

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Ratified minutes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 7th September 2017, 1pm – 3pm
at Chorley Town Hall – Lancastrian Suite

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
Voting Members (One vote per CCG)	Alex Gaw	Chair	Morecambe Bay CCG	Apologies
	Andrew Bennett	Chief Officer	Morecambe Bay CCG	Attended
	Chris Clayton	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	Sumantra Mukerji	Chair	Greater Preston CCG	Attended
	Doug Soper	Lay Member	West Lancashire CCG	Attended
	Susan Fairhead	GP Member	Blackpool CCG	Attended
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
	Gora Bangi	Chair	Chorley South Ribble CCG	Attended
	Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
	Mark Youlton	Chief Officer	East Lancashire CCG	Apologies
	Jackie Hanson	Director of Quality and Performance	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	Attended
David Bonson	Chief Operating Officer	Blackpool CCG	Attended	
In attendance	Amanda Doyle	STP Lead	Healthier Lancs & South Cumbria	Attended
	Andrew Bibby	Director for Specialised Services	NHS England	Attended
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Attended
	Carl Ashworth	Service Director	Healthier Lancs & South Cumbria	Attended
	Gary Hall	Chief Executive Officer	Chorley Council	Attended
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Jane Higgs	Director of Operations	NHS England	Attended
	Lawrence Conway	Chief Executive Officer	South Lakeland District Council	Attended
	Sir Bill Taylor	Chair	Healthwatch	Attended
	Debbie Nixon	SRO Mental Health	Healthier Lancs & South Cumbria	Attended
	Neil Jack	Chief Executive	Blackpool Council	Attended
Sakthi Karunanithi	Deputy	Lancashire County Council	Attended	
Hannah Milton	Business Support	Healthier Lancs & South Cumbria	Attended	

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

		ACTION
17901	<p>Welcome and Introductions</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, for the first time, invited members of the public to a drop-in session prior to the meeting, in order to give them the opportunity to ask questions in advance of the meeting. He added that there would still be an option to ask questions when the meeting had finished.</p> <p>The Chair acknowledged Chris Clayton's departure from the Committee and thanked him on behalf of the Committee and other colleagues for all his efforts and hard work, both in Pennine Lancashire and also the wider STP. The Committee wished him well in his future role.</p>	Info
17902	<p>Apologies and Quoracy</p> <p>Apologies were received from Alex Gaw, Roy Fisher, Marie Williams and Mark Youlton. These were acknowledged and the meeting was declared quorate.</p> <p>RESOLVED: The Chair noted the apologies and declared the meeting quorate</p>	Info
17903	<p>Declarations of Interest</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>RESOLVED: None declared</p>	Info
17904	<p>Minutes from the previous meeting on 6th July 2017 – amendments were discussed as follows:</p> <ul style="list-style-type: none"> Page 1 – Organisation name incorrect for Dr Sumantra Mukerji - Amendment: change to Greater Preston CCG. Page 2 - Minute from the Joint Committee meeting in March regarding the Terms of Reference – Amendment: It was noted that the version of the Terms of Reference circulated most recently was not the final version approved by the Joint Committee. It was therefore agreed that the most recent version of the Terms of Reference would be recirculated to Committee members again, noting that further comments and revisions will be incorporated in March 2018, when they will be reviewed. Page 3 – Primary Care Transformation item – Amendment: Outcome of the discussion was that the JCCCG noted the proposals and the next steps to move them forward. Page 5 second paragraph – governance item – Amendment: Mary Dowling suggested that the action on this item did not fully reflect the discussion that took place at the meeting and proposed that it should be as follows: 'ACTION: The paper was noted and following today's discussion, the governance structure will be refined and forwarded to all Chief Executives and Accountable Officers of Trusts, CCGs and Local Authorities, so that they are able to provide formal feedback on the plans.' This amendment was agreed. 	Info and action

