested that the members declare any interests relating to items on the agenda. The Chair reminded those present that if, during the course of the discussion, a conflict of interest subsequently became apparent, it should be declared at that point. Sumantra Mukerji declared an interest to the Chair that he was employed by LCFT to provide medical cover to patients in Longridge Community Hospital along with the rest of the GP's in his practice. There was no business on the agenda for discussion that would be affected by this declaration. ***RESOLVED: Sumantra Mukerji's declaration of interest was noted***	**Information**
2.	**Minutes from previous meetings for ratification** The minutes of the last meeting of the Joint Committee of CCGs held on the 2nd November 2017 were recorded as factually accurate ***RESOLVED: The minutes were ratified.***	**Agreement**
2.1	**Action Matrix Review** The Chair reviewed the action matrix and the following points were discussed: • **Mental Health Presentation** This is an agenda item at today's meeting and will be presented by Debbie Nixon. • **LMS Plan** Vanessa Wilson had agreed at the last meeting to provide members of the Committee with a condensed version of the full LMS Plan, so that members are sighted on key activities and timescales. This is to be checked with Vanessa Wilson that this has been done. • **Transforming Care** The amendments to the timeline within the Transforming Care paper were made and circulated to the Committee members.	**Information**

	• **Mental Health – Prevention** Further updates will be made available to the Committee members around the mental health prevention work at an appropriate time in the future. Mary Dowling queried that the commissioning of new pathology arrangements was not part of the action matrix. Gary Raphael explained that this had been referred to in the minutes of the last meeting and that the Project Leads will be picking this up. A formalised option appraisal is yet to come forward. This is mainly due to a timing issue, however providers are working collaboratively with commissioners and once an update has been received it will be brought to the Joint Committee for formal endorsement.	
3	**Any Other Business Declared:** The Chair asked the members of the Committee if they had any other business they wished to declare for discussion at the end of the meeting. Sumantra Mukerji asked if a discussion could take place with regards to non-availability of cheaper drugs. ***ACTION: This was agreed and to be noted for discussion at the end of the meeting*** The Chair added that there would also be an opportunity for the public to ask questions at the end of the formal meeting.	**Information**
4.1	**A New Commissioning Framework for Lancashire and South Cumbria** The Chair invited Andrew Bennett, Chief Officer at Morecambe Bay CCG, to commence this item. Andrew Bennett explained that he has been leading on a complex piece of work which may seem a bit abstract to the public, but is designed to achieve better outcomes for our patients. The summary paper for the Joint Committee explains the work carried out on the commissioning framework from August of last year. The document has an embedded slide deck and a glossary that will ensure that clarity is given on certain terms and expressions. This piece of work has a direct connection with the Mental Health policy that follows this item. The language that is used is crucial. He added that commissioning is about planning and buying functions and this piece of work commenced in August 2017 to ascertain how commissioning would function in the future. There is a need to ensure more value for the pound with better quality outcomes. Andrew Bennett thanked all those that were involved in the development and production of this paper. He explained that the framework outlines the commissioning model and decision making at different levels. He added that Mental Health services have been used as a test case with clear recommendations and next steps. Meetings have taken place with Mental Health leads to test the robustness of the model used. In Section 3.3 over 50 comments were received from different partners and individuals that have helped to shape a well-developed framework. This has helped to identify what people feel is important. Each comment has been classified, recorded and implemented. Andrew Bennett explained that commissioning should develop on three levels and should be a placed based approach such as at Lancashire and South Cumbria, local delivery partnership (LDP) and neighbourhood levels. Work also needs to be strengthened with Local Authority colleagues, working through any implications of commissioning. There has been benefit from clinicians in the room which has made a difference as to how to sustain this contribution.	**Support**

He added that in section 6, the next steps is to legitimise future work with partners including Local Authorities, HR, Finance, etc. for a grander ambition that can be explained more widely on the priorities that need further attention.

By April, the ambitions are for Urgent and Emergency Care and Cancer to be using this type of approach to commissioning. With this in mind Andrew Bennett offered three recommendations to the Board:-

- The Joint Committee of CCGs is asked to endorse the framework for the development of the commissioning system in Lancashire and South Cumbria, recognising that this is a work in progress and subject to further development and comments.

