Healthier Lancashire & South Cumbria

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Notes of the Joint Committee of Clinical Commissioning Groups (JCCCGSs)
Thursday 05 March 2020, 13:00-15:00
Padiham Town Hall, 83 Burnley Rd, Padiham, Burnley, BB12 8BL

Present		
Phil Watson	Independent Chair	Lancashire and South Cumbria ICS
Graham Burgess	Lay Chair	Blackburn and Darwen CCG
Lindsey Dickinson	Clinical Chair	Chorley and South Ribble CCG
Roy Fisher	Lay Chair	Blackpool CCG
Denis Gizzi	Chief Officer	Chorley & South Ribble CCG and Greater Preston CCG
Jerry Hawker	Chief Officer	Morecambe Bay CCG
Julie Higgins	Chief Officer	East Lancashire and Blackburn with Darwen CCGs
Adam Janjua	GP and Acting Chair	Fylde and Wyre CCG
Paul Kingan	Chief Finance Officer	West Lancashire CCG
Sumantra Mukerji	Clinical Chair	Greater Preston CCG
Richard Robinson	Clinical Chair	East Lancashire CCG
Doug Soper	Lay Member	West Lancashire CCG
In Attendance		
Andrew Bennett	Executive Lead Commissioning	Lancashire and South Cumbria ICS
Kevin Toole	Lay Member	Fylde and Wyre CCG Lay Member
Jane Cass	Locality Director	NHS England
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Brent Horrell	Head of Medicines Commissioning / Pharmacy Lead (IPMO Lancashire and South Cumbria) – for item 10	Midlands and Lancashire Commissioning Support Unit
Elaine Johnstone	Chair, Commissioning Policy Development and Implementation Group (CPDIG) – for item 7	Midlands and Lancashire Commissioning Support Unit
Amanda Doyle	Chief Officer	Lancashire & South Cumbria ICS
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Peter Tinson	Director of Collaborative Commissioning - for item 9	Lancashire and South Cumbria ICS
Beth Woodman	Deputy Director of Commissioning - for item 6	Fylde Coast CCG
Andrew Bibby	Assistant Regional Director of Specialised Commissioning (North)	NHS England
Marion Jones		Cumbria Council
Apologies		
Debbie Concoran	Lay Member for Public and Patient Involvement	Greater Preston CCG
Dominic Harrison	Director of Public Health and Wellbeing	Blackburn with Darwen Borough Council
Lawrence Conway	Chief Executive	South Lakeland District Council
Neil Jack	Chief Executive	Blackpool Borough Council

A.	**Standing items**
1.	**Welcome and Introductions** The Chair welcomed members to the regular business meeting of the Joint Committee of Clinical Commissioning Groups (JCCCGSs) held in public and reported the apologies for the meeting. Phil Watson and Andrew Bennett were available from 12:30 today for a briefing with public but there were no attendees. There is an opportunity at the end of the meeting for members of the public to ask questions. 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.

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2.	**Declaration of Interests** No interests declared.
3.	**Notes of the meeting held on 09 January 2020** Notes from 9th January 2020 declared as ratified. JCCCGS members were informed that an Action tracker is in development and this will be included under this agenda at the next JCCCGS meeting.
4.	**Items of any other business** No items requested.
Improving Population Health	
5.	**Learning Disability Services** Peter Tinson gave an update around the Learning Disabilities and Autism collaborative work programme which was presented in the meeting.
6.	**Individual Patient Activity (IPA)/Continuing Healthcare (CHC) Business Case** Jerry Hawker introduced the IPA CHC Business Case. He noted that this is the third time in the last 6 months that this work has been brought to the JCCCGSs meeting to update on this phased programme. The Business case is being presented on behalf of the IPA programme board which was formed following the review of IPA services in December 2018 to address the concerns that were raised at that time. The IPA board includes representatives from the CCGs, Directors of Nursing, Finance Representatives, Directors of Adult Social Services and NHSE, all of whom have been involved in the development of the Business Case. Jerry highlighted that the Business Case confirms there is a significant and substantial variation across Lancashire and South Cumbria in terms of funding of services and cost of care. As well as the IPA Programme Board, the Business Case has been endorsed by Lancashire County Council, representatives from Cumbria and Blackburn & Darwen Councils, and colleagues in the national improvement programme for continuing healthcare. The JCCCGSs was informed that other best practice models of service across the country have been reviewed to understand the learning for LSC. Jerry reinforced that the paper presented today is a level 2 delegation, meaning that the Committee is not asked to make a decision on the business case but to support it going forward to individual CCG governing bodies for decision. It was noted that if the individual Governing Bodies approve, the Business Case calls for sthe IPA budget, the operational management and the commissioning to be delegated to the proposed business unit which will be accountable to the JCCCGSs. A question was raised regarding the economic case, in particular the assumptions of cost avoidance and if there was any more information on this. Jerry Hawker explained the 3 different categories that fall under the cost of IPA services and informed the

