

Joint Committee of the Clinical Commissioning Group (JCCCGs)

Minutes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 2nd February 2017, 1pm – 3pm
at Blackburn Cathedral, Cathedral Way, Blackburn, BB1 5AA

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
Voting Members	Alex Gaw	Chair	Lancashire North CCG	Apologies
	Andrew Bennett	Chief Officer	Lancashire North CCG	Attended
	Chris Clayton	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	David Noblett	Lay Member	Greater Preston CCG	Attended
	Dinesh Patel	Chair	Chorley & South Ribble CCG	Attended
	Doug Soper	Lay Member	West Lancashire CCG	Attended
	Marie Williams	Lay Member	Blackpool CCG	Apologies
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
	Gora Bangi	Chair	Chorley South Ribble CCG	Attended
	Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
	Mark Youlton	Chief Officer	East Lancashire CCG	Attended
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Phil Huxley	Chair	East Lancs CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
Tony Naughton	Chief Clinical Officer	Fylde and Wyre CCG	Attended	
Non-Voting Members	Allan Oldfield	Chief Executive Officer	Fylde Council	Apologies
	Amanda Doyle	Accountable Officer	Healthier Lancs & South Cumbria	Attended
	Andrew Bibby	Director for Specialised Services	NHS England	Apologies
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Attended
	Dean Langton	Chief Executive Officer	Pendle Council	Apologies
	Gary Hall	Chief Executive Officer	Chorley Council	Apologies
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Harry Catherall	Chief Executive Officer	Blackburn Council	Attended
	Jane Higgs	Director of Operations	NHS England	Attended
	Jo Turton	Chief Executive Officer	Lancashire County Council	Attended
	Kim Webber	Managing Director	West Lancs Borough Council	Attended
	Lawrence Conway	Chief Executive	South Lakeland District Council	Apologies
	Neil Jack	Chief Executive Officer	Blackpool Council	Attended
	Samantha Nicol	Programme Director	Healthier Lancs & South Cumbria	Attended
	Sir Bill Taylor	Chair	Healthwatch	Attended
Diane Wood	Chief Executive	Cumbria County Council	Apologies	
In attendance	Jacque Allan	Exec Support Officer	Healthier Lancs & South Cumbria	Attended
	Malcolm Ridgway	SRO Primary Care	Blackburn with Darwen CCG	Attended
	Mark Spencer	Primary Care Team	NHS England	Attended
	Sakthi Karunanithi	SRO Prevention	Lancashire County Council	Attended

		ACTION
17-01-1	Welcome and Introductions	Info
	The Chair welcomed the members of the Committee to the first formal meeting of the	

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	<p>Joint Committee of the Clinical Commissioning Groups (JCCCGs). He explained the status of the meeting and that the Committee had invited members of the public to observe what happens at these important decision making meetings. He clarified that this was a meeting held in public but not a public meeting, although the members of the public would be allowed to ask questions relating to agenda items at the end of the meeting. If the Committee could not deal with all of the questions submitted the Chair was willing to stay after the conclusion of the meeting to deal with these separately on a one to one basis, alternatively if the question could not be asked due to time restraints then the Chair welcomed questions to be sent in for a written response.</p> <p>The Chair then concluded the opening with House Keeping matters and thanked Mr Mike Wedgeworth from Healthwatch for arranging and enabling the Committee to meet at the venue.</p> <p>Sir Bill Taylor at that point asked that the Committee refrained from using acronyms that the general public may not understand.</p>	
17-02-2	<p>Apologies</p> <p>Noted as above.</p> <p>RESOLVED: The Chair noted the apologies.</p>	Info
17-02-3	<p>Declarations of Interest</p> <p>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.</p> <p>A request was made that the members ensure they complete their Declaration of Interest forms and submitted to the Project Administration Team (PAT) at Healthier Lancashire and South Cumbria (HLSC). The outstanding forms would be chased up and clarification made given that either a new HLSC declarations of interest could be signed or an existing completed organisation declarations of interest would also be accepted.</p> <p>RESOLVED: No declarations of interest were notified.</p>	Info
17-02-4	<p>Minutes from the previous meeting held on the 8th December 2016 and 12th January 2017.</p> <p>The Minutes of the meetings were reviewed and were accepted as a true and accurate account of the meetings.</p> <p>RESOLVED: The minutes of the informal meetings were approved.</p>	Info

