

Notes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 05 September 2019, 13:00-15:00
South Ribble Borough Council, Civic Centre, West Paddock,
Leyland, Lancashire, PR25 1DH

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
Jerry Hawker	Chief Officer	Morecambe Bay CCG
Roy Fisher	Chair	Blackpool CCG
Paul Kingan	Chief Finance Officer	West Lancashire CCG
Dr Adam Janjua	GP and Acting Chair	Fylde and Wyre CCG
In Attendance		
Peter Tinson	Chief Operating Officer	Fylde Coast CCGs
Andrew Bennett	Executive Lead Commissioning	Lancashire and South Cumbria ICS
Kirsty Hollis	Deputy Chief Officer	East Lancashire CCG
Paul Hinnigan	Lay Member, Governance	Blackburn with Darwen CCG
Tim Almond	Senior System Manager – Urgent Care	Morecambe Bay CCG
Andrew Harrison	Chief Finance Officer	Fylde Coast CCGs (attended for Item 8)
Cathy Gardener		East Lancashire CCG(attended for Item 8)
Donna Parker	Service Redesign Support Manager	East Lancashire CCG and Blackburn with Darwen CCG (attended for Item 8)
Elaine Johnstone	Chair, Commissioning Policy Development and Implementation Group (CPDIG)	Midlands and Lancashire Commissioning Support Unit (attended for Items 6)
Roger Parr	Chief Finance Officer	East Lancashire and Blackburn with Darwen CCGs
Denis Gizzi	Chief Officer	Chorley & South Ribble CCG and Greater Preston CCG
Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Jane Cass	Locality Director	Lancashire and South Cumbria ICS
Edward Fletcher	Commissioning Manager	Cumbria County Council
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Gaynor Jones	Executive Assistant	Lancashire and South Cumbria ICS
Apologies		
David Bonson	Chief Operating Officer	Blackpool CCG
Graham Burgess	Chair	Blackburn with Darwen CCG
Louise Taylor	Executive Director for Adult	Lancashire County Council

	Services and Health and Wellbeing	
Steve Thompson	Director of Resources	Blackpool Borough Council
Debbie Corcoran	Lay Member for Public and Patient Involvement	Greater Preston CCG
Katherine Fairclough	Chief Executive	Cumbria County Council
Dr Sumantra Mukerji	Chair	Greater Preston CCG
Lawrence Conway		
Gary Raphael	Executive Lead - Finance	Lancashire and South Cumbria ICS
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 and Wellbeing SLT Support	Lancashire County Council
Simon Burnett	Deputy Director of Leisure and Wellbeing	West Lancashire Borough Council
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. The Chair, E Johnstone and A Bennett held a 30 minute pre-meeting with a member of the public to enable questions to be raised on the agenda.</p> <p>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 Lancashire and South Cumbria (L&SC) YouTube channel.</p>
2.	<p>Declaration of Interests</p> <p>None reported.</p>
3.	<p>Notes of the meeting held on 02 May 2019</p> <p>Following a minor amendment on page 4, Item 7, third paragraph 'assessments' amended to 'reassessments', the notes were agreed as a correct record.</p>
4.	<p>Items of any other business</p> <p>None reported.</p>
5.	<p>Lancashire and South Cumbria Urgent and Emergency Care Strategy (L&SC UEC)</p> <p>Tim Almond, Senior System Manager, Urgent Care, attended the meeting on behalf of the Urgent Care Network to provide an update on the refreshed UEC transformation work programme in Lancashire and South Cumbria.</p> <p>T Almond demonstrated the purpose of the report, the aims, the local priorities, key achievements and deliverables in line with the requirements of the national NHS Long Term Plan.</p>

