Approved 13 May 2021

Minutes of a Formal Meeting of the Joint Committee of Clinical Commissioning Groups (JCCCGs) Held on Thursday, 4 March 2021 via MS Teams

Part I

Present		
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
Dr Peter Gregory	Chair	NHS West Lancashire CCG
Jerry Hawker	Chief Officer	NHS Morecambe Bay CCG
Paul Kingan	Chief Finance Officer	NHS West Lancashire CCG
Dr Adam Janjua	GP and Chair	NHS Fylde and Wyre CCG
Dr Benjamin Butler-Reid	Executive 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
Andy Curran	Executive Medical Director	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
Lawrence Conway	Chief Executive	South Lakeland District Council
Sue Stevenson	Chief Operating Officer	Healthwatch Cumbria
Beth Goodman	Deputy Director of Commissioning	NHS Blackpool CCG
Neil Greaves	Head of Communications	Lancashire and South Cumbria ICS
In Attendance		
Margaret Williams	Safeguarding Health Executive Lead	NHS Morecambe Bay CCG
Brent Horrell	Head of Medicines Commissioning	NHS Midlands and Lancashire CSU
Roger Parr	Chief Finance Officer	NHS Blackburn with Darwen CCG
Stephanie Betts	Business Affairs Lead	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Affairs Co-ordinator (Minute taker)	Lancashire and South Cumbria ICS
Public Attendees		
6 members of the public were present		

Routine Items of Business	
1.	**Welcome, Introductions and Apologies** **Welcome and Introductions -** The Chair welcomed members to the formal meeting of the Joint Committee of CCGs (JCCCGs) held virtually via Microsoft Teams videoconference. The meeting was held in public; no questions had been raised in advance of the meeting. Apologies had been received from Neil Jack (CEO, Blackpool Council), Dominic Harrison (Director of Public Health, Blackburn with Darwen Borough Council), Katherine Fairclough (CEO, Cumbria County Council) and Andrew Bibby (NHS England/Improvement).
2.	**Declarations of Interests** All members declared an interest in the System Reform agenda item. No other specific declarations of interest were declared. **RESOLVED: That all members and declared an interest in System Reform.**
3.	**Minutes of the Previous Meeting held on Thursday 14 January 2021** The minutes of the previous formal JCCCGs meeting were agreed as an accurate record. **RESOLVED: That the minutes of the meeting held on Thursday 14 January 2021 be approved as a correct record.**
4.	**Key Messages** **Vaccination Programme** – Amanda Doyle (AD) updated that at close of play yesterday, 594,000 vaccine doses had been administered across Lancashire and South Cumbria. Invites had been sent to the over 60's cohort and clinically vulnerable people. 'Catch up' continued for health and social care staff and carers of vulnerable people. An increase in vaccine supply was expected next week; AD was confident that the increased supply could be delivered successfully. Work was underway to encourage communities who may be more hesitant to receive the vaccine, including staff groups, and members of the BAME community, including working closely with faith leaders, Lancashire County Council leaders, Mosques, and other role models. The programme for people in cohorts 1-9 was expected to be completed by the end of March 2021, the national target being 15 April 2021. **Chorley Accident and Emergency –** There had been recent press attention around changes in Chorley A&E department; services would continue to be stepped up again with the aim to open the department for 12 hours per day from next week. **RESOLVED: That members noted the updates on the vaccination programme and Chorley Accident and Emergency.**
5.	**System Reform** Andrew Bennett (AB) spoke to a report updating members on system reform. The government had recently published a white paper 'Integration and innovation; working together to improve health and social care for all'. There were a number of proposals expected from the white paper to put the ICS on statutory footing by April 2022, and build on a number of elements within the paper, ie, collaboration to providers, development in integrated care partnerships, focus on wider health of population , etc. National guidance to guide development work was expected, prior to a full legislation process through Parliament. The work programme had been refined and governance was in place for the Lancashire and South Cumbria approach to system reform, including the creation of an ICS Oversight Group.

The white paper proposes to transfer many functions from CCGs into a statutory ICS NHS body from April 2022. To help move steadily into that direction, each CCG Governing Body had considered proposals to build on the JCCCGs over the next year, re-naming the Committee as the 'Strategic Commissioning Committee' (SCC) to take relevant decisions across Lancashire and South Cumbria. The Committee would continue to meet in public from April 2021 onwards, using the Commissioning Reform Group to maintain oversight of the processes.

