



Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Minutes of the Joint Committee of the Clinical Commissioning Groups  
held on Thursday 2<sup>nd</sup> November 2017, 1pm – 3pm  
at Moor Lane Mills, Lecture Theatre, Lancaster

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
<b>Voting Members</b>  (One vote per CCG)	Alex Gaw	Chair	Morecambe Bay CCG	Attended
	Andrew Bennett	Chief Officer	Morecambe Bay CCG	Apologies
	Penny Morris	Chief Clinical Officer	Blackburn with Darwen CCG	Apologies
	Sumantra Mukerji	Chair	Greater Preston CCG	Apologies
	Doug Soper	Lay Member	West Lancashire CCG	Apologies
	Susan Fairhead	GP Member	Blackpool CCG	Attended
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Apologies
	Gora Bangi	Chair	Chorley South Ribble CCG	Apologies
	Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
	Mark Youlton	Chief Officer	East Lancashire CCG	Attended
	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	Apologies
	Roy Fisher	Chair	Blackpool CCG	Attended
	Roger Parr	Chief Finance Officer	Blackburn with Darwen CCG	Attended
Denis Gizzi	Chief Officer	Greater Preston and Chorley and South Ribble CCG	Attended	
<b>In attendance</b>	Dr Amanda Doyle	STP Lead	Healthier Lancs & South Cumbria	Apologies
	Andrew Bibby	Director for Specialised Services	NHS England	Attended
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Apologies
	Carl Ashworth	Service Director	Healthier Lancs & South Cumbria	Apologies
	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
	Lawrence Conway	Chief Executive Officer	South Lakeland District Council	Attended
	Sir Bill Taylor	Chair	Healthwatch	Attended
	Neil Greaves	Communications and Engagement Manager	Healthier Lancs & South Cumbria	Attended
	Clive Unitt	Lay Member	Morecambe Bay CCG	Apologies
	Dave Tillary	Representative	West Lancashire Borough Council	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
	Sakthi Karunanithi	Director of Public Health	Lancashire County Council	Apologies
	Katherine Fairclough	Chief Executive Officer	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
Vanessa Wilson	Divisional Manager	East Lancs Hospital Trust	Attended	
Charmaine McElroy	Business Manager to Amanda Doyle	Healthier Lancs & South Cumbria	Attended	
Lucy Atkinson	Communications and Engagement Officer	Healthier Lancs & South Cumbria	Attended	

		<b>ACTION</b>
1	<p><b>Welcome and Introductions</b></p> <p>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.</p> <p>The Chair welcomed Denis Gizzi, Chief Officer for Greater Preston and Chorley and South Ribble CCG to the meeting.</p>	Information
2	<p><b>Apologies and Quoracy</b></p> <p>Apologies were received from: Dr Amanda Doyle, Debbie Corcoran, Geoffrey O'Donoghue, Gora Bangi, Sumantra Mukerji, Sakthi Karunanithi, Dean Langton, Gary Hall, Andy Curran and Neil Jack.</p> <p>The Chair approved Denis Gizzi as the formal representative from Greater Preston and Chorley and South Ribble CCG to make the meeting quorate.</p> <p><b>RESOLVED: The Chair noted the apologies and declared the meeting quorate</b></p>	Information
3	<p><b>Declarations of Interest</b></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><b>RESOLVED: No declarations of interests declared</b></p>	Information
4	<p><b>Minutes from previous meetings for ratification</b></p> <p>The Chair explained that the outstanding issues with the minutes from 6<sup>th</sup> July 2017 and 2<sup>nd</sup> March 2017 had now been rectified. The Chair thanked Mary Dowling for her contribution in resolving the outstanding issues.</p> <ul style="list-style-type: none"> <li>• 7<sup>th</sup> September 2017 – Minutes approved with no amendments</li> <li>• 6<sup>th</sup> July 2017 - Minutes approved with no amendments</li> <li>• 2<sup>nd</sup> March 2017 – Minutes approved with no amendments</li> </ul> <p><b>Revised Joint Committee of CCGs Terms of Reference</b></p> <p>The Chair explained that the Terms of Reference had been refreshed to bring them in line with the current environment, with the outstanding comments provided by Phil Huxley and Mary Dowling incorporated. The Chair reminded members that the Terms of Reference will be reviewed again towards the end of the financial year and following the outcome of the STP Gateway Review, the roles and Terms of Reference for other associated groups will also be reviewed. The Chair commented that he is hoping that we can now use the revised Joint Committee Terms of Reference as a springboard for the Joint Committee to move forward.</p> <p>Mary Dowling commented that the revised Terms of Reference are as good as they can be at this stage and she paid tribute to Charmaine McElroy and other colleagues for their work on them.</p> <p><b>ACTION: The revised Terms of Reference were agreed</b></p>	Agreement