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<p>17-02-5</p>	<p>Action Matrix Review</p> <p>The Action Matrix from the previous meeting was reviewed. The outstanding issue regarding legal advice following a question regarding conflicts of interest was discussed. The advice was that the approach to managing conflicts of interest generally should be sufficient to address the specific issue raised.</p> <p>Mr Doug Soper reminded the committee that the Terms of Reference of CCGs provided for the Chair to address and resolve conflicts of interest arising during meetings.</p> <p>RESOLVED: The outcome for the outstanding issue was noted.</p>	<p>Info</p>
<p>17-02-6</p>	<p>Any Other Business Declared:</p> <p>The Chair asked the members of the Committee if they had any items of other business they wished to declare for discussion at the end of the meeting.</p> <p>RESOLVED: None were declared</p>	<p>Info</p>
<p>17-02-7</p>	<p>Programme Board Feedback</p> <p>Dr Amanda Doyle, Chief Officer for the Healthier Lancashire and South Cumbria Programme gave a brief introduction to the programme and its aims, explaining for the benefit of people who had not been involved to that point. She explained that the JCCCGs had been established in order to enable the Committee to make decisions that affect the entire area. Currently the CCGs had been working in collaboration at the Collaborative Commissioning Board (CCB) to voice these issues, but the CCB does not carry delegated decision making authority.</p> <p>This has now been agreed through the CCGs allowing the Joint Committee to make these decisions for the eight CCGs. All of the CCGs have now incorporated this into their constitutions and have agreed a voting protocol.</p> <p>The aim of Healthier Lancashire and South Cumbria is to address the three gaps in health and care</p> <ul style="list-style-type: none"> • The Health and Wellbeing gap • The Care Outcomes gap • The Finance gap <p>The Sustainability and Transformation Plan (STP) was submitted in October 2016, and was an initial report, with more detail to follow.</p> <p>Commenting on the briefing, Sir Bill Taylor advised the Committee that the Kings Fund was also a very useful source of analysis and he confirmed that he would forward the link to the report he referred to for information.</p> <p>Dr Amanda Doyle explained that monthly meetings are held of a Programme Board (PB)</p>	<p>Info</p>

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	<p>and these are the ‘engine room’ of the collaborative work being undertaken. The PB directs system wide projects and makes recommendations to the JCCCGs.</p> <p>She took the opportunity to update the members of the JCCCGs of the actions and discussion from the last meeting.</p> <p>Several key presentations had been given by those leading system enabling projects, including the Digital workstream, Workforce and the Leadership and Organisation Development workstreams.</p> <p>Lengthy discussions had also taken place regarding Communications and Engagement, but these would be covered in the agenda for the meeting.</p> <p>Mr Graham Burgess asked if the PB Minutes could be issued to the Committee members prior to the meeting, but it was pointed out that these would not be ratified at this point, due to the timing of the meetings. However, it was suggested that potentially the three reports sent to the PB, (Programme Director, Medical Director and Finance Director) could be circulated with the JCCCGs papers.</p> <p>Sir Bill Taylor then enquired about the accessibility of the various meetings, and which are in the public domain. This was confirmed as follows:</p> <ul style="list-style-type: none"> • Joint Committee of the Clinical Commissioning Groups – held in Public • Programme Board – closed meeting • Individual CCG Governing Body Meetings – held in Public <p>All of the minutes (JCCCGs and PB) when ratified are published on the Healthier Lancashire and South Cumbria website. The individual CCG meetings are published on their websites.</p> <p><i>RESOLVED: The activities of the Programme Board were noted.</i></p>	
<p>17-02-8</p>	<p>Ratification of Previous Meetings</p> <p>As this was the first formal meeting of the JCCCGs, with the previous two being held in shadow form, it was necessary to ratify some of the decisions previously agreed.</p> <p>A recruitment process had taken place and Phil Watson CBE had been appointed by the recruitment panel as Chair. Dr Amanda Doyle asked the Committee to approve the appointment.</p> <p><i>RESOLVED: The Committee approved the appointment</i></p> <p>A process agreed by the Committee at the previous meeting, regarding the appointment of a Vice Chair had taken place and the outcome of the poll was that Dr Gora Bangi should be appointed as Vice Chair.</p>	<p>Info</p>

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	<p>RESOLVED: The Committee approved the appointment</p> <p>The minutes and action matrix from the two previous meetings in shadow form had been reviewed earlier in the agenda and agreed as a true and accurate record.</p> <p>RESOLVED: The Committee approved the previous minutes and action matrix. - already done – see above, no need to repeat here]</p> <p>The Terms of Reference (TOR) for the various Committees had been discussed at the first shadow meeting of the JCCCGs. These included:</p> <ul style="list-style-type: none"> • Joint Committee of the Clinical Commissioning Groups • Programme Board • Finance and Investment Group • Care Professionals Board • Acute and Specialised Steering Group <p>At that meeting some minor amendments were discussed and have been incorporated. All of the TORs had been standardised to a common format. Mr Soper requested a final version of the Terms of reference. Ms Nichol undertook to ensure that they were provided as soon as possible.</p> <p>RESOLVED: The Chair confirmed that all of the amendments had been completed and the Committee approved the ToRs. The final version of the ToRs to be circulated</p> <p>RESOLVED: All the outstanding actions from the previous meetings were ratified and complete.</p>	
<p>17-02-9</p>	<p>Prevention and Population Health Presentation</p> <p>A powerpoint presentation was given by Dr Sakthi Karunanithi on the Prevention and Population Workstream. He explained this was one of 8 workstreams covered by the STP, and noted the work through the Local Delivery Plans (LDPs) of which there are five in Lancashire and South Cumbria.</p> <p>This workstream had to address inequalities and the problems of having to deal with the new models of care and make decisions regarding health care at scale. Prevention needs to work across the public sector. The key to this is to scale up and spread pockets of excellence.</p> <p>The approach of the workstream is to constantly evaluate the STP focusing on the key priorities both at LDP and STP level working closely with the Voluntary, Community and Faith sectors.</p> <p>He then went through the plan on a page (the presentation has been published on the website) and focused on the five main areas. He also pointed out that this was a very</p>	

