

**Notes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 02 May 2019 13:00-15:00
NHS Morecambe Bay CCG (Main Lecture Theatre),
Moor Lane Mils, Moore Lane, Lancaster, LA1 1AD**

Present		
Phil Watson	Independent Chair	JCCCGs
Dr Richard Robinson	Clinical Chair	East Lancashire CCG
Geoffrey O'Donoghue	Lay Member	Chorley and South Ribble CCG
Dr Geoff Jolliffe	GP and Clinical Chair	Morecambe Bay CCG
Doug Soper	Lay Member	West Lancashire CCG
Dr Gora Bangi	Chair	Chorley South Ribble CCG
David Bonson	Chief Operating Officer	Blackpool CCG
Roy Fisher	Chair	Blackpool CCG
Dr Sumantra Mukerji	Chair	Greater Preston CCG
Paul Kingan	Chief Finance Officer	West Lancashire CCG
Graham Burgess	Chair	Blackburn with Darwen CCG
Louise Taylor	Executive Director for Adult Services and Health and Wellbeing	Lancashire County Council
Dr Adam Janjua	GP and Acting Chair	Fylde and Wyre CCG
In Attendance		
Andrew Bennett	Executive Lead Commissioning	Healthier Lancashire and South Cumbria ICS
Margaret Williams	Chief Nurse	Morecambe Bay CCG (attended for item 7)
Elaine Johnstone	Chair, Commissioning Policy Development and Implementation Group (CPDIG)	Midlands and Lancashire Commissioning Support Unit (attended for Items 5 and 8)
Rebecca Higgs	Individual Funding Request (IFR) Policy Development Manager	Midlands and Lancashire Commissioning Support Unit
Roger Parr	Chief Finance Officer	East Lancashire and Blackburn with Darwen CCGs
Denis Gizzi	Chief Officer	Chorley & South Ribble CCG and Greater Preston CCG
Gary Raphael	Finance Lead	Healthier Lancashire and South Cumbria ICS
Amanda Doyle	Chief Officer	Healthier Lancashire and South Cumbria ICS
Andy Curran	Medical Director	Healthier Lancashire and South Cumbria ICS
Jane Cass	Locality Director	Healthier Lancashire and South Cumbria ICS
Neil Greaves	Head of Communications and Engagement	Healthier Lancashire and South Cumbria ICS
Linda Riley	Director of Operations	Midlands and Lancashire Commissioning Support Unit
Rachel Snow-Miller	Director of Commissioning for All Age Mental Health and Learning Disability Services	Healthier Lancashire and South Cumbria ICS (attended for Item 6)
Heather Bryan	Programme Manager/Service Redesign Team	Midlands and Lancashire Commissioning Support Unit (attended for Item 6)

Apologies		
Debbie Corcoran	Lay member	Greater Preston CCG
Harry Catherall	Chief Executive	Blackburn with Darwen Borough Council ICS
Jerry Hawker	Chief Officer	Morecambe Bay CCG
Steve Thompson	Director of Resources	Blackpool Borough Council
Julie Higgins	Chief Officer	East Lancashire and Blackburn with Darwen CCGs
Andrew Bibby	Assistant Regional Director of Specialised Commissioning (North)	NHS England/NHS Improvement
Gary Hall	Chief Executive	Chorley Borough Council
Neil Jack	Chief Executive	Blackpool Borough Council
Sakthi Karunanithi	Director of Public Health	Lancashire County Council
Angie Ridgwell	Chief Executive	Lancashire County Council
Carl Ashworth	Service Director	Midlands and Lancashire Commissioning Support Unit
Hilary Fordham	Chief Operating Officer	Morecambe Bay CCG
Talib Yaseen	Director of Transformation	Healthier Lancashire and South Cumbria ICS
Kevin Toole	Lay Member	Fylde and Wyre CCG

