NHS
Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group

Governing Bodies in Common – 1 September 2020

Minutes to be Received

Title of Meeting	Joint Committee of CCGs	
Date of Meeting	7 May 2020	
Status (ratified/draft)	Ratified	
CCG Representatives	See minutes	
Summary of key issues discussed:		
• **Appointment of Independent Chair –** David Florry appointed • **Data Summary of Pandemic in Lancashire and South Cumbria –** Update provided including updates on the Hospital and Out of Hospital Cells. Risks and issues highlighted. • **National Announcements –** Letters received from Simon Stevens and Bill McCarthy regarding eh next phase. Further meetings have taken place - 4 June 2020 and 2 July 2020 – minutes awaited.		
Issues requiring action:		
Details:	**By whom:**	**Timescale:**
N/A	N/A	N/A

Recommendation

Members of the Governing Bodies are asked to review and note the contents of the minutes.

Roy Fisher
Chair
Blackpool CCG

Healthier Lancashire & South Cumbria

Ratified Minutes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 07 May 2020, 13:00-15:00
Microsoft Teams Teleconference

Present		
Roy Fisher	Independent Chair	Lancashire and South Cumbria ICS
Rachel Pickford	Corporate Business Manager	Lancashire and South Cumbria ICS
Graham Burgess	Lay Chair	Blackburn and Darwen CCG
Lindsey Dickinson	Clinical Chair	Chorley and South Ribble CCG
Debbie Corcoran	Lay Member for Public and Patient Involvement	Greater Preston CCG
Denis Gizzi	Chief Officer	Chorley & South Ribble CCG and Greater Preston CCG
Jerry Hawker	Chief Officer	Morecambe Bay CCG
Paul Kingan	Chief Finance Officer	West Lancashire CCG
Sumantra Mukerji	Clinical Chair	Greater Preston CCG
Michelle Pilling on behalf of Richard Robinson	Clinical Chair	East Lancashire CCG
Geoff O'Donoghue	Lay Member	Greater Preston 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
Amanda Doyle	Chief Officer	Lancashire & South Cumbria ICS
Louise Barker on behalf of Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Andrew Bibby	Assistant Regional Director of Specialised Commissioning (North)	NHS England
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
Rebecca Higgs	Business Support to Dr A Doyle	Lancashire and South Cumbria ICS
Apologies		
Richard Robinson	Clinical Chair	East Lancashire CCG
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Dominic Harrison	Director of Public Health	Blackburn with Darwen Borough Council
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Adam Janjua	GP and Acting Chair	Fylde and Wyre CCG
Neil Jack	Chief Executive	Blackpool Council
Gary Hall	Chief Executive	Chorley Council

Standing Items	
1.	**Welcome, Introductions and Apologies** Chair Roy Fisher welcomed members to the Joint Committee of CCGs (JCCCGs) held virtually via Microsoft Teams. Protocols for the running of the meeting were outlined; to prevent interference, members were asked to mute their microphones and unmute them if they wished to speak. Members were also asked to turn off their camera unless they are speaking. Headsets were recommended for clearer sound. Speakers would complete their presentations prior to any questions or comments which can be entered into the chat box functionality. The meeting was not a public session; therefore no papers would be published on the website. Members of the JCCCGs were asked to join the Chair in thanking Phil Watson for his service to the Committee. A letter of thanks will be sent to Phil on behalf of the JCCCGs which will be signed by Chair Roy Fisher on behalf of all members. Andrew Bennett will ensure this is facilitated.