The ICP Development Group continued to prioritise ongoing development around ICPs; positive dialogue was taking place along with a process of peer review planned from March into April. Helpful discussion had been held recently with local authority colleagues regarding joint priorities, picking up the care sector, population health, economic regeneration, etc.

A draft Terms of Reference for sub-committees proposed to support the SCC would be brought forward. Earlier today, CCG Chairs discussed a process to identify named leads to enable continuous utilisation of Governing Body members, reflecting lay and clinical roles within the geographical specification. Clear reporting arrangements would be crucial from the SCC back to individual Governing Bodies; arrangements would be made within the next few weeks.

Prior to the paper being presented to CCG Governing Bodies, most CCGs had met with Jerry Hawker (JH) to resolve a number of questions about the new arrangements. Following the meetings with JH, caveats to the paper had been put together. The paper, along with caveats, had been positively accepted by Lancashire and South Cumbria CCG Governing Bodies.

Peter Gregory (PG) reported there were questions from the West Lancashire CCG Governing Body, which are expected to be answered in clarifications from the government over the next few months, ie, how the place is represented at level and structures of sub-committees with representation within. The issue regarding hospital activity with the Merseyside system would have to be worked through.

There was national uncertainty regarding ICPs and formulation; the CCG Chairs had agreed this morning that whilst awaiting national guidance, plans would need to continue to proceed.

Graham Burgess (GB) reported that Pennine Lancashire ICP would have 4 to 5 key interventions that demonstrate benefits of working in an integrated way across Lancashire and South Cumbria. Local governance is taking a lot of interest in their new role.

The Chair summarised that the decision made and carried through Governing Bodies had been very significant in the way the system could collectively manage through 2021/22 and be ready for legislation to operate under the new statutory organisation and ways of working in 2022. Throughout the year, there would be a need to ensure that there is an open line of sight not only from statutory Governing Bodies through to the Strategic Commissioning Committee, but transparency and an open line of sight from the SCC to Governing Bodies.

AB recognised a significant number of opportunities for joint action and priority being led by colleagues in this committee; a further briefing would be provided over the next few months.

Amanda Doyle (AD) highlighted that there was clear detail within the white paper regarding local government issues in that none of the objectives expected to be delivered at place level could be delivered by health alone. There was emphasis on working with local government on matters impacting on the health of the population. Consideration was to be given as to how to make this

relationship work, to advantage our population. Cumbria was currently consulting on changes; however, Lancashire was not consulting at present.

ICP Chairs had started conversation with the Local Government Association (LGA) about how to help with development work at place and system place as legislation moves forward. The LGA could help facilitate some of the conversations required. There was much work to be undertaken to get to the position as defined in the legislation.

Geoff Jolliffe (GJ) highlighted the need for system level conversation around competing interests of Health and Wellbeing Boards and health and care partnerships. Conversations would be required with development work around what concept could be built together as partners on this agenda. True independence would be required to make a decision of population for Lancashire and South Cumbria, as a system.

Sumantra Mukerji (SM) reported that Greater Preston Governing Body had asked for clarity on the following points:-

- Regarding the assurance framework, it had been referenced that in relation to the single point of contact, CCGs would hold statutory responsibility for 2021/2022; it was queried how the CCG would discharge this responsibility
- To ensure a 'voice' was linked to the new arrangements from the Patient and Carer Voice Committee. Further assurance was asked for as to how this would report to the SCC
- The position of public health within the reforms, to ensure key positions currently in place were enhanced
- Assurance in relation to the HR Framework; that this would be in place for staff and how this could be transitioned into new arrangements to ensure clarity and openness.

SM was mindful that it would not be possible to double delegate, therefore, local processes would continue to be required for Primary Care Commissioning Committees and suggested it would be useful to consider these committees to meet in common a few times across the ICS, to enable system wide consideration such as quality contract, to bring uniformity across the system as soon as possible.

AB and Jane Cass (JC) reported that cross-working across boundaries with different ICS' in the North West required acknowledgement with the North West Group; Specialised Commissioning would lead colleagues as to how would evolve. Further work would be required, along with a level of maturity across ICS' in the North West region and the ability to receive some functions within NHS England/Improvement.