- The Joint Committee of CCGs is asked to endorse the enabler workstreams and timetable in section 6 and agree that more detailed mobilisation plans are developed with JCCCG's being informed of the timetable for other services

- The Joint Committee of CCGs is asked to support further discussions with partners, especially Local Authorities in relation to the wider health and wellbeing agenda and specialised commissioning.

RESOLVED: The Joint Committee agreed to endorse the framework subject to the amendments agreed during the discussion

Harry Catterall commented that this was an outstanding piece of work by Andrew Bennett. However he felt there was more work to be done with wider partners and Local Authorities. There needs to be acknowledgment from neighbourhoods to LDP and STP as there is a big difference between the three levels. As a unitary there is need to incorporate Adult and Social care as a statutory responsibility.

Sakthi Karunanithi commented that we must not lose sight of the ability to identify how things could work at neighbourhood level and to also consider the resources required and the capability.

Geoffrey O'Donoghue acknowledged the sense of scale and pace and that what was happening was quite abstract. He feels that there is a need to gain greater engagement around this to ensure these changes are in the gift of the Local Authorities.

Sir Bill Taylor asked whether there are processes in place for managing this. There needs to be some creativity as to how we communicate this to the public.

Roy Fisher felt there is a need to understand the bed pressures. The pressure that is currently being seen in regards to social care issues can compound the issue. The hard work that has gone into this is very clear. He added that Blackpool CCG has not had an opportunity to discuss this paper; however they have a meeting next week. The question was asked as to whether Blackpool would be able to submit their comments at a later date.

Phil Watson highlighted that as part of the recommendations it was agreed that this was a document subject to further developments and comments.

Phil Huxley commended Andrew Bennett on the great work he had done with this document and added that this has been discussed at East Lancs CCG informally. He added that neighbourhoods are causing the most concern with regards to commissioning at that level and it was felt that there was need to have this clearly understood. Phil Huxley explained that East Lancs CCG may not feel able to endorse the framework in its current form.

Paul Kingan asked for clarity on the approach to commissioning above STP level.

	Amanda Doyle advised that there have been initial conversations with Cheshire and Mersey STP and the ambulances 111. This document relates to how the commissioning function will be going forward and how it is implemented locally. Communication is really important. She added that there is a need to keep communicating with the public and try to avoid any confusion. The public are interested in access to services and how these services are delivered, but they are not interested in the how it is commissioned. It is key to ensure that the public are not overwhelmed with administrative decisions. This document does not make any changes to services. Andrew Bennett acknowledged that more work is needed on neighbourhoods and communication and engagement. A meeting has been arranged with specialised commissioning services to connect them into this process. Mary Dowling felt that this was a really good piece of work with a high level of demonstrable collaborative working and a good framework to take this forward. It was felt that with a few amendments to the recommendations that she would like to suggest, that in principle, this document should be endorsed by colleagues to be able to go back to CCGs to advise that this is a point in time. Sumantra Mukerji acknowledged that this was a good piece of work however referred to point 3.3.1 "Not material – noted but no change to the Commissioning Framework required (10 comments)" the question was asked whether these were comments or observations? Andrew advised that these can be shared. In the majority of contact it was face to face contact with not a lot of disagreement. ***ACTION: Comments to be shared with Sumantra Mukerji*** Harry Catterall feels that for the 8 CCGs this document would only be able to deliver services in 5. For completeness, place based commissioning for Health and Wellbeing has another tier in relation to Local Authority boundary. Steve Thompson welcomed this piece of work. With regulated care in Blackpool the level of collaboration is very good as, rather than focus on the differences they looked at the commonalities. ***RESOLVED: The Joint Committee agreed to endorse the framework.***	
4.2	**Mental Health Commissioning Development Mobilisation and Next Steps** The Chair invited Debbie Nixon to deliver this item. Debbie Nixon explained that she and Paul Hopley have been leading on this piece of work for Lancashire and South Cumbria and she thanked colleagues for their contributions to this. She added that the Five Year Forward View has a significant agenda with regards to improving mental health services and outcomes. As a result there is a need to be clear on how to communicate collectively with specialised commissioning, clinical commissioning and prevention and wellbeing. Debbie Nixon explained that commissioners came on board at an early stage and some were fairly enthusiastic and in agreement very early. She added that the main points are outlined on page 8 and within table 1. There is a need to have agreement to come together and that these are the areas we expect to commission services for going forward. Andrew Bennett commented that looking at the table there was a lot of commissioning at an STP level and questioned how this links with Local Authority. He added that by far, the greater number of people with mental health issues sits within an LDP level. Paul Kingan felt that this was a sensitive area for West Lancs who have done a lot of work	**Support**