2.	**Minutes of the Previous Meeting Held on 5 March 2020 and Matters Arising** The minutes of the previous meeting held on 5 March 2020 were accepted as a true and accurate record. The matters arising log was reviewed. Recommendations in support of the IPA/CHC business case are in progress. These were taken to the Fylde Coast CCGs on Tuesday and were agreed. Feedback is awaited from the other Governing Bodies. The work programme item is also in progress.
3.	**Declaration of Interests** Members acknowledged that whilst any major changes to organisations are not being discussed at present, the system will be working differently in a pandemic environment for some time to come. Member recognised that the JCCCGs will talk about implications in the way it operates. Dr Amanda Doyle advised that today's meeting was designed to provide updates to members and discuss key topics and members will not be asked to make decisions. The JCCCGs agreed with potential conflicts of interest arising as impacts on CCGs are discussed. This minute will be reviewed with a view to ensuring it fits with the sentiment that it set out.
4.	**Appointment of Independent Chair** The ICS has advertised for an ICS Independent Chair for the ICS Board, the Partnership Forum, JCCCGs and the Provider Collaborative. A formal process has been followed and the ICS has appointed David Florry to the role. A public announcement will be made shortly and David who has a national profile is hoped to bring strength to leadership across the system. David is returning to live in the UK at the end of summer and will join the ICS in September 2020. He is very committed to this role. It was agreed today for members to share this good news with their Boards and the ICS Communications team will arrange for announcement to be released in this next week.
COVID-19 Updates	
5.	**Data Summary of Pandemic in Lancashire and South Cumbria** Sakthi Karunanithi attended the meeting today and shared a presentation to remind members of progress over the last couple of months in terms of managing coronavirus. Just short of 4000 cases have been reported this year across Lancashire and South Cumbria so far. The infographics shared at today's meeting demonstrated a huge shared effort and tribute was made to all staff and members of the public who have maintained and followed the guidance about staying at home in preventing transmission of the virus. Personal Protective Equipment (PPE) has been delivered to the care sector from across the county and through the ICS in a local effort to complement what is coming through the national chain. The ICS has done things it has never done before including providing shelter for homeless people and keeping schools open during the pandemic. The ICS has been tasked with a core single mission of keeping the coronavirus at bay by protecting the NHS and other services. COVID-19 has changed our working lives and outlook. JCCCG members were circulated a summary of statistics and key intelligence can be gleaned from the numbers. The ICS has jointly established itself between the NHS and the Local Resilience Forum (LRF) by sharing information and generating situational awareness. A summary highlight report is provided everyday amongst Chief Officers. The paper appended with today's Agenda is assumed read. Whilst a plateau in terms of numbers of case and deaths coming down as been reached, regionally in the North West ONS figures suggest in Lancashire and it's District Councils and Local Authority, the mortality statistic fall into the 'red' category,

	although 'green' and 'amber' at worst overall including the most deprived areas in the county. Sakthi talked to members about 'hot spots' in terms of outbreaks particularly in care settings. Out of 600+ settings 526 people have already been affected, either as a suspected case or as an outbreak. There were 80 per week COVID-19 deaths reported in care homes which now stand at 160 per week. Some focus is being given to creating surge capacity in the NHS and care homes found to be affected and in the 'red' in terms of impact on the care sector. Hospital settings on the other hand appear to have coped very well including Length of Stay (LoS). Some concerns have been raised about non-COVID 19 patients not utilising their services. In the context of disease itself, more is known now than a couple of months ago. In some settings including the care sector, 15% of asymptomatic carriers have tested positive for COVID-19 which is having a significant impact. The physiology of the disease has now been recognised as multi-systemic. The aim is to keep numbers below 1 across the country. The 'lockdown' has brought down the number of cases as well as key advice being followed and physical distancing. Other key risks and threats include staffing levels and testing regimes. Those people 'shielding' are likely to have to do so for some time. Information about vulnerable people has been shared in centralised hubs that connect the Districts. A high threshold for Vitamin D deficiency is now also acknowledged. Sakthi advised members about the need to source a sustainable supply of PPE locally and timely test results going back to care homes as the system looks forward to the future. Sakthi talked about the complexities of capacity planning. He advised members from national press conferences there will be a 'soft lift' where some restrictions will remain in place such as keeping safe and remaining at safe physical distance from one another. Sakthi shared a road map including how the virus needs to be maintained until a vaccine is available and taking into consideration risks of re-infection, winter pressures and the flu season. Re-opening services will be more complicated than closing them down especially when staff members are re-deployed on containment efforts. Funding and settlement will need to be explored and some focus will need to remain on inequalities and on vulnerable groups. Sakthi thanked members for listening to his presentation and opened up the session to questions. Dr Sumantra Mukerji asked whether pillar 2 testing is fully functional. Dr Amanda Doyle advised members about the testing protocol. Staff members and key workers can initially book testing at sites including Preston College, Manchester Airport and satellite sites including Haydock, Blackburn, Kendal and Blackpool. Sites are decided upon nationally and are sensed checked locally. Satellite sites are 'pop up' sites moving around for 2-3 days at a time. Bookings can be taken via employers or direct bookings are being taken for those who feel they meet the criteria online. There are issues including travelling distances to testing sites, access to transport and low income. Dr Amanda Doyle advised members that there is more control over NHS testing through local hospitals and community swabbing teams as these are process through the Pathology Laboratories, however the local lab facilities have not currently got capacity to cope with the demand. Patients need to be swabbed before coming in as urgent electives are stepped back up and there are also concerns about COVID-19 positive cases being asymptomatic; the University Hospitals of Morecambe Bay NHS Foundation Trust have swabbed approximately 500 members of staff and patients to check prevalence 5% of which have come back asymptomatic COVID-19 positive. General Practice will be asked to take part in a similar process next week. Dr Sumantra Mukerji asked about self-swabbing and Dr Amanda Doyle advised that those would still need to be processed by the Pathology Laboratories