Jerry Hawker updated that single point of contact continued to be developed with JC and NHS England, however, it was thought the ambition was for NHS England/Improvement to undertake the assurance approach singly through the SCC, to reduce the amount of work. This would not detract from individual statutory organisations being part of the process.

RESOLVED: That members:-

- **Discuss the implications of the White Paper for the current System Reform programme in Lancashire and South Cumbria**
- **Note the update on on the range of activities taking place to implement the ICS' System Reform Plan**
- **Comment on the actions being taken to establish the Strategic Commissioning Committee and its sub-committees from 1 April 2021.**

6.	**Lancashire and South Cumbria Medicines Management Group Recommendations** Andy Curran (AC) introduced the item, confirming that the JCCCGs need to be assured that appropriate reviews had been undertaken with clinical input and appropriate expert evidence considered. Brent Horrell (BH) spoke to a previously circulated paper, updating that 3 local policy positions and 5 NICE technology appraisals had been considered by the Lancashire and South Cumbria Medicines Management Group. Policy positions reviewed were:- - Amiodarone and Dronedarone, for treatment of arrythmias, related to a change in the RAG position in medicine – nearly moving from recommended by a specialist or recommended and initiated by a specialist with further clinical information - The introduction of a new medicine, Semaglutide oral tablets, to be made available for patients unable to receive the injection - Domperidone, for use in stimulating milk supply. Policies were reviewed following the standard process through the Lancashire and South Cumbria Medicines Management Group. Significant clinical support information had been produced, for the Amiodarone and Domperidone, so that when clinicians would be able to deal with any requests appropriately. Significant financial or clinical risk was not expected. 5 NICE technology appraisals were mandated for uptake. 3 were the addition of agents where agents were already available; not expected to have significant impact. 2 would have impact, Liraglutide, which is being approved for use in weight loss services, and galcanezumab, which had been approved by NICE for migraines. Galcanezumab was expected to have a significant cost pressure; the Medicines Management Group would monitor to ensure uptake was in line with estimations. **RESOLVED: That the JCCCGs members ratify the following LSCMMG recommendations:-** - **Semaglutide oral tablets for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise** - **Domperidone as an aid to the initiation and maintenance of breast milk supply** - **Amiodarone and dronedarone for the treatment of arrythmias** - **NICE Technology Appraisals (October 2020 to January 2021.**
7.	**Lancashire and South Cumbria Clinical Commissioning Policies for Glucose Monitoring Update** Brent Horrell updated that the paper previously circulated to members related to a pre-existing policy that had been in place since October 2018. Following NHS England guidance, an update to the policy had been made in March 2019. Recent NICE clinical guidelines and NHS England guidance state to expand continuous glucose monitoring and flash glucose monitoring to patients who previously did not have access to this. Funding for 12 months had been aligned and allocated to Blackpool CCG, who would disseminate accordingly to Lancashire and South Cumbria CCGs. Three areas of the policy had been amended relating to patients with Type 1 diabetes where there was access to continuous glucose monitoring for 12 months, in line with NICE guidance, previously, access had been available to flash glucose monitoring. Patients with Type 1 diabetes living with a learning disability would be given access to flash glucose monitoring. A further updated clinical guidance and policy position would be presented to this Committee in the autumn, following a further piece of work over the summer period looking at a few clinical areas of these policy positions.

