

**Minutes of a Formal Meeting of the Joint Committee of Clinical Commissioning Groups (JCCCGs) Held on Thursday, 14 January 2021 via Microsoft Teams Videoconference**
**Part I**

<b>Present</b>		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Dr Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
Roy Fisher	Lay Chair	NHS Blackpool CCG
Graham Burgess	Lay Chair	NHS Blackburn and Darwen CCG
Kevin Toole	Lay Member	NHS Fylde and Wyre CCG
Dr Geoff Jolliffe	Clinical Chair	NHS Morecambe Bay CCG
Dr Richard Robinson	Chair	NHS East Lancashire CCG
Jerry Hawker	Chief Officer	NHS Morecambe Bay CCG
Paul Kingan	Chief Finance Officer	NHS West Lancashire CCG
Geoff O'Donoghue	Lay Member	NHS Chorley and South Ribble CCG
Doug Soper	Lay Member	NHS West Lancashire CCG
Dr Adam Janjua	GP and Chair	NHS Fylde and Wyre CCG
Dr Benjamin Butler-Reid	Clinical Director	Fylde Coast CCGs
Debbie Corcoran	Lay Member	NHS Chorley & South Ribble CCG
Dr Sumantra Mukerji	Clinical Chair	NHS Greater Preston CCG
Dr Lindsey Dickinson	Clinical Chair	Chorley & South Ribble CCG
Denis Gizzi	Accountable Officer	NHS Chorley South Ribble & Greater Preston CCGs
Dr Julie Higgins	Chief Officer	NHS East Lancashire CCG
Andrew Bennett	Executive Lead Commissioning	Lancashire and South Cumbria ICS
Gary Raphael	Executive Lead for Finance and Investment	Lancashire and South Cumbria ICS
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
Jane Cass	Locality Director	NHS England and Improvement
<b>In Attendance</b>		
Becky Higgs	Business Manager	Lancashire and South Cumbria ICS
Gary O'Neill	Senior Manager	NHS Morecambe Bay CCG
Beth Goodman	Head of Contracts and Acute Commissioning	NHS Blackpool CCG
Gemma Hedge	Planning, Transformation & Delivery Officer (Planned Care)	NHS East Lancashire CCG
Steve Thompson	Director of Resources	Blackpool Council
Neil Greaves	Head of Communications	Lancashire and South Cumbria ICS
Victoria Ellarby	Programme Director – System Reform	Lancashire and South Cumbria ICS
Stephanie Betts	Business Affairs Lead	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Affairs Co-ordinator	Lancashire and South Cumbria ICS

<b>Routine Items of Business</b>	
<b>1.</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair, David Flory, welcomed members to the Formal meeting of the Joint Committee of CCGs (JCCCGs) held virtually via Microsoft Teams videoconference.</p> <p>Apologies had been received from Katherine Fairclough, Neil Jack (Steve Thompson representing) , Laurence Conwy</p>
<b>2.</b>	<p><b>Minutes of the Previous Meeting Held on Thursday 5 November 2020</b></p> <p>The minutes of the previous formal Joint Committee of CCGs Part I held on Thursday 5 November 2020 were agreed as a true record, proposed by the Chair David Flory and seconded by Roy Fisher</p> <p><b>RESOLVED: That the minutes of the meeting held on Thursday 5 November 2020 be approved as a correct record.</b></p>