A.	Standing items
1.	<p>Welcome and Introductions</p> <p>The Chair welcomed members to the regular business meeting of the Joint Committee of Clinical Commissioning Groups (JCCCGs) held in public. Members were reminded that the business today was being live-streamed and recorded so that decisions are accessible and available to members of the public following the meeting, on the Healthier Lancashire and South Cumbria (HL&SC) YouTube channel. It was reported that in line with recent meetings, members of the public had been invited to raise any questions relating to items on the agenda prior to the start of the meeting and again at the end of the meeting. Questions were also welcomed in writing.</p> <p>The Chair reminded members that local elections are taking place and due to purdah, and the meeting being live-streamed, asked members to be mindful of specific restrictions on communications activity.</p>
2.	<p>Declaration of Interests</p> <p>G O'Donoghue, Lay Member, Chorley and South Ribble CCG, declared an interest in Item 5 (<i>Glucose Monitoring and Flash Glucose Monitoring to patients with Diabetes Mellitus</i>). The Chair determined that this was a non-financial personal interest and it was agreed that Mr O'Donoghue could stay in the room but not participate in any discussion relating to this item.</p>
3.	<p>Notes of the meeting held on 07 March 2019</p> <p>Following an amendment to include J Cass on the apologies and to note a new title for Dr Janjua, (GP and Acting Chair), the notes was agreed as a correct record.</p>
4.	<p>Items of any other business</p> <p>None reported.</p>
5.	<p>Chair's action: Glucose Monitoring and Flash Glucose Monitoring to patients with Diabetes Mellitus</p> <p>The Chair reminded members that during the meeting on the 07 March, the Joint</p>

	<p>Committee delegated responsibility to the Independent Chair, P Watson and ICS Executive Director of Commissioning, A Bennett, to sign off an amendment to the commissioning policy, in response to national guidance received that day for access to flash glucose monitoring consistently across England. In response to national guidance, the Chair invited E Johnstone, Service Director, Midlands and Lancashire Commissioning Support Unit to outline the basis for the changes made to the policy.</p> <p>The Joint Committee was informed that following a review of the local policy and new national criteria for access, an amendment had been made to enable more patients to benefit from this technology. The Commissioning Policy Development and Implementation Working Group (CPDIG) will continue to support CCGs to embed the policy in clinical practice.</p> <p>E Johnstone asked the Committee to endorse the decision of the Independent Chair and the ICS Executive Director of Commissioning to ratify the updated policy.</p> <p>RESOLVED: that the Joint Committee endorsed the ratification of this updated policy.</p>
Improving Population Health	
6.	<p>The Children and Young People’s Emotional Health and Wellbeing and Mental Health (CYPEWMH) programme: Transformation Plan and Business Plan</p> <p>A Bennett informed members that the CYPEWMH is an established programme of work and the information provided is based on previous presentations to the Joint Committee.</p> <p>A Bennett welcomed R Snow-Miller and H Bryan to the meeting and R Snow-Miller gave an update on the CYPEWMH programme of work for 2019/20, including the refinements and developments that draw local authority, health commissioners and providers into a collaborative programme.</p> <p>The Collaborative Commissioning Board (CCB) had received the Lancashire and South Cumbria (L&SC) Transformation Plan in April 2019 and recommended that the same is presented to the Joint Committee for final approval. R Snow-Miller described the main achievements to date and the key challenges to meet the requirements of the Long-Term Plan (LTP), published on 07 January 2019. The following key priorities were highlighted for this financial year:</p> <ul style="list-style-type: none"> • Digital THRIVE on-line platform - an evidence-based training programme that teaches people the skills and resources to overcome mental health issues and learn to thrive, ultimately becoming part of the self-referral process • Redesign of Children and Adolescent Mental Health Services (CAMHS) to be delivered in-year and in line with the THRIVE model • To define and deliver appropriate specialist in-patient community support <p>R Snow-Miller also presented the Business Plan 2019/20. It was reported that L&SC CCGs had aligned a percentage of their budgets against the Transformation Plan objectives and from April 2020 the CCGs had agreed to a percentage of alignment and local spend.</p> <p>The Chair asked if there were any questions or comments.</p> <p>D Soper requested clarifications on the allocated spend in 2018/19. It was agreed that Mr Soper would receive a written response outside the meeting on the services available around the 7-day CAMHS response.</p>