	on mental health locally. West Lancs confirmed that they support this document as they believe it will work in their area. However there is a need for assurance that this can work across boundaries i.e. Core 24. Debbie Nixon gave assurance that this is an ongoing developmental process. Tony Naughton felt the need to express that his clinical leads feel that a number of items in table 1 need to be different. He commented on the level of clinical engagement across Fylde and Wyre CCG, in that he had concerns as to whether feedback from local clinicians had been incorporated. On this basis, he felt he would be unable to support this document in its current form. Debbie Nixon assured Tony Naughton that on the 14th December, the paper was circulated and two workshops were recently held to engage with a wide group of stakeholders. She explained that she had previously received confirmation from Fylde and Wyre CCG clinical leads endorsing this, as long as there was a caveat that this would be reviewed. Penny Morris felt that there was more clarity needed with regards to the language used and the use of acronyms i.e. ACS, ACP. Debbie Nixon referred to the latest version with regards to language. Mary Dowling felt that there was strength of feeling of some of the clinical members. She added that colleagues are happy to debate for all the right reasons. There is a strong desire to commission local and the language and heading on table 1 requires further refinements. Debbie Nixon added that this is still a work in progress. Amanda Doyle advised that if there is agreement from the Joint Committee that decisions are made collectively, this does not mean people do not have the right to comment going forward. She added that national commissioning policies and strategies are mandated. If there is an instruction to commission one way but can evidence that it can be done more cost effectively, there would have to be a robust argument as to why this has to be done separately. Phil Huxley questioned the reference to pooled budgets on page 10 paragraph 7.1. Debbie Nixon informed the Committee that they were not being asked to sign off a pooled budget. She added that the national direction of travel is to obtain specialised commissioning through a pooled budget. Three recommendations were made to the Board:- • The Joint Committee were asked to endorse the levels of Mental Health commissioning as per the Commissioning Development Framework recognising that it is work in progress and subject to further clarification on the categorisation of some services in Table 1. • The Joint Committee were asked to agree the mobilisation plan, including the requirement for more focussed engagement with the Local Authorities and Providers • The Joint Committee were asked to note the timescales of the mobilisation plan and enabling workstreams as set out in the paper **RESOLVED: All recommendations were agreed by the Board following Mary Dowling's alterations incorporated above.**	
5.	**Specialist Neuro Rehabilitation** *Implementing a New Model of Care* The Chair invited Carl Ashworth to commence this item. Carl Ashworth explained that Specialist Neuro Rehabilitation is currently under development and this was discussed at the Collaborative Commissioning Board (CCB) in	**Support**

	December 2017. He added that the CCB supported the work and a new clinical model via new rehabilitation services in the community. The paper highlights the work undertaken and the challenges. Carl Ashworth explained that key points have been recognised before finalising the model and there is a need to ensure existing resources are being used effectively on an official level. There a number of business cases in design which will need signing off. There is recognition of specialised commissioning in developing a new care model. The recommendations for the Joint Committee would be part of the developing modelling for these business cases going forward. Mary Dowling commented that this was an excellent paper and that the issues were articulated clearly. Phil Huxley stated that the principle point is the importance of engaging people and patients and that this needs to be recognised in the paper going forward. Geoffrey O'Donoghue queried whether the cover sheet was correct in relation to the Equality Impact Assessment. Amanda Doyle explained that this is correct as it is about how we commission the service, not specifically about the service. This was noted. **RESOLVED: The paper was agreed by the Committee.**	
6.	**Commissioning Policies** • Complementary and Alternative Therapies • Facial Nerve Rehab The Chair invited Carl Ashworth and Rebecca Higgs to commence this item. Carl Ashworth explained that work is ongoing on a suite of clinical commissioning policies for Lancashire and South Cumbria to reduce variance and remove system confusions and influence outcomes. The JCCCG previously agreed to the development of these policies and this is the first phase. He added that the briefing paper, processing document, public engagement and the two policies have been brought to the Committee to review and give assurance around the robustness of the process. Rebecca Higgs explained that the Complementary and Alternative Therapies policy has no financial impact. All CCGs have policies in place for the intervention of Complementary and Alternative Therapies. Some reviews have shown that this intervention has to be evidence based. Both policies have undergone clinical and public engagement and the Clinical Policy Development Implementation Group (CPDIG) would ask that the JCCCG endorse these policies. Doug Soper asked if it was expected to have a financial analysis to the paper, Rebecca Higgs advised that she would take this back to the CPDIG. Rebecca Higgs explained that Facial Nerve Rehab is a new criteria based policy which covers rehabilitation at an extra cost. There were some concerns expressed regarding financial impacts. Rebecca Higgs added that costs are associated with current poor provision as the existing pathway does not cover rehabilitation. She explained that there is an existing cost to patients that would benefit from the rehab. An improvement in function would support a reduction in these costs. Penny Morris advised that this came through to individual CCGs two weeks ago where the cost implications had been shared. The CCGs were asked to have sight of the paper prior to coming here. Penny felt that the CCGs did not get sense of what was at a local level and that currently, the pathway is around a conservative clinical assessment.	**Support**