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	JCCCGS that these are above national averages in terms of total CHC expenditure. A question for clarification was raised regarding what is being asked of the JCCCGS to agree. Jerry explained that the Business Case calls for CCGs to approve the investment of £796,000 into IPA services. Jerry confirmed to members of the JCCCGS that the IPA services ares under invested at present. A member of the JCCCGSs mentioned that delegating the programme budgets across the system into one central arrangement should be accelerated. It was mentioned that the personal health budgets currently seem to be a small part of Business Case but there is evidence that personal health budgets produce gains in cost effectiveness as well as patient experience. It was hoped that moving towards personal health budgets could lead towards this becoming the default approach. A member of the Committee asked if a comparative model or benefits analysis has been undertaken for each of the potential models. Colleagues asked how Local Authorities had been involved in the development of the proposals. Jerry confirmed that other models across the country have been looked at extensively and this has influenced the content of this document. The Blackpool model continues to be the model to replicate across the system. Jerry reminded the JCCCGSs that work arising from the business case will need to be implemented over a 2-3 year period. **Resolved -** **The JCCCGs agree to the recommendations within this document –** **1. Support the proposals set-out in the business case** **2. Support a recommendation that the business case is submitted to each CCG Governing Body for approval, enabling progress to mobilisation in 2020/21.**
7.	**Planned Care** Beth Goodman presented the paper on Planned Care on behalf of Andrew Harrison. Beth explained that the purpose of the paper is to update the Joint Committee on the work that has been done as part of the ICS planned care work stream. This has been on-going for 12-18 months and significant progress has been made. Two clinical engagement events have taken place for the first project, Ophthalmology over the last 4-6 months. This project has now moved onto the patient review section which will take place over the next 3 months. This will involve working with acute providers to obtain patient feedback in order to feedback into the framework. Beth confirmed that the next priority project relates to Musculo-skeletal services (MSK). Information available suggested large variations between the CCGs in relation to referral and treatment rates in MSK services. The aim now is to develop some standards and outcomes across the board for each of the CCGs. The work on this currently is limited due to capacity. The final stage of work being done is in Dermatology. Most of the CCGs are operating through different procurement frameworks and they are all at different stages in regards to where contracts will start and end. The agreement is to align the contracts so that all CCGs end the contract at the same point. The next steps –

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	• The Ophthalmology PID will be concluded. • Engagement phase to end. • MSK PID to be developed. • Address Dermatology procurement. A member of the JCCCGs asked what outcomes are being looked at in terms of MSK. It was confirmed that the work has not yet been done to define what the outcomes will be. The first stage will be to undertake further data analysis and identify examples of good practice. This should help to define key standards and outcomes. In relation to Ophthalmology, a question was raised about the scope of work including treatments for age related macular degeneration. Beth confirmed that one of the benefits from doing the engagement events is that providers from both acute trusts and the private sector were present. It was acknowledged that there is further work being done around this subject to address these challenges It was asked whether the reviews are just around secondary care or whether they go into primary care, community services and the third sector. Beth confirmed that in regards to Ophthalmology, engagement has been done with providers, the voluntary sector and community services. It was confirmed that engagement has tried to take place with as many different services as possible. The Project Initiation Documents (PID) for Dermatology and MSK are still in progress and they will follow a similar process to Ophthalmology. **Resolved -** **JCCCGs agree to the recommendation** • **to review and support the continuation of the planned care work stream for Lancashire and South Cumbria.**
8.	**Commissioning Policies** Elaine Johnstone presented a paper on 3 commissioning policies. The policy for Complementary and Alternative Therapies is no longer on the agenda. The ask is for members of JCCCGS to ratify the following policies: • Policy for Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies • Policy for Assisted Conception Services • Policy for Breast Implant Removal and Replacement A question was raised in relation to a comment on paragraph 33 in the Policy for Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies, ‘patient engagement was also undertaken but there was a low level of response’. It was asked how this is going to be addressed in the future. Elaine explained that advice is sought from the Communication and Engagement team in regards to the routes for public engagement. Engagement materials are publicised through the ICS and CCG websites. It was noted that when conditions are rare, public feedback can often be limited. A member of the Joint Committee noted that previously, the breast implant policy has been through a detailed clinical review process and the challenge being talked about now has come from a patient case. It was asked whether these types of issues could have been picked up by clinicians previously. Elaine noted that it is unfortunately not