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	<p>broad programme which also facilitates delivery for other workstreams. He used examples of the Stroke Prevention work of the Acute and Specialist Services Workstream and the Workforce Programme to illustrate this point.</p> <p>Working through interdependencies with other workstreams enables them to embed prevention into their programmes. Dr Karunanithi went on to reiterate that they had to work more closely with the other workstreams and their partners.</p> <p>Mr Paul Kingan stated that there were many examples of projects ‘on the ground’ but the prevention and population health programme was not just about services but a means to mobilise local people to pursue ‘good health’ goals.</p> <p>Dr Karunanithi replied that although he had presented the aims, a lot of the background work was already in place and they have already identified the specific needs and are actively working to these goals.</p> <p>RESOLVED: The Presentation was noted.</p>	
<p>17-02-10</p>	<p>Primary Care Presentation</p> <p>Dr Malcolm Ridgway gave a powerpoint presentation on the Primary Care workstream. Primary Care is important and this workstream must make a real difference in the new system.</p> <p>There are many pressures on General Practice and 4 main areas were identified and discussed. GPs are struggling and this workstream needs to work at a change model that will aid community care and manage people outside of hospital. Patients need to be taught how to manage their own care better and by improving access to Primary Care this will reduce attendances at Accident and Emergency Departments.</p> <p>Different models were discussed including Super Practices, GP federations and integrated IT systems to make the service more effective and efficient.</p> <p>Dr Mark Spencer then presented on the leadership and engagement aspects required to make Primary Care successful. He emphasised the need to commission transformational projects and it is important to take front line workers and local people along with the programme.</p> <p>The cornerstone is to deliver at scale and to do this we need to strengthen the Primary Care leadership and co-design the service. The ten high impact areas in the 5 year forward view plan need to be addressed and the risks identified.</p> <p>Questions then followed, regarding 7 day working and the JCCCGs expertise to challenge current practice. Mr Andrew Bennett concluded that we need to create a vision which is far more compelling. Dr Ridgway repeated that this is a fantastic opportunity to develop General Practice and make it more sustainable.</p>	

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	<p>Discussions on the presentations covered funding, what is being done at national and local levels, staffing levels, and political issues. Dr Ridgway emphasised that this is a fantastic opportunity to develop General Practice and make it sustainable.</p> <p>RESOLVED: The Presentation was noted.</p>	
17-02-11	<p>Update on the Progress of Developing Narrative</p> <p>Mr Neil Greaves updated the Committee on the progress being made on providing the public with a narrative to understand and identify with the sustainability plans and work of Healthier Lancashire and South Cumbria.</p> <p>He stressed the need for public engagement and stated that the presentation slides he had produced would be uploaded to the website.</p> <p>There are currently five focus groups from each LDP area and these were being used as sounding blocks in establishing the final document. We have to ensure we get consistency within the 5 areas, to avoid the risk of confusing the general public with different messages from different organisations.</p> <p>The next step is to produce one narrative that will be presented at the next JCCCGs for any comments prior to it becoming a public document.</p> <p>For this to be a success we need engagement from our staff and support from the public through the focus groups and consultations.</p> <p>The Chair thanked Mr Greaves for his presentation and stated this was very much a work in progress.</p> <p>RESOLVED: The Presentation was noted.</p>	
17-02-12	<p>Update on the Combined Authority</p> <p>Mr Harry Catherall discussed the paper issued at the previous JCCCGs for information. For us to achieve our ambition we need to step up our ambition in 5 areas:</p> <ol style="list-style-type: none"> a. Improve skills b. Housing offer – current and expanding c. Transport and digital technology d. Prosperity and Poverty e. Collaborative working across public services <p>A general discussion followed around social and adult care and the importance of bringing leaders of health, police, fire and local authorities together.</p> <p>RESOLVED: The Committee noted the verbal report</p>	
17-02-13	Any Other Business	Info

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	There was no other business noted.	
	<p>The Chair thanked the Committee members for their attendance and noted that he was delighted at the interest shown from the General Public and closed the meeting prior to taking questions from the gallery.</p> <p>Date and Time of Next Meeting The next meeting will be held on 2nd March 2017 at 1pm</p>	

Topics discussed through the Public Questions:

- Older Adult Services
- The level of understanding of STPs in the Community
- Mental Health in younger children
- Resources available
- Having to take responsibility for our own health
- GPs placed in special measures by CQC
- Workforce planning
- Communication
- Better ways of working
- Community support