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

	<p>It was noted that there are some outstanding changes to be made to the minutes from the Joint Committee meeting in March. Mary Dowling has provided comments outside of this meeting and these will be incorporated and the minutes will be brought back to the Joint Committee in November for formal ratification.</p> <p>RESOLVED: The minutes of the meetings were accepted subject to the relevant changes being made.</p>	STP Admin Team
17905	<p>Action Matrix Review</p> <p>The Action Matrix from the previous meeting was reviewed as follows:</p> <ol style="list-style-type: none"> Hurdle and Evaluation Criteria: This item has been deferred to the next meeting. Integrated diagnostics update: This item has been deferred to the next meeting. JCCCG Terms of Reference (ToR) - Mary Dowling commented on the ToR and suggested that the Committee should have the final agreed version available to it. The general view was that because of the changes that are taking place in the various other associated groups, such as the STP Board being established and the change in emphasis on the Programme Board and the wider governance of the programme, it makes sense to wait until the end of the financial year to review these, once the new bodies have been in operation for a few months. <p>Amanda Doyle agreed that the most recent ToR which are being worked to could be recirculated, <i>accepting that these would be reviewed in March 2018.</i></p> <p>ACTION: Recirculate the most recent version of the ToR, once Mary's comments have been incorporated.</p>	STP Admin Team
17906	<p>Any Other Business Declared:</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>Gary Raphael stated that he would like to discuss the position on capital bids.</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>	Info
17907	<p>Programme Overview</p> <p>Carl Ashworth presented a paper on the STP Outline Work Programme for 2017/18.</p> <p>Amanda Doyle added that this is an STP level work programme and the purpose for the update was to provide the Committee with an understanding of the overarching programme activities and how the work in Local Delivery Partnerships (LDPs) fits with the wider STP strategy.</p>	Info

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

STP's are expected to make progress across the following areas:

1. Establishing STP governance arrangements
2. Delivery and assurance of system performance against NHS Constitution and other targets
3. Achievement of system sustainability
4. Transformed services that manage future demand in a different way
5. Designing future commissioning/provider arrangements through ACS and strategic commissioning developments

So far, Senior Responsible Officers have identified decisions for the JCCCGs in 2017/18, to sign off clinical policies, agree process and evaluation criteria and agree a strategic commissioning model.

The role of the JCCCGs in 2018/19 will be to sign off clinical policies and the short list of options for consultation.

An MOU (Memorandum of Understanding) has been agreed between NHS England and the STP, which aligns regulatory responsibilities to support the work of the STP. NHS Improvement had not yet agreed their input to the MOU.

Amanda Doyle commented that this will be a fluid piece of work, in that as people agree delegations to the Joint Committee, the work around those decisions will be added to this work plan.

Mary Dowling expressed a concern regarding the decision making role of the Joint Committee in the context of the proposed STP governance arrangements.

Amanda Doyle commented that the Committee can only be responsible for things that the individual CCGs delegate to it. She added that the role of the Joint Committee is really important in relation to some of the major issues, but unless the individual CCGs delegate the decision making around those things to the Committee, the work required cannot be progressed effectively. Amanda Doyle also suggested that as the STP matures and develops, the responsibilities for the Joint Committee are likely to increase. Mary Dowling said that it was her understanding that delegation had already occurred through the terms of reference of the Joint Committee and the Committee now awaited the proposals/business cases on the major issues it needed to decide.

Amanda Doyle and Mary Dowling agreed to discuss this further outside of this meeting.

Amanda Doyle stated that the Committee should be taking some responsibility for performance management in relation to the priority areas – including quality. At present, no CCG has led her to believe that they are willing to delegate their own responsibility for this to the Committee; however, she added that she would welcome CCG's that would like to pursue a conversation about this.

Phil Huxley queried how we would enable clinicians to engage in conversations if we are dealing with things more centrally via the Committee. Amanda Doyle added that we need to widen our engagement to people at all levels and bring their comments and feedback to the process.