	<p>Dr R Robinson inquired about the advantages of having a single point of access and whether this was part of the nationally recognised digital model, THRIVE.</p> <p>R Snow-Miller informed members that as part of CAMHS redesign, work was ongoing towards a single point of access, including looking at how this can be brought into the neurodevelopmental pathway that is part of the Special Educational Needs and Disability (SEND) work; the aspiration is for a single digital access point into services. Focus is currently on joining CAMHS redesign single point of access and also making sure that digital THRIVE promotes self-help and mental wellbeing.</p> <p>From a question raised on the challenges created by the national access target and the year-end position, R Snow-Miller confirmed that the Business Plan allows for the delivery of the access targets for children’s mental health services.</p> <p>It was reported that later in the year the Joint Committee is to consider the clinical model coming out of the work from providers. R Snow-Miller was asked to highlight how providers are working together and to identify the biggest risks in the programme.</p> <p>R Snow-Miller informed members that providers are calling themselves a ‘Care Partnership’. Providers are working with Northumberland Tyne and Wear Trust in making sure the ICS has an effective pathway to meet the needs of children and their families. In July, a model will be proposed and considered through a formal evaluation process, chaired by the Chief Operating Officer at Morecambe Bay CCG. Risks in the programme will continue to be monitored.</p> <p>RESOLVED: that the Joint Committee approved the Transformation Plan refresh 2019/20 and the Business Plan.</p>
7.	<p>Individual Patient Activity (IPA) programme</p> <p>M Williams, Executive Lead for the IPA programme, provided an update on IPA activity across the system to support case for change.</p> <p>It was reported that the paper had been endorsed in April 2019 by the Commissioning Oversight Group (COG), the Collaborative Commissioning Board (CCB) and shared with executive teams and CCG Governing Bodies. M Williams described the key objectives set against NHS England standards and the need to incorporate a system-wide collaborative approach and funding mechanism with multiple providers of IPA.</p> <p>The Chair asked if there were any questions or comments.</p> <p>A number of questions were raised around funding and patient eligibility. D Soper indicated that delays in patient reassessments could result in over-provided packages of care. M Williams informed Mr Soper that one of the objectives of the L&SC IPA Programme Board is to address detailed finances and funding of services and to also review success measures of alternative IPA models outside the current system that could potentially add value.</p> <p>L Riley informed members that Midlands and Lancashire Commissioning Support Unit (M&L CSU) is supporting seven of the eight L&SC CCGs (excl. Blackpool) to review the costs of individual packages of care.</p> <p>A number of members queried the timeframe of the new ways of working and further detail was requested on the split between Continuing Health Care (CHC) standards of care and the percentage of CCG and IPA components. It was pointed out that the system needed to realise the impact and risk in the system in relation to the 28-day Out of Hospital (OOH) discharge. M Williams informed members that a future delivery</p>

	<p>model will be developed within the next 12 months.</p> <p>A Bennett asked if there is sufficient resource available to proceed as proposed. M Williams informed the Joint Committee that there is enough resource to commence the programme. Future resource may be required as the programme progresses.</p> <p>A Bennett asked how local authorities would play in to the IPA Programme Board. M Williams recognised that local authority colleagues need to be involved to support the commitment to future modelling and improvements and reiterated that each Integrated Care Partnership (ICP) needs to ensure that they have nominated representatives on the current IPA Programme Board, including local authority representation.</p> <p>P Kingan raised a question on the scope and process and if this included initial investment of patients prior to eligibility. M Williams informed members that the eligibility of patients will continue to be assessed.</p> <p>M Williams asked the Joint Committee to endorse the specific requirement to nominate one representative from each ICP to sit on the Lancashire and South Cumbria IPA Programme Board to strengthen the new IPA governance structure.</p> <p>The Chair asked the Joint Committee to:</p> <ul style="list-style-type: none"> • Note and endorse the approach presented in the report • Confirm support for the proposed Governance arrangements and responsibilities of the IPA Programme Board • Note the urgent need for all CCGs to review with partners and propose nominations for ICP representatives on the board • Endorse the recommendation that the IPA programme Board will take single responsibility for overseeing and implementing a performance improvement plan with NHS England (and M&L CSU) to deliver the required improvements in National quality standards • Note the initial draft work programme set-out in section 6.0. <p>RESOLVED: that the Joint Committee agreed the recommendations, and endorsed the specific requirement to nominate one representative from each ICP to sit on the Lancashire and South Cumbria IPA Programme Board.</p>
8.	<p>Commissioning Policies:</p> <p>A Bennett reintroduced E Johnstone to set the context for the commissioning polices.</p> <p>E Johnstone informed members that a decision has been made within Lancashire and South Cumbria to adopt the same clinical policies across the ICS to ensure equity of access to treatments for all patients; CCGs have been charged to set resources and to deliver maximum benefits. It was noted that CPDIG is responsible for the oversight of this process and ensuring policies are based on the best quality and clinical evidence. The financial impact of any change is also recognised and robust processes are in place with the clinical community and the public. E Johnstone informed members that CPDIG agrees the final versions of all policies that come to Joint Committee for approval and went on to explain the following two specific policies:</p> <p>Policy for the treatment of varicose veins</p> <p>E Johnstone reported that all patients across L&SC will have the same access for eligibility. The main difference between the historical policies and what is presented today, around the stage at which varicose veins can be treated, was explained. Evidence-based recommendation within NICE Guidance and subsequent NHS</p>

Evidence-Based Intervention (EBI) Guidance was discussed, along with the impact of potentially widening the access criteria for patients to be treated sooner than they currently are. The ICS Finance and Investment Group (FIG) have been apprised of the implementation of the new criteria coming in line with NICE guidance and EBI guidance and how this would impact financially. At an ICS level, it is believed that this policy, when fully implemented through all vascular services, will enable the support of more patients earlier in the care pathway for less expenditure and more patients will have a faster recovery through the less invasive procedure.