plus self-testing kits are not necessarily reliable.

Paul Kingan queried 'hot spots' across the system. Sakthi Karunanithi advised that these are in care homes if the challenges in hospitals are taken away. 40-50% of care homes are affected. Sakthi Karunanithi will share some maps of those affected and advised members about a group that has been set up to work on preventing and managing outbreaks. Sakthi advised members that the impact on Black and Minority Ethnic (BAME) population will become more prominent in the next phase, as will Vitamin D deficiency and cultural factors.

Sakthi Karunanithi was thanked for his contribution at today's JCCCGs meeting.

Introduction to the Hospital and Out of Hospital Cells

Dr Amanda Doyle introduced reports for the hospital and out of hospital cells. A chart was shared with members describing how the incident response and management is structure in Lancashire and South Cumbria. The system is managing a Level 4 incident declared nationally supported by command and control processes and ways of working. The North West regional Incident Command Centre (ICC) and each of the ICS's across the North West has put in place hospital and out of hospital cell reporting mechanisms into the regional Directors. For Lancashire and South Cumbria, Dr Amanda Doyle is the Lead for the out of hospital cell and Kevin McGee is the Lead for the hospital cell. Dr Amanda Doyle described the relationship between the two cells and the region and also the sub-groups supporting the two cells. Dr Amanda Doyle is the Lancashire Representative on the Strategic Command Group (SCG). All ICPs have local responses, local cells and are responsible for tactical delivery of some of the response to the incident and increasingly the plan for recovery. Staff members within the ICS team have been allocated to support both the Lancashire and South Cumbria in and out of hospital cells due to some ICS programmes being scaled back or put on hold due to COVID-19. The battle rhythm was described to JCCCG members today including a strong chain of command from national to region to the LRF and both cells.

Letters have been received from Simon Stevens and Bill McCarthy. Capacity planning will link the cells together more closely as a joint understanding is realised. This will provide the ICS with an opportunity to enhance and develop system level working for the remainder of 2020-21. This will present major challenges together with planning ahead for 2021-22. In general terms, both the hospital and out of hospital cells are ahead of issues and actions and recognition has been given to the achievement of a Lancashire and South Cumbria response. The challenge will now be sustaining this until the end of this financial year.