	Amanda Doyle reminded members that some interventions hold an additional cost, however, some are evidence based on the impact of exacerbations, hospital admissions and long term complications of diabetes, resulting in a significant health benefit, population benefit and financial benefit into the future. **RESOLVED: That the JCCCGs is asked to approve the update for the Policy for the Provision of Continuous Glucose Monitoring and Flash Glucose Monitoring to patients with diabetes mellitus, pending a full review of the policy with Consultation in Autumn 2021.**
8.	**System Quality and Performance Report** Julie Higgins (JH) spoke to a presentation to update members on the quality and performance workstream; the first phase of an accountability framework for the ICS and ICPs to enable the reporting and improvement of health inequalities, performance and quality. Future reports would be standardised at ICP level, focussing on performance improvement; as it moves forward, new integrated reporting methodology from NHS England/Improvement would take this into account. A Quality and Performance Sub Committee was being formed and would ensure operational, tactical, and strategical reporting; the JCCCGs/Strategic Commissioning Committee would receive reporting on future strategic issues. The dashboard demonstrated capabilities of data that could be looked at through the assurance regime, being dynamic and with the ability to look deeper. The report focussed on the NHS constitution indicators by ICP areas using the latest figures in Aristotle. At ICS level, A&E performance reported at 85.6% at the end of January. 18 weeks performance was 58% for providers and 60% for CCGs against a target of 92% at the end of December; an improving position. The Hospital Cell was taking forward focused recovery work and prioritising the Priority 2 (P2) group of patients. 52-week wait was a deteriorating position, with over 7,000 patients waiting more than 52 weeks; Hospital Cell was taking this forward in a structured way. Prioritisation of P2 patients would make recovery of this position more difficult. Cancer 2-week referral was an improving position; the Cancer Alliance/Hospital Cell were taking this forward. Quality summaries had also been included within the report on nosocomial infections, safeguarding and access to mental health. COVID had really affected performance and staff were now focussed on improving this situation. The Chair commented that a lot of work could be undertaken in getting the formatting, frequency, and access to real time. It was noted that all the performance metrics were red. The past 12 months had the impact of a system dealing with COVID, however, the scale of challenge faced in recovery was enormous. Members welcomed the report providing figures on an ICP basis. It was highlighted that CCGs would be required to provide assurance, however, ICP figures could possibly be used. CCGs would continue to have the statutory responsibility and it was understood that elements of the report would continue to evolve. It was suggested to combine some of public health data in relation to mortality and morbidity. Areas of weakness could be worked on with the hospital and CCGs working together on an ICP basis. It was noted that there was a large performance difference in relation to CAMHS services across the footprint. Query was raised whether the benefit of transparency to see improved working in areas and learning conversations were being looked at. Amanda Doyle (AD) reflected that at a weekly regional meeting, Kevin McGee and AD had sight of how the North West benchmarks with other parts of the country and how Lancashire and South Cumbria benchmarks with the North West. The

	North West had more admissions with COVID stretched over a period, resulting in a build-up of elective waits, culminating in time beds would be unavailable. Restoration in the next year would be about clinical priority and the urgency across Lancashire and South Cumbria, not how fast each provider could restore waiting lists and reduce numbers. Lancashire and South Cumbria would need to look at improving cancer waits, increasing diagnostics and getting P2 and P3 patients through the system. All priority patients would need to be seen prior to moving to a different part of the patch, eg, P4 patients. It was envisaged patients would be moved based on clinical priority. Trusts would work together to ensure clinical priority was taken into account. Jane Cass (JC) reflected that this was a transitional year and a solution was being developed as to how to take this forward. Attention would be focussed on what would be expected from CCGs in the next 12 months, compared to from April 2022. Need to get to a position of the regional team speaking to the system once, with steps taken along the way. Consideration to be given to what would be required for a statutory organisation from 2022. In relation to an ICS risk register, Gary Raphael (GR) reported that a paper had been taken to the ICS Board a few months ago, relating to system approach and risk to strategic objectives. The ICS were tasked to develop a risk register to be in place by April 2021, liaising with ICPs and with engagement from the whole system. The risks should be related to strategic objectives, ie, how far behind on waiting lists, what is risk and what action is being taken to resolve in broad terms. GR to liaise with JH regarding bigger risks. Organisational leaders were asked to ensure colleague input was available from all parts of the system. JH continued that a workstream had been agreed that included 3 phases about how to move from current work to a nested ICP/ICS provider collaborative reporting mechanism, to enable knowledge of where issues were in order to understand improvement and enable local areas to interpret how they could help drive improvement. The ambition was to have local indicators and speak with local authorities regarding broader determinants. The new NHS England/Improvement dashboard included a section on health and inequalities JH thanked members for today's discussion and members awareness/concerns of issues; a small team would be working within CCGs and JH would report to them to enable the April report to meet some of the JCCCGs requirements. The Terms of Reference had been drafted for the Quality and Performance Group. Tactical information was being looked at, in order for future reporting along with strategic information. **RESOLVED: That the Joint Committee note the contents of this initial Performance Report and support its development over the next few months.**
9.	**New Hospitals Programme** **a) Update** - Rebecca Malin (RM) provided an update to members on the New Hospitals Programme. The programme had been launched today with internal communications, an external media release, websites, plus letters to stakeholders; communications to increase over the next few months. Jerry Hawker (JH) spoke to a presentation providing the following highlights:- - The programme was about bringing a new opportunity in terms of social and economic value in Lancashire and South Cumbria and all organisations had a part to play in developing the programme of work - The JCCCGs' responsibilities included to endorse and approve a number of stages towards moving to a conclusion of programme, including the case for change, the pre-consultation business case, overseeing the consultation process itself, receiving the consultation business case and ensuring the system meet all requirements within the service change framework