5	<p><b>Action Matrix Review</b></p> <p>The Chair explained that we had undertaken a refresh of the action matrix and the following points were discussed:</p> <ul style="list-style-type: none"> <li>• Evaluation and Hurdle Criteria – This has been removed from the matrix as an action for the Joint Committee and work is progressing on this via the Care Professionals Board.</li> <li>• Integrated Diagnostics – This has also been removed from the action matrix, as the work around this is being picked up via the Provider Group, as part of the work around the Carter Review. Mary Dowling queried whether there will be any commissioning issues in relation to this that would still require intervention from the Joint Committee. Gary Raphael responded to clarify that this work will have significant links with primary care and the intention is for the Provider Group to lead on developing the work, then when a decision will be required from commissioners, this will come back to the Joint Committee at the appropriate time.</li> <li>• Mental Health – The Chair explained that work is ongoing on this, linked to the commissioning development work. This will be brought back to the Joint Committee at the appropriate time. Harry Catherall commented that it is critical that we involve broader agencies such as the police in our work on mental health service development. Members of the Committee agreed with this.</li> </ul>	Information
6	<p><b>Any Other Business Declared:</b></p> <p>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.</p> <p><b>RESOLVED: No other business was declared</b></p> <p>The Chair added that there would also be an opportunity for the public to ask questions at the end of the formal meeting.</p>	Information
7	<p><b>Local Maternity Services (LMS) Plan</b></p> <p>The Chair invited Vanessa Wilson, Divisional Manager at East Lancashire Hospitals Trust, to commence her presentation.</p> <p>Vanessa Wilson explained that the purpose of the presentation today is to apprise the Joint Committee of CCGs of the ongoing work across Lancashire and South Cumbria (L&amp;SC), with regards to Maternity Services, in line with national strategy and expectations. She explained that she is seeking support from the Committee today on the high level plan, which is summarised within the slides presented today.</p> <p>In 2015, Simon Stevens commissioned Better Births, a Five Year Forward View for Maternity Care. The key task is to deliver the expectations within Better Births across L&amp;SC by the end of 2020/2021. The key elements are to improve maternity services in the following areas:</p> <ul style="list-style-type: none"> <li>• Improving choice and personalisation</li> <li>• Improving safety of services</li> <li>• NHS Personal Maternity Care Budget</li> <li>• Continuity of Care</li> <li>• Working with Strategic Clinical Networks</li> </ul>	Support

- Development of Maternity Voices
- Partnerships

Vanessa Wilson explained that the demographics are challenging and there are significant workforce challenges around this agenda, with complex interdependencies that need to be considered that affect the flow of patients between hospitals.

An LMS Board has been created, which is coterminous with STP geography. This is a key requirement outlined within Better Births. She explained that the governance structure surrounding LMS is complex and there are significant links with other areas of health and social care services that need to be considered.

The LMS plan had been submitted to regional colleagues on 22<sup>nd</sup> October 2017, in line with national timescales. Vanessa Wilson indicated that there will not be national feedback on this; the regional teams will provide assurance to national colleagues on the robustness of the plan.

Vanessa Wilson explained that she has not shared the detailed plan with members today, as it is in excel format with a significant number of lines of tasks. However, she indicated that she is happy to share this with members if felt necessary.

She went on to explain that the plan does not sign us up to a way of changing services radically, it is a vehicle to implement the requirements outlined within Better Births and reduce variation and inequalities going forward.

A Project Manager and Communications and Engagement Officer will be appointed to support the workstream.