	Amanda Doyle advised that it is an ongoing cycle. The decision has been made that these policies come to the JCCCG and this is the first batch for a collective decision. Mary Dowling felt that there was good engagement and involvement around this process. However it was suggested that it would be helpful if at the start of the policy there could be a policy statement upfront. **RESOLVED: Both policies were endorsed by the Committee**	
7. **7.1**	**Any Other Business** **Cheaper Drugs** A group discussion took place regarding this item. It was acknowledged that there is significant pressure on CCG prescribing costs. The reimbursement is set nationally for generic drugs. The setting is based on current market prices. Previously, concessions were made for the short term commissioning of pricing drugs due to short falls. The pharmacy would be reimbursed short term to take this into account. In April 2017 there were 27 price concessions, by October 2017 it had increased to 81 and there was a significant increase in drugs and their costs. If was felt that regulatory action against manufacturers and supply problems should be made. Suppliers are making more of their own decisions around pricing, which is out of our control along with wholesale pricing. The finance department in NHS England are looking at the increase in spend. Some CCGs are in more difficulty than others. It is understood that national teams are looking into these issues. Work is ongoing and guidance will be coming out in the next few weeks.	

The next JCCCG Meeting will be held on:
1st March 2018, 1.00pm – 3.00pm – Blackpool Central Library, Queens Street, Blackpool, FY1 1PX

The Chair thanked the Committee members and members of the public for their attendance and closed the meeting prior to taking questions from members of the public.

Topics discussed through the Public Questions:

Members of the Public
Crispin Atkinson – Voluntary Sector
Laura Anton – NHS Management Graduate
Eamonn McKiernan – GP Chorley South Ribble CCG
James Clayton – Protect Chorley Hospital
Susan Holdsworth – Protect Chorley Hospital
G. Jones

The public were reminded that there is a drop in session for an hour prior to the Joint Committee Meeting taking place. All the papers relating to the meeting are placed on the Healthier Lancashire website to give the public an opportunity to have more understanding of the meeting in order to be able to ask relevant questions.

Eamonn McKiernan – Retired Doctor – Item 4 –
Q. Can there be assurance that the providers of the services were given an opportunity to engage in discussions around commissioning?
A. Discussion with provider leaders have taken place as they are key partners and are kept fully appraised. This work is a development of our health care systems and as such the providers of services are fully engaged.

Sue Holdsworth – Protect Chorley Hospital
Q. Does this mean that by commissioning in this way more services will be provided by the private sector? Some services at CDH have moved to LTH and there is concern it will then be provided by the private sector.

A. Amanda Doyle advised there are 8 CCGs, Local Authority Councils and NHS England that commission services. The providers we work closely with and talk about are all the NHS Hospital Trusts and GP practices who technically are the independent sector there are also a range of not for profit providers that are also part of the system. There is

a range of full profit providers working within the care service. Some elective services are referred by NHS England to private providers when there are capacity issues with providers.

Q, Sue Holdsworth asked if the NHS stopped referring to the private sector could this money not be fed back to the NHS.

A. Amanda Doyle advised that it is not just as simple as that. Patients are given a choice as to where they choose to have their procedure. Any provider that cannot delivery within timescales then makes the referral to the private sector

The public were reminded that questions should be in relation to topics discussed on the agenda at the meeting as there is a better context and better Q&A session.

Public engagement questions to be looked into further
The meeting was officially brought to a close at 15:15