The Chair asked if there were any questions or comments relating to this policy.

D Soper raised a question around the feasibility of potentially harmonising effective clinical practice to achieve these expectations. E Johnstone informed Mr Soper that part of CPDIG's remit is to monitor the impact of policies. Processes are in place to monitor the results of policies and this particular policy, following extensive clinical engagement, lists the order of intervention that ought to be considered. Colleagues on the L&SC Vascular Programme Board will also be made aware of decisions and expectations.

From a number of questions raised on the interpretation of clinical policies available for patients, it was reported that appropriate literature was being considered for use in general practice. E Johnstone informed members that as with all policies, CCGs will be notified, as part of the communications and engagement process, that a policy is available and as part of that, specific literature will be signposted.

S Mukerji informed members that his CCG did have straightforward clinical policies listed on their website and suggested that the same should be listed on all CCG's websites, located in one section.

D Bonson raised a question on a potential increase in cost and demand for services where CCGs have had existing policies. E Johnstone informed members that there is an expected cost for each procedure and cost effectiveness will continue to be reviewed.

RESOLVED: that the policy for the treatment of varicose veins was agreed by the Joint Committee.

Policy for Hysteroscopy

E Johnstone explained the history of the policy that had recently been harmonised for L&SC (March 2018). E Johnstone explained that shortly after ratification, NICE updated a piece of non-mandatory NICE Guidance about the use of hysteroscopy as an investigative and treatment intervention. The final published guidance had slightly changed recommendations that moved hysteroscopy up the treatment pathway to be used as a first-line of investigation in certain circumstances. The clinical benefit is to have one appointment and one cost to achieve a diagnosis and treatment. The implementation of the policy is confirmed.

The Chair asked if there were any questions or comments relating to this policy.

G O'Donoghue raised a question on the decrease in variation from one area to another when following NICE Guidance across the country and to what extent are we close to neighbouring CCGs and their policies for people outside Lancashire and South Cumbria. E Johnstone informed members that the principle is about reducing inappropriate variation in access or use of interventions. Business Intelligence colleagues within Midlands and Lancashire Commissioning Support Unit are carrying out modelling on behalf of CPDIG, to enable benchmarking with other geographical

	<p>areas. E Johnstone was not aware of a systematic national benchmarking process.</p> <p>G Jolliffe thought the variation was dependent on clinician behaviour, patient expectations and demographics and raised his concern on where allotted increases in activity should be.</p> <p>A Doyle added that commissioners have to prioritise how we spend allocated resource for improvement in outcomes for our population. D Soper requested that the paper includes decisions on how we are prioritising resource effectively and showing the biggest improvement in outcomes for our population.</p> <p>The Chair asked member to vote on the policy.</p> <p>RESOLVED: that the policy for the treatment of Hysteroscopy was ratified by the Joint Committee.</p>
9.	<p>Draft work programme for the Joint Committee Following conversations with executive colleagues around the system, A Bennett presented the latest draft work programme for the Joint Committee.</p> <p>Members were informed that further discussions will be scheduled on the issues at the point the work comes to fruition and for this to become live, A Bennett will write to Accountable Officers to present the same through each Governing Body. Chief Officers will also receive an email requesting appropriate delegation for specific areas of work to come through Joint Committee; he restated that appropriate information would only come to Joint Committee once all the usual involvement from colleagues in CCGs had taken place.</p> <p>G Burgess welcomed the report and requested that a timescales of actions are included on when Joint Committee can expect policy report-backs. A Bennett agreed that the next iteration would include timescales.</p> <p>RESOLVED: that the Joint Committee noted the proposed work plan for 2019/20.</p>
10.	<p>Any other business A Bennett informed members that as part of the ICS review of governance and partnership arrangements, a questionnaire has been circulated requesting feedback on the JCCCGs. For those who have not received this information, an appropriate email will be circulated in due course.</p>
11.	<p>Questions from the public The Chair asked members of the public present if they had any questions relating to items on the agenda. There were no questions raised.</p>
<p>Date and time of next meeting: Thursday 04 July 2019 13:00-15:00, Blackpool Central Library, Queen Street, Blackpool, FY1 1PX Dates of future meetings held in public: 05 September 2019 07 November 2019 02 January 2020 05 March 2020</p>	