Workstream Chairs are already in place from constituent organisations and they are undertaking these roles in addition to their day job.

The Chair thanked Vanessa Wilson for her presentation and invited questions from members.

Graham Burgess asked regarding the timescales of the project. Vanessa Wilson explained that over the next 6 months, by the end of March 2018, baseline mapping will be undertaken and completed.

Vanessa Wilson also offered to produce a condensed version of the plan, indicating the key tasks and timescales and agreed to share with members.

**Vanessa  
Wilson**

Phil Huxley commented on the governance structure for the project and asked how patients are involved. Vanessa Wilson confirmed that there are patient voices on the LMS Board and other opportunities for engagement. It was acknowledged that we need to connect with people rather than just services.

Harry Catherall went on to say that in Blackburn with Darwen he was surprised by how many young new families in the area do not really know about the support services out there. It was acknowledged that we need to ensure that we connect to our communities. Vanessa Wilson stated that there are plans to address this by establishing community hubs focused on local communities.

Mary Dowling asked whether the workforce elements of the programme will be worked through on a L&SC basis, or whether it will be influenced nationally. Vanessa Wilson responded to say that there is a workforce planning tool that is

	<p>used for maternity workforce modelling, which is quite limited and does not take account of the broader pregnancy journey, where other services from different parts of the system can add value. She acknowledged that there are opportunities to bring together the relevant sections of the woman's care pathway, to improve the whole journey.</p> <p>Sir Bill Taylor reflected on a personal experience and asked what mechanisms there are in place for patients to feedback on their experience and suggest improvements. Vanessa indicated that there are opportunities for patients to talk about and review their experiences and the service welcomes this as part of continuous learning.</p> <p>Paul Kingan asked whether there are any specific issues for West Lancashire to be aware of in relation to this work. Vanessa Wilson agreed to link-in with Paul Kingan outside of the meeting to discuss further.</p> <p><b>ACTION: The Joint Committee agreed to support this plan.</b></p>	
8	<p><b>Transforming Care</b></p> <p>The Chair invited Debbie Nixon to commence her presentation.</p> <p>Debbie Nixon stated that it is important to note that the boundary changed in April 2017 when the Morecambe Bay footprint changed.</p> <p>She explained that the Transforming Care Programme is aimed at moving away from hospital care, to more community orientated provision and we will be working with the lead commissioner as the programme progresses. We have a legacy agreement in place and we were charged with being ambitious in reviewing the model for L&amp;SC, to develop a strategic plan and establish a Task and Finish Group to work up the model of care and develop options for public consultation by March 2020, when the legacy agreement will end and the new model of care will be in place.</p> <p>Paul Kingan queried the groups of people that are on the Operational Delivery Network. Debbie Nixon explained that the governance around the programme is very complex, but national guidance is prescriptive and the governance is in line with this. She added that Lancashire Care Foundation Trust is in a position to lead the Operational Delivery Network, which will bring together the providers in the North West, not just providers of Learning Disabilities services, including primary care and mental health.</p> <p>Debbie Nixon stated that this does not mean that we lose a grip on this on a L&amp;SC basis. It is an opportunity for greater collaboration, to enable some of the workforce challenges and other complex areas to be effectively managed and worked through.</p> <p>Harry Catherall commented that Blackburn with Darwen Council provide a number of services to people with Learning Disabilities. He stated that it is critical that we properly understand the financial assumptions around Calderstones, as it will be difficult to facilitate faster discharges when the funding arrangements are not clear. He stressed the importance of urgently reviewing this issue.</p> <p>Graham Burgess welcomed sight on the timeline for delivery and felt this was really useful for the Committee. He queried the Lancashire housing providers and local pools, asking why the commissioning functions were listed in phase 2 rather than phase 1. Debbie Nixon explained that there are colleagues that are leading on the housing strategy elements, in terms of the full financial</p>	Decision