	- CCGs would be required to lead the consultation process in partnership with local authorities, and to take proposals through NHS England planning assurance and delivery service change framework - Prior to 12 May 2021, all documents within the service change framework must be submitted; the JCCCGs would be required to endorse and support this process. To enable this, and seek assurance required, the JCCCGs would be required to meet on the following dates:- • 25 March 2021 (extraordinary meeting) to take members through the process and legal duties that set on the commissioning system, the proposed approach around communications and engagement, to present the Case for Change and to take the JCCCGs through the high level clinical models • 15 April (scheduled JCCCGs meeting) to present clinical models for endorsement • 6 May (extraordinary meeting) to take the Committee through options to endorse/support • 11 May (extraordinary meeting) held in public ahead of submitting the document to NHS England for Checkpoint 1. **a) Case for Change –** RM reported that a draft Case for Change had previously been circulated to all partners for their review and comment over the next period. The Case for Change had been built by looking at other case for change documents across the patch, a series of clinical workshops held throughout autumn/winter, case for change workshops held in January/February with wide representation including patient representatives and governors. Statistics were available around population, however, when linked into deprivation, need to look at why this would mean that the new hospital would make a difference to the population. RM was keen to flip the case for change away from being "deficit" document in order to build on positive features from the programme, eg, improving population health, attracting workforce. Need to demonstrate how models of care could be changed through the New Hospitals Programme. The document would be about hospitals but articulated to be around the whole system. The current condition of estate at Preston and Lancaster is poor, holding the system back as the services are fragmented; this in turn holds back patient flow and is not attractive for workforce. Net zero carbon and digital would be included within the Case for Change. **RESOLVED: That members:-** - **Review the draft Case for Change and consider how to strengthen the case** - **Support to proceed with the extraordinary JCCCGs meetings** - **Note the report and receive a further report at the next meeting.**
10.	**Partnership Pledge for Lancashire Family Safeguarding Model** Margaret Williams (MW) asked Committee members to support the partnership pledge. The Lancashire Family Safeguarding Group had approached the team last November/December for partner support. This is a new way of working with children and families in need, to help prevent children going into care, with families being kept together. It had been developed from an evaluation undertaken in Southern England and is expected to see huge outcome benefits with radical changes in local authorities and partner teams to ensure fully involved, focus on need and appropriate risk to mitigation wrap around. There would be a number of benefits to both populations and workforce. Evaluation on the Southern England work was around retention, recruitment and health and wellbeing.

	It was noted that as this was a Lancashire model, it did not include Blackpool or Blackburn; each have their own models of family engagement. Directors of Children's Services engage and learn from each other in terms of working together, to ensure equity of access and similar services. All areas had strength-based models that work to support families. Lancashire County Council had put this model forward, asking for health organisation pledge to adopt the principles alongside. **RESOLVED: That members:-** - **Agree to support the pledge** - **Agree that Amanda Doyle sign the pledge as Accountable Officer.**
Item for Information	
11.	**All Age Briefing on Mental Health, Learning Disability and Autism Programme** The briefing had been brought to members for information only. Members were asked to email any comments to Andrew Bennett outside of this meeting. **RESOLVED: That the JCCCGs note the briefing.**
Any Other Business	
12.	**Any Other Business** There was no other business.

Date and Time of the Next Informal meeting of the <u>new Strategic Commissioning Committee</u> for Lancashire and South Cumbria:
Thursday 15 April 2021, 13:00-15:00, MS Teams

Date and Time of the Next Formal meeting of the <u>new Strategic Commissioning Committee</u> for Lancashire and South Cumbria:
Thursday 13 May 2021, 13:00-15:00, MS Teams