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	possible for the clinicians and policy group to be able to anticipate every possible scenario and therefore they ensure that they act as soon as possible when these cases arise. **Resolved** **The JCCCGs agreed to:** **-Ratify the following new Lancashire and South Cumbria policy:** • **Policy for Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies** **-Ratify amendments to the following Lancashire and South Cumbria policies:** • **Policy for Breast Implant Replacement.** • **Policy for Assisted Conception Services**
9.	**Work Programme – 2020/21** Andrew Bennett reminded members of the Joint Committee that there is an annual work programme for the JCCCGSs. The document presented today is a final draft of the work programme going into 2020/21. Andrew Bennett brought attention to Section 4 decisions which are much more explicit in this year's programme as there are now 2 levels of decision making. Level 1: where decision making authority is within the delegated authority of the Joint Committee as outlined within its Terms of Reference and where a decision(s) undertaken by the Joint Committee will be final and binding on all member CCGs. Level 2: where health and social care commissioning areas and operational functions affect/impact on the population of Lancashire & South Cumbria (or wider) are considered by the Committee and any decision(s) undertaken by the Committee from the basis of endorsements and recommendations to the governing bodies of each member CCG, and other decision making bodies. Andrew Bennett had asked all colleagues that are having input on the Work Programme, to be as precise as possible in regards to what they are asking of the Joint Committee. A statement has been made in the cover paper that the Work Programme may need to be reviewed later this year. Andrew apologised for some of the minor formatting errors that have occurred on the document presented today. Andrew explained that if the Joint Committee is willing to agree the document today, it will then go to individual governing bodies to request formal delegations to the Joint Committee for decision-making to take place. Attention was drawn to the Health Infrastructure Plan item on page 8. It was noted that this plan cannot be about updates and instead needs to be about decisions (level 1). **Resolved-** **JCCCGS in favour of the recommendations below –** • **Review and endorse the work programme for 2020/21.** • **Arrange for the work programme to be presented to each CCG Governing Body to receive the required delegation of authority to take decisions through the Joint Committee.**
10.	**Medicine Management Policies** Brent Horrell presented the paper for this item. The relevant 8 policies are included within the paper.

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	No further questions or comments. **JCCCGSs ratified the collaborative LSMMG recommendations on the following:** • **Agomelatine for the treatment of major depressive episodes in adults.** • **NICE Technology Appraisals (December 2019 and January 2020).** • **Melatonin (Slenyto and Circadin tablets) for Autism Spectrum Disorder and Smith-Magenis syndrome.** • **Melatonin (Colonis tablets and liquid) for all indications.** • **Nortriptyline for chronic neuropathic pain.** • **Octreotide and lanreotide in secretory gastrointestinal disorders.** • **Octreotide and lanreotide in orthostatic intolerance disorders.** • **Oscillating Positive Expiratory Pressure Device for non-cystic fibrosis bronchiectasis.**
10.	**Any other business** None.
11.	**Questions from the public** None.
Date and time of next meeting: Thursday 07 May 2020, 13:00-15:00, MS Teams meeting Dates of future meetings: 02 July 2020 03 September 2020	

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