	<p>arrangements.</p> <p>She went on to explain that the first iteration of the strategic plan aspired to having a single STP pooled budget, but this was not supported locally and so an alternative way forward was suggested by the national team. The recommendation from national colleagues was that we have to get our pools in place, or we will not get the funding flows right. The initial thoughts are that pooling in unitary areas would make most sense, as this has been most successful in other areas. Debbie Nixon explained that this will be the starting point and work will progress on assessing the benefits of this, to enable additional pools to be formulated. She went on to explain that a wider strategic case for change needs to be developed and this will require the support of the Joint Committee at the appropriate time.</p> <p>Mary Dowling raised a query regarding the timeline for the signoff of the plan. The timeline within the paper states November 2017 and she asked for clarity around this. Debbie Nixon apologised for the confusion and clarified that this should read that November 2017, the Joint Committee receives this update and not the actual plan. She agreed that she would amend this timeline and recirculate the paper to members.</p> <p>Roy Fisher also raised a query regarding the timeline around the technical appraisal of the clinical model. He asked that when the initial outcomes from the technical appraisal are collated, whether this should be brought back to the Joint Committee for discussion.</p> <p>Debbie Nixon explained that both the Mental Health and Learning Disabilities commissioning cases for change are being developed as part of the ongoing work around commissioning development and this will be brought back to the Joint Committee at the appropriate time.</p> <p><b><i>ACTION: Subject to amendments to the timeline within the paper, the Joint Committee agreed to support this proposal</i></b></p>	<p>Debbie Nixon</p>
<p>9</p>	<p><b>Urgent and Emergency Care/Core 24</b></p> <p>The Chair invited David Bonson to commence this item.</p> <p>David Bonson explained that A+ E departments across Lancashire and South Cumbria are seeing a high number of mental health patients in crisis, which is not the best place for them to be treated for their mental health needs. He explained that there are two funding streams available to improve services for mental health patients in crisis, by putting provision in place as an alternative to A+E.</p> <p>L&amp;SC had been successful in a recent bid submitted to secure Core 24 services, which is 24 hours a day/7 days a week support for mental health patients in crisis situations. He stated that an application was made to access the funding earlier this year to implement this service now, to ensure that mental health patients are seen in the right place at the right time in the most appropriate setting according to their needs.</p> <p>Plans are already in place to put services into A+ E departments, so that mental health patients presenting in crisis will be seen by the appropriate service to meet their needs. David Bonson stated that there will be specialist mental health triage and support in place within A+E departments and an access line which will be manned by mental health professionals, so that patients can access quick advice and support. The access line will be operational from 5<sup>th</sup> December 2017.</p>	<p>Support</p>



David Bonson explained that there is some urgent care funding for developing services at Furness General Hospital.

He went on to explain that there will be a gap in funding next year and CCGs will need to pick this up earlier than expected to ensure that the service developments are maintained. This is expected to come from CCG allocations.

Denis Gizzi queried the purpose of reducing unnecessary admissions to A+ E departments and asked whether we should be striving for zero waits. Debbie Nixon explained that the ideal state is that we have far fewer attendances at A+E, by deflecting patients to an appropriate alternative, however patients are still turning up at A+E departments and we are doing our best to deter people and deflect, but mental health patients are a complex cohort of people who have both mental and physical problems and we cannot aspire to zero waits, but we can do everything we can to reduce them by ensuring appropriate alternative provision.

Phil Huxley stated that careful thought and planning would need to be undertaken regarding the workforce to support redirecting people to other services, in that they need to be appropriately skilled and robust enough to cope with demand. He also asked why CCGs should draw down funds to support this, rather than using it elsewhere. Debbie Nixon responded to reiterate that we are required to deliver a very prescriptive Mental Health Five Year Forward View. We do not have a choice in this and the draw down of funding to support this work will enable us to deliver improvements in this area much quicker and this is not a choice locally. She went on to explain that Consultant Psychiatrists will be appointed and in addition to Core 24 delivery they will have a wider role.

Alex Gaw raised concerns over funding for Morecambe Bay. Debbie Nixon confirmed that Morecambe Bay is not expected to draw down the money for South Cumbria as it was based on the footprint before the boundary change. This issue has been signalled to the national team regarding the boundary change.

Mark Youlton asked whether we are responding to the immediate funding available for this, or whether are we trying to transform care to seek improvements in this area. Gary Raphael responded to reiterate that within the Five Year Forward View there are a number of priorities and must do's that we need to achieve and that we do not have a choice about the model of care that we need to deliver. He went on to clarify that national colleagues have agreed to provide non-recurring money to deliver this in a certain number of health economies. We have to do this anyway, but we have the opportunity to do this faster with support from the centre around this.