	<p>The content of the report provided a clearer indication on local drivers and the need for change within the Integrated Care System (ICS) footprint. It also provided information on the national work surrounding clinical access, targets and access standards. The core of the document described all elements of the health and social care economy and the innovation to drive the improvement narrative throughout the strategy. Feedback on the intentions had been received along with clarity around performance figures at an ICS level.</p> <p>T Almond welcomed any questions, comments and thoughts.</p> <p>P Tinson welcomed a review of urgent treatment centre provision and requested the inclusion of different models of primary care, extended access in different ICPs and shared learning around increasing utilisation of appointments logged.</p> <p>D Soper agreed with the direction of the strategy but questioned the quality and reliability of the data in relation to monitoring emergency admissions and improving same day discharge. T Almond informed the Joint Committee that standardisation of data is being considered.</p> <p>A Bennett questioned predicting patterns of demand for urgent care and asked when the national review of access to national standards will be concluded. T Almond informed the Joint Committee that work is ongoing within NHS Improvement in predicting activity and factoring in soft metrics to improve accuracy.</p> <p>The Joint Committee was asked to note the content of the refreshed UEC Strategy and locally agreed priorities.</p> <p>RESOLVED: that the Joint Committee noted the content of the report.</p>
Improving Population Health	
6.	<p>Commissioning Policies</p> <p>Elaine Johnstone attended the meeting to provide the Joint Committee with a review of seven intervention-specific commissioning policies by the Commissioning Policy Development and Implementation Working Group (CPDIG), responsible for the oversight of the process submitted to the Joint Committee for approval and ongoing programme of policy review.</p> <p>E Johnstone described the changes made to each individual policy, mainly around the clarity of wording. The policies had been drafted to align current policy criteria with NHS England's Evidence Base Intervention (EBI) Guidance.</p> <p>It was recommended that the Joint Committee ratify the following collaborative commissioning policies that will replace any existing CCG policies once approved:</p> <ul style="list-style-type: none"> a) Tonsillectomy b) Surgical release of trigger finger c) Surgical management of gynaecomastia d) Management of otitis media with effusion using grommets e) Surgical Treatment of carpal tunnel syndrome f) Breast reduction surgery g) Removal of benign skin lesions <p>The Chair asked for questions and comments.</p> <p>G Jolliffe asked if the policy for the removal of benign skin lesions was consistent with the application of the policy for general practice and if it could be flagged to general</p>

	<p>practice. E Johnstone informed the Joint committee that it is the expectation that a policy that is ratified by the Joint Committee applies to all clinicians across the whole of L&SC.</p> <p>From a question raised on when a policy becomes effective, E Johnstone informed the Joint Committee that the date at which a patient is referred is the date at which to consult a policy. The Policy Development Group will discuss this subject further in due course.</p> <p>E Johnstone noted a request for annual feedback on the extent of compliance for the Joint Committee to assess.</p> <p>RESOLVED: that the Joint Committee ratified the seven intervention-specific commissioning policies that will now proceed to implementation.</p>
7.	<p>Individual Patient Activity (IPA) programme</p> <p>J Hawker provided an update on the progress of the current IPA activity across L&SC to support a case for change that builds on previous information presented to the Joint Committee in May 2019.</p> <p>The approach to IPA across L&SC was evident in terms of the scale of challenge presented. Two primary objectives were noted: to improve the current performance of the existing IPA services and for the IPA Programme Board to bring forward proposals around the future commissioning and operation of IPA services and Continuing Health Care (CHC). A formal paper will be brought to the Joint Committee by the end of the calendar year, regarding long-term proposals for the management of IPA services.</p> <p>Work is continuing to build on extensive programmes of work around best practice across the north of England looking at CHC systems. Progress has been made over the last few months in terms of improving the education, training and understanding of the CHC process.</p> <p>The current position on Personal Health Budgets (PHBs) was provided. Support from the Joint Committee was sought to recommend that current funding is extended to year-end.</p> <p>The Joint Committee approved the proposed Joint Disputes Resolution Protocol and agreed that delegated authority is to be given to the IPA Board for final ratification.</p> <p>J Hawker thanked the teams involved on developing the financial intelligence and bringing together clear plans on how to improve the experience of people accessing the IPA services and in ensuring collectively, the eight CCGs are compliant with the national expectations in terms of the NHS Continuing Health Framework and quality standards for IPA services.</p> <p>The Chair asked if there were any questions or comments.</p> <p>G Jolliffe raised a question on levelling variation of spend within CCGs. The Joint Committee was informed of three levels of spend. National evidence shows a complex mix of areas and profiles of people accessing CHC services.</p> <p>P Tinson observed that local authority costs had not been included and asked if local authority partners had agreed to provide information to give a more holistic picture. J Hawker informed the Joint Committee that local authorities have been active in their work with the IPA Board.</p>