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

	<p>Mary Dowling congratulated Carl Ashworth on the work which had gone into his paper and added that it was very helpful in taking things further forward. She remained concerned that the role of the Joint Committee was not adequately reflected, particularly in relation to delivery and assurance of system priorities.</p> <p>The paper was well received and members were appreciative of the clarification this provides.</p> <p>RESOLUTION: The paper was noted.</p>	
<p>17908</p>	<p>Urgent Care Presentation</p> <p>Andrew Bennett introduced the presentations, highlighting the impacts of the Five Year Forward View in relation to commissioning. Lancashire and South Cumbria have an opportunity to develop new approaches to commissioning as follows:</p> <ul style="list-style-type: none"> • Collective: STP-wide e.g. through the Joint Committee. • Place-based: in local health and care “accountable care” systems. • Integrated: aligning resources and priorities with NHS England, Local Government and commissioning support services. <p>The next steps were outlined as follows:</p> <ul style="list-style-type: none"> • A proposal has now gone to CCG Governing Bodies requesting delegated decision making into the Joint Committee for specific areas. • A Commissioning Development Strategy will now be developed – encompassing the next 2-3 years. • Two case studies to be presented today – Urgent and Emergency Care and Mental Health. <p>David Bonson thanked Andrew Bennett for setting the scene and commenced his presentation on Urgent and Emergency Care.</p> <p>Key messages were discussed as follows:</p> <ul style="list-style-type: none"> • Urgent Care is a whole system – not just A&E services. • Urgent and Emergency Care Plan – There are seven key priorities which will deliver transformation of Urgent and Emergency Care. These are: <ol style="list-style-type: none"> 1. NHS 111 Online – being tested and rolled out during 2017. 2. NHS 111 Calls – by the end of 2017/18 the percentage of calls receiving clinical advice will exceed 50%. 3. GP Access – by March 2019, patients will have access to evening and weekend appointments with general practice. 4. Urgent Treatment Centres – standardise approach nationally. These facilities will open 12 hours per day and will be staffed by clinicians, with access to simple diagnostics. 5. Ambulances – are currently under extreme pressure. Ensure right vehicles are despatched as quickly as possible and move to a hear and treat/see and treat model. 	<p>Info</p>

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

6. Hospitals – Emergency departments are very congested. Ensure that only patients that need to be there are there and others are screened and signposted to the most appropriate service.
7. Hospital to Home – Move on to home/more appropriate care setting at the earliest opportunity. A lot of work is going on regarding delayed transfers of care (DTOC).

- Urgent Treatment Centres - national service specification was published in July 2017. The aim is to have 150 Urgent Treatment Centres in place by 2017, with full coverage by December 2019. Key components of the specification are:
 - GP led service as part of multidisciplinary workforce
 - Open at least 12hrs a day, 7/365
 - Direct booking from NHS111, ambulance services, GPs and “Walk in”
 - Access to simple diagnostics and X-ray facilities
- Performance –The national expectation is that we achieve the standard of 90% of people seen within the 4 hour period by September 2017 and 95% by March 2018.

Amanda Doyle thanked David Bonson for the presentation and asked if he could be more specific about the action that needs to be taken immediately.

David Bonson responded by suggesting that there is a need to do a stock take of contracts for CCG’s and providers, in order to move this work forward, in terms of where we are now against the national specification. There is a deadline for the end of September 2017. This is a very specific ‘ask’. The Lancashire and South Cumbria Urgent Care Workstream is co-ordinating this piece of work.

David Bonson added that there is a need to quickly think about what the commissioning arrangements would look like to deliver the requirements described in the service specification. Lead commissioner arrangements are linked with the delegated decisions work.

There will also be a requirement to work collaboratively with providers around the function of the whole of urgent care, with an integrated approach to managing the workforce to deliver this effectively.

There is also a plan to use business intelligence to track the patient journey, to help with understanding patterns, demand and risks.

The Chair asked if there were any questions.

A discussion took place around recent A&E performance, which is currently a risk across the whole system. We are in a very challenged position and there is a need to focus on what we are going to do about it. Lancashire and South Cumbria have an opportunity to work collectively to improve performance across the system.

Geoffrey O’Donoghue asked whether the presentations could be circulated with the papers for the Joint Committee. Amanda Doyle responded to state that the NHS England

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

	<p>Urgent Care Specification has already been cascaded and that the presentations that are used, do not always tell the full story, as they are used as a tool to aid full explanation and therefore there could be a risk of confusion and misinterpretation if they were on the website.</p> <p>The Joint Committee is asked to agree the following:-</p> <p><i>To proceed with the stock take of existing contracts with CCG's and Providers to take this work forward.</i></p> <p>RESOLUTION: The Joint Committee agreed this.</p>	
17909	<p>Mental Health Presentation</p> <p>Debbie Nixon and Andrew Bibby presented a slide deck, which built on David Bonson's Urgent Care presentation.</p> <p>Debbie Nixon explained that the Mental Health Five Year Forward View is very explicit and sets a complex direction of travel in the following priority areas:</p> <ul style="list-style-type: none"> • Children and young people's mental health • Perinatal mental health • Adult mental health: common mental health problems • Adult mental health: community, acute and crisis care • Adult mental health: secure care pathway • Health and justice • Suicide prevention <p>In addition to the Mental Health Five Year Forward View, there is a requirement to deliver a Mental Health Delivery Plan, which is aimed at monitoring performance and delivery through one function. This is very prescriptive, particularly around workforce and the delivery of outcomes. There are some really clear milestones that need to be delivered.</p> <p>There will be a consistent high quality offer for mental health services, regardless of where people live. There will be a tiered approach to services as follows:</p> <ul style="list-style-type: none"> • Tier 1 services – neighbourhood level • Tier 2 services – Local Delivery Partnerships • Tier 3 services – STP level • Tier 4 services – STP or inter STP <p>There is currently significant variation across Lancashire and South Cumbria which needs addressing. There will be a consistency around the 'what', but local flexibility about the 'how' (taking account of incidence; population density; demography; geography).</p> <p>There are also a range of services that are in the main commissioned by NHS England – including children, health and justice, secure services for adults, inpatient services and perinatal services. There will be equitable access for the whole population.</p>	Info