Gary Raphael stated that he is doing some wider work on CCG allocations and other funding sources, working with Chief Finance Officers, to help colleagues understand all of the different funding elements and streams.

Debbie Nixon responded stating that she was concerned that Core 24 is being considered by some Committee members as something that we may not want. She explained that this has been evaluated nationally and has had significant impact in other areas and it is considered as something that needs to be implemented faster to see the greatest impact.

Mark Youlton stated that he understands all of this, but we also need to tackle mental health at source, such as in schools, social media etc. Gary Raphael stated he agreed with this and explained that we are taking all opportunities available regarding national funding to accelerate service developments, but it was acknowledged that there are some more significant strategic issues such as

	<p>this that need to be progressed as a priority.</p> <p>The Chair explained that as a system we have not yet got into a position where we can avoid dealing with the urgent issues now, but we do need to look at long term solutions and tackle things at source. We are being told that we have to get on with this and do it next year, so we are taking every opportunity in terms of funding available, to accelerate this work.</p> <p>Debbie Nixon explained that she and Sakthi Karunanithi are doing a lot of work around prevention. It was suggested that it would be worthwhile for Sakthi Karunanithi to do a presentation to the Joint Committee at an appropriate future date, to talk about the ongoing prevention work.</p> <p><b><i>ACTION: The Joint Committee agreed to support this proposal.</i></b></p>	<p><b>Sakthi Karunanithi/ Debbie Nixon</b></p>
<p>10</p>	<p><b>Capital and estates pipeline</b></p> <p>The Chair invited Gary Raphael to commence this item.</p> <p>Gary Raphael explained that the purpose of this report and update today to the Joint Committee is to ensure that members are aware that the L&amp;SC Sustainability and Transformation Partnership (STP) is developing an estates and capital strategy, in line with national expectations and requirements, to enable us to access national capital funding streams. Gary Raphael stated that without a clear and robust strategy in place, we cannot progress in this area and money will not come down to the Partnership. He stated that the ask of the Joint Committee today is to ensure members are apprised of the issues around this and he is seeking support from the Committee to progress. He added that the timescales are tight for developing and submitting this strategy, the deadline is the end of November 2017. He went on to explain that the STP will need to agree to relevant schemes and plans, which will be in line with the overall L&amp;SC strategy, in order to allocate funds appropriately. He stated that there is a L&amp;SC Capital and Estates Workshop taking place on 3<sup>rd</sup> November 2017, to progress development around this.</p> <p>Harry Catherall commented that he strongly supports this initiative, but added that the One Public Estate Programme needs to be considered in this process, as they will be able to offer valuable resource and support to strengthen the strategy. Gary Raphael acknowledged this.</p> <p>Sir Bill Taylor asked whether lease vehicles have been considered as part of this work. Gary Raphael responded to say that currently this area has not been considered, but this may be one of the issues raised at the workshop tomorrow.</p> <p>Mary Dowling asked Gary Raphael what he requires from members of the Committee to help produce this strategy within the required timescale. He responded to say that the workshop tomorrow will be a critical stage in its development and that he requires the Joint Committee to support the proposal to develop this.</p> <p>Phil Huxley asked whether IT will be included within the strategy. Gary Raphael confirmed it will be and that we need a clear picture on the assets we have got across the system, to enable us to determine what we need to improve going forward.</p> <p>Mark Youlton stated that he strongly supports this. He commented that it is also</p>	<p><b>Support</b></p>



worth having a discussion with Lancashire County Council around buildings, we need a consistent approach in the use of buildings.

***ACTION: The Joint Committee agreed to support this proposal.***

**The next JCCCG Meeting will be held on:  
11<sup>th</sup> January 2018, 1.00pm – 3.00pm – venue to be confirmed**

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:**

Core 24 – recruitment of staff

Public consultation/co-production – when this will happen

Transforming Care – longer term funding for such services. Clarity on this.

Engagement with business community crime services

*Chris Gualdoni  
11<sup>th</sup> January 2018*

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