<p><b>3.</b></p>	<p><b>Declarations of Interests</b> A declaration of interest for CCG employees in relation to the System Reform agenda item was made. No other specific declarations of interest were declared.</p> <p><b>RESOLVED:</b> <b>That all CCG Board members and staff declared an interest in respect of the item on the agenda on system reform.</b></p>
<p><b>4.</b></p>	<p><b>Key Messages</b></p> <p>Amanda Doyle informed members of the ramping up of pressures across the system and the parallel demand on collective efforts supporting the successful roll out the vaccination programme at speed across Lancashire and South Cumbria.</p> <p>The letter from Bill McCarthy received that week and an expected national letter both reinforce the focus on the key system priorities of meeting demand in the hospital and primary care sector whilst maintaining elective care and rolling out of the vaccination programme. The letters asked that collective system resources should be focused on these priorities and that non-urgent work be put on hold.</p>
<p><b>5.</b></p>	<p><b>System Reform Report from the CRG</b></p> <p>Andrew Bennett gave a short introduction to an update on System Reform from the Commissioning Reform Group, which is a sub-committee of the JCCCGs working on a number of aspects of system reform since summer 2020.</p> <p>The report provided an update from three recent meetings that had taken place during December and January. The paper summarised the main areas of focus and also confirmed publication of a national consultation document called <b>Integrating Care: next steps to building strong and effective Integrated Care Systems across England</b> in November – this contains two options for the future development of ICS both of which have very direct implications for commissioning and commissioners.</p> <p>The two options lead to four particular consultation questions in the document. The consultation is now closed and responses being considered, and once the preferred option is known, this would need to go through a legislative process.</p> <p>Plans already in place in terms of system reform align to the national proposals and accelerating the pace of work, with 2021/22 being a transitional year.</p> <p>It was noted that, in light of national proposals, the ICS will not be proceeding to a vote of member practices on the establishment of a single CCG for L&amp;SC.</p> <p>In December work stream leads supporting the commissioning reform programme were asked to provide examples of the scope of their work in light of the national policy document. It was recognised that a number of the work streams were suitable for the system as a whole rather than just commissioning ie quality &amp; assurance, comms &amp; engagement and aspects of the workforce work stream.</p> <p>Jerry Hawker has taken a lead on commissioning governance, developing proposals on governance and the importance of the role the JCCCG has to play in 2021/2022, to help the transition to a strategic approach to commissioning once the legislation is clear and to help with the close down of CCGs as implied by policy direction.</p>

	<p>Additional work is to be done to bring clear proposals through to individual CCG Governing Bodies to create the delegations for the Joint Committee in 2021/2022.</p> <p>The development of local place based partnerships , an issue being reviewed in the Commissioning Reform Group, continues to take action looking at how important they are in relation to policy direction, with a sense that the ICS is in a good place to take forward the ICPs given the work that has taken place already. Geoff Jolliffe, ICP chairs &amp; CCG Chairs are to continue to have conversation with Primary Care colleagues to ensure full engagement in the development of ICPs.</p> <p>Andrew emphasised the section on communication and engagement, being conscious that stakeholders, partners, members of the public and particularly staff employed in the system have a need to understand the direction of travel and the practical implications of this work.</p> <p>The Joint Committee of CCGs was asked to:</p> <ol style="list-style-type: none"> <li>1. Discuss and contribute views on the extensive development work taking place to ensure the CCGs in Lancashire and South Cumbria are in the best position to respond to future legislation regarding Integrated Care Systems.</li> <li>2. Plan for further discussion with individual CCG Governing Bodies during quarter four to agree the transitional arrangements necessary for commissioning in 2021/22.</li> </ol> <p>Comments from the members:</p> <ul style="list-style-type: none"> <li>• Request for a standardised paper for CCGs to respond to for consistency</li> <li>• Importance of engaging with all stakeholders</li> <li>• To have an understanding on all responses across L&amp;SC</li> <li>• Consider how we best engage with GP practices and to include primary care as a body when considering communications.</li> <li>• Ongoing links with the Regional team on progress via monthly meetings.</li> </ul> <p><b>RESOLVED:</b> <b>That the Joint Committee of CCGs:</b></p> <ul style="list-style-type: none"> <li>• <b>Positively contributed to the discussion of the paper and agreed to take the discussions forward to CCGs Governing Bodies</b></li> <li>• <b>A standardised paper is to be designed for CCGs to respond to this work, with succinct narrative that explains the current position.</b></li> <li>• <b>A process to be put in place to capture all responses across L&amp;SC on what was agreed and what are the differences.</b></li> <li>• <b>Geoff Jolliffe to work with ICP &amp; CCG Chairs on how best to engage Primary Care colleagues going forward.</b></li> </ul>
<p>6.</p>	<p><b>Planned Care – use of the Independent Sector</b></p> <p>Gary O’Neill presented a paper that provided an update on the actions planned by the ICS Planned Care Commissioners with respect to the Independent Sector contracts and included a Plan on a Page around which future actions will be developed.</p> <p>The JCCCG was requested to:</p> <ol style="list-style-type: none"> <li>1. Agree the contents of the report</li> </ol>