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

	<p>The tier approach aims to deliver seamless transition for patients, irrespective of where they are from.</p> <p>There is also a huge opportunity around prevention and reducing demand, supporting people in communities to play an active role in their health and care.</p> <p>We have seen recent improvements in our performance in mental health and we have been rewarded for this, in that we have received capital resource to improve perinatal inpatient services, hospital liaison and transformation resource for improving access.</p> <p>We have an opportunity for greater collaboration across the whole patch, to help us to progress at pace, improve clinical outcomes, utilise workforce effectively, manage performance through a single system and increase our overall productivity and efficiency.</p> <p>Lancashire and South Cumbria are doing well against some of the performance indicators, but we are not achieving all. Step changes are required to achieve national priorities and mandates. We need to look at things to implement collectively or consistently.</p> <p>Debbie Nixon suggested a slight amendment to the 'ask' of the Joint Committee as outlined below.</p> <p><i>The JCCCG is asked to agree the following:</i></p> <p><i>To receive a detailed proposal for a revised operating model for the commissioning of mental health services. This aims to implement the national mental health and wellbeing strategy.</i></p> <p><i>RESOLUTION: The Joint Committee agreed this.</i></p>	
<p>17910</p>	<p>Any other business</p> <p>1. Capital</p> <p>Gary Raphael presented a slide deck on the Capital Bid. He explained that we had been successful previously, despite the tight timescales we had to refine and submit the bids.</p> <p>Wave 1 success:</p> <ul style="list-style-type: none"> • Mental Health Inpatient scheme affecting Burnley and Chorley hospitals (£5m to £10m scheme) • A&E development at Blackburn Hospital (£5m to £10m scheme) <p>Gary Raphael explained that as part of Wave 2 (September 2017), we will be submitting a Lancashire & South Cumbria pathology scheme, covering all four acute trusts with an estimated cost of £31m.</p> <p>In addition to the pathology scheme, we had decided to make NHS England and NHS Improvement aware of the priority schemes for Lancashire and South Cumbria, in relation to urgent and emergency care services, in effect, the pipeline of developments that were not yet ready for wave 2 submission, but would be next in line.</p>	

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

	<p>The relevant submission was still in development, but so far the benefits and costs of this could be outlined as follows:</p> <ul style="list-style-type: none"> • Improvements to A&E and RTT (Referral to Treatment Time) • Improvements to cancer treatment • Patient experience improved in A&E • Costs circa £35m over next 2 years <p>The Joint Committee is asked to support the following:-</p> <p><i>Submission of this bid.</i></p> <p>RESOLUTION: The Joint Committee supported this.</p>	
	<p>2. The next Joint Committee meeting – incorrect date on the agenda</p> <p>The Chair stated that the date of the next Joint Committee meeting was outlined incorrectly on the agenda. He confirmed the correct date as 2nd November 2017 – 1.00pm – 3.00pm – Morecambe Bay CCG - The Lecture Theatre, Moor Lane Mills, Moor Lane, Lancaster, Lancashire, LA1 1QD.</p> <p>A message will be communicated to the public via the website and via Local Delivery Partnership communication channels.</p>	
<p style="text-align: center;">The next JCCCG Meeting will be held on: 2nd November 2017, 1.00pm – 3.00pm - Morecambe Bay CCG - The Lecture Theatre, Moor Lane Mills, Moor Lane, Lancaster, Lancashire, LA1 1QD</p>		
	<p>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.</p>	

Topics discussed through the Public Questions:

1. Access to papers prior to the meeting, difficulties accessing the website and publicising the Joint Committee meetings dates via different channels.
2. Our confidence in achieving success.