	<p>D Soper asked for thoughts on capping individual high cost packages of care. J Hawker drew attention to the NHS long term commitment to the personalisation agenda in providing care with the best use of resources. It was reported that there is clear evidence in using PHB to improve the experience of the patient.</p> <p>The Chair asked the Joint Committee to vote on the following recommendations:</p> <ul style="list-style-type: none"> • Note the ongoing performance position and current level of improvement action and ensure individual CCG Governing Bodies are full sighted on the current risks associated, including potential additional investment requirements to address (appendices A-E) • Note progress and actions to develop proposals on both new commissioning and operational delivery models for IPA services due to be presented before end of the year (appendices A-E) • Endorse the recommendation of the IPA Programme Board to continue and increase the level of non-recurrent funding to ensure CCGs continue to comply with the duties to promote and provide PHBs. Note: The decision whether to extend the PHB investment remains under the statutory duty of individual CCGs (appendix F) • Approve the proposed Joint Disputes Resolution Protocol set-out in appendix G and delegate authority to the IPA Programme Board to sign-off any minor non-material amendments at the September board meeting. This is to allow parallel approval processes with the Local Authorities. <p>RESOLVED: that the Joint Committee endorsed the recommendations.</p>
8.	<p>Ophthalmology Project Initiation Document (PID)</p> <p>A Harrison, Chief Finance Officer for Blackpool and Fylde and Wyre CCGs attended the meeting in his capacity as the executive lead for planned care commissioning across the ICS. A Harrison introduced colleagues, K Gardner and D Parker, leads on the process for the PID for Ophthalmology planned eye care.</p> <p>The Joint Committee is asked to approve the PID that had been constructed by the CCG's Commissioning Support Unit and ICS colleagues in support of harmonising standards, measures and outcomes for eye care pathways, in particular, age related macular degeneration, glaucoma and cataracts; the PID includes a series of touch points and governance steps to the goal of common standards, metrics and outcomes. The next step is to facilitate both clinical and public engagement in the process which, if approved, will be undertaken by the group made up of CCG led lead commissioners supported by ICS and Integrated Care Partnership (ICP) programme colleagues.</p> <p>The Chair asked if there were any questions or comments.</p> <p>Dr Bangi asked if there was a solution to the Avastin debate. A Harrison informed the Joint Committee that at this stage the PID is looking to seek to generate those standards, outcomes and measures of which the treatment of either Avastin or other drugs will be taken as an option and to determine the best approach. A Curran informed the Joint Committee that the Pharmacy Medicines Optimisation Programme is currently looking at this area.</p> <p>D Soper noted the omission of data for Morecambe Bay and West Lancashire. A Harrison advised that the intention is to collect all data. Colleagues from Morecambe Bay are involved and West Lancashire are involved less so, in the process.</p> <p>G Jolliffe asked what the ambition is for achieving consensus amongst practicing ophthalmologists across ICS and highlighted potential challenges with clinicians</p>

	<p>regarding single use drugs. A Harrison advised that this will be further discussed at the upcoming clinical engagement event to seek the best possible solution. G Jolliffe asked for firm direction for providers across the system.</p> <p>The Chair asked the Joint Committee to agree the following recommendation:</p> <ul style="list-style-type: none"> To approve the PID to support the ICS-wide creation of standards, measures and outcomes for ophthalmology care pathways across the Clinical Commissioning Groups. <p>RESOLVED: that the Joint Committee approved the ophthalmology PID.</p>
9.	<p>Terms of Reference (TOR) Review</p> <p>J Hawker provided two visions of the TOR to consider (Section 2, Version 1 and Section 3, Version 2) taking into account the legal duties of individual statutory bodies and the Joint Committee and taking significant steps forward to recognising the move to system working and our future as set out in the NHS Long Term Plan.</p> <p>J Hawker highlighted the need for the Joint Committee and the individual eight CCGs to be explicitly clear around delegated authority to the Joint Committee and the extent this applies to the Work Programme; subject to the TOR being agreed, J Hawker recognised that the Joint Committee Work Programme needs to be refreshed.</p> <p>The recommendation is for the Joint Committee to adopt Version 2 to go forward to the eight CCGs for final sign-off.</p> <p>The Chair asked if there were any questions or comments.</p> <p>D Soper requested an amendment to Version 2 paragraph 3.2; the CCGs named in paragraph 5 are not named in paragraph 1.5. Also, 'STP' Board to be amended to 'ICS' Board.</p> <p>G Jolliffe motioned to adopt the progressive nature of Version 2.</p> <p>A Doyle commended the amount of work that has gone into the review and supported endorsing Version 2.</p> <p>RESOLVED: that the Joint Committee accepted and recommended Version 2 to be adopted by the eight CCGs.</p>
10.	<p>Any other business</p> <p>None reported.</p> <p>The Chair declared the formal meeting closed.</p>
11.	<p>Questions from the public</p> <p>Mr J Clayton, Chorley Hospital Campaign Group member, asked for clarity on the longevity of Personal Health Budget funding. A Doyle informed Mr Clayton that there is not a shortfall in funding for individually assessed self-care needs.</p>
<p>Date and time of next meeting: 07 November 2019, 13:00-15:00, Morecambe Bay CCG, Lancaster. 02 January 2020, 13:00-15:00 05 March 2020, 13:00-15:00</p>	