	<p>2. Agree the approach, and advise any additional recommendations from JCCCG</p> <p>Comments from members:</p> <ul style="list-style-type: none"> <li>• Need to ensure that we future proof this piece of work, so that it is a system wide approach. We need to equally ensure that we are commissioning capacity but doing the right 'stuff' and not increasing opportunities for delivering interventions of limited clinical effectiveness.</li> <li>• To consider how we feed GP referrals into most appropriate treatment point for those patients, how we align this work in the future and ensure that patients are treated in the most effective ways for them.</li> <li>• How do we ensure value for money (cost per case)</li> <li>• How are we going to work with GPs and hospitals to manage their waiting lists and ensure that we get patients in right place?</li> <li>• Single PTL – bring further info back to JCCCG.</li> <li>• Travel &amp; transport need to be considered going forward</li> </ul> <p><b>RESOLVED:</b> <b>That the Joint Committee of CCGs:</b></p> <ul style="list-style-type: none"> <li>• General support from the Committee and agreed the contents of the report</li> <li>• Agreed the approach in line with comments received</li> <li>• Requested Gary to provide further clarification of additional recommendations following discussions within the meeting</li> </ul>
<p>7.</p>	<p><b>ICS Dermatology Update Paper</b></p> <p>Gemma Hedge provided an update in relation to the dermatology programme of work being carried out within L&amp;SC Integrated Care System (ICS) and at Integrated Care Partnership (ICP) level by the Planned Care Team.</p> <p>Key points of the update paper:</p> <ul style="list-style-type: none"> <li>• To highlight the amount of work which is being undertaken between the ICPs between dermatology community providers and acute providers, working collaboratively to clear the backlog, amending pathways to support the use of technology</li> <li>• Development of standards that are equitable across L&amp;SC mainly for community providers</li> <li>• The work being undertaken with NHSE&amp;I and the outpatient transformation programme to deliver some of the rapid interventions (tele-dermatology triage, with 3 out of 4 hospitals across Lancashire &amp; SC have or imminently have pilots to support tele-dermatology triage for the 2 week wait dermatology pathway – if successful to roll out in spring</li> <li>• A scoping paper for tele-dermatology triage that will support routine referrals in community with secondary care providers</li> <li>• Note to the recent paper re NHSE on system reform and the relaxing of procurement rules and the intention of going out to procurement for the community provider in October 2022.</li> </ul> <p>Gemma asked that the Joint Committee:</p> <ol style="list-style-type: none"> <li>1. Agree the contents of the report</li> <li>2. Receive a further update report in Spring 2021</li> <li>3. Agree a partnership model for creating a delivery model for Dermatology services for the ICS</li> </ol>

	<p>Paul Kingan asked for West Lancashire CCG, although not signed up to the programme, to be kept in the loop of future progress.</p> <p>Amanda Doyle noted that the ICS cannot commit to additional contract spend when spend is being rolled over from block contracts. Dermatology is one area where a significant number of resources are spent on interventions of limited clinical value. There is a need to identify what capacity we are buying into what we spend on secondary care dermatology (unwanted variation)</p> <p><b>RESOLVED:</b>  <b>The Joint Committee of CCGs:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed the contents of the report</b></li> <li>• <b>To receive a further update report in Spring 2021</b></li> <li>• <b>Agreed a partnership model for creating a delivery model for Dermatology services for the ICS</b></li> </ul>
<b>Any Other Business</b>	
13.	<p><b>Any Other Business</b> There was no other business.</p>
<p><b>Date and Time of Next Meeting:</b> 4 March 2021 at 1.00pm-3.00pm via Microsoft Teams videoconference.</p>	