c. Hospital Cell report

On behalf of Kevin McGee, Gary Raphael provided members with a report from the hospital cell. Relative to CCGs working jointly with the JCCCG, the hospital cell has the Provider Collaborative to consult. Kevin McGee has been working hard to establish the hospital cell supported by Gary Raphael and Talib Yaseen from the ICS Executive team and ICS team members described in the introduction. The Operations Director resource has been left where they need to be. Gary advised members on the hospital cell links to cancer, critical care and trauma. Priorities over the last number of weeks include critical care expansion from 104 beds to 720 beds and then scaling down to 380 beds. Gary described the implications of planning bed utilisation including electricity supplies and the ventilation of patients outside of critical care. Gary went on to describe issues with PPE and advised members that a new

PPE group has been established to support mutual aid across all the providers. Mutual aid sessions are held 3 times per week including supporting supplies to the Independent Sector (IS). Urgent consideration is being consideration to cancer services as implications of Infection Prevention and Control procedures are now recognised. Gary himself is leading on work with the IS in order to increase activity; 12-14% is being utilised currently but since capacity is being funded by the government, the IS needs to be utilised. The Midlands and Lancashire Commissioning Support Unit are supporting reporting around hospital utilisation including critical care utilisation, the numbers of COVID-19 positive cases and death rates. The battle rhythm and work undertaken on Microsoft Teams has provided a level of discipline to keep critical things flowing including discussions with mental health providers, community providers and the North West Ambulance Service (NWAS). The hospital cells considers key risks and issues and coordinates actions and priorities for each forthcoming week and aligns those with work being undertaken with the out of hospital cell.

Doug Soper asked what the timescale is for increasing private sector usage. Gary described uncertainties around how activity was going to impact on hospitals and critical care capacity. It was thought that the IS could be used for COVID-19 step down however since this is no longer the case, some focus has been on non-complex urgent cancer surgery with a view to moving on to all elective surgery. The Trust and the IS will work on this rather than directly through CCGs which is a change in process. Work will involve freeing up Anaesthetist and Surgeon time. Calls are being held between the ICS and the regional team to look at how to step this up. Andrew Harrison is on an Elective Care Group run by the CCGs to look at how resources can be accessed in support of the hospital cell.

d. Out of Hospital Cell Report

Dr Amanda Doyle described services that fall under the out of hospital cell including mental health, LD and inpatient services for those people, primary care, community services, the care sector and links to Local Authority, and everything in hospital.

The out of hospital cell has a role in creating capacity in non-hospital settings, overseeing management and delivery of new rapid discharge processes, monitoring capacity pressures and implementing standard operating procedures and guidance received nationally. The out of hospital cell works closely with the regional team and other partners in the LRF, SCG and CCGs around business continuity and vulnerable people. Sub-cells are being reviewed in terms of what can be put in place quickly in order to respond to the incident and flexing to ensure changes can be implemented in the next phase. The planning of management and recovery over the next couple of months will also be supported by the out of hospital cell. Dr Amanda Doyle will be writing out next week with proposal on how out of hospital arrangements can be streamlined to make it more appropriate for the next phase.

Key priority areas for the out of hospital cell include work on testing, with Local Authority on outbreaks and Public Health England around challenged environments such as care homes. PPE continues to be a challenge. Paul Havey is leading on this for all out of hospital services including working with hospital and LRF procurement teams. The out of hospital cell has escalation plans for all services including mutual aid processes and processes for dealing with key risks and issues. The out of hospital cell is working with Local Authority around vulnerable housing of all homeless people with proactive social support, mental health support and other support. The out of hospital cell is mobilised effectively with daily SITREPs which

provide a comprehensive picture of work being undertaken across the system. The out of hospital cell works closely with the hospital cell on calls 3 times per week to discuss a whole range of issues which overlap.

Caroline Donovan is heading up a mental health sub cell with some key work being undertaken around crisis response and the stepping up of 4 Urgent Care Centres. Care home resilience is a key issue and work is being undertaken with Louise Taylor around escalation plans, testing, infection control and support in care homes. A primary care group is being led by Peter Tinson and Julie Higgins to enhance support to care homes. Work is being undertaken across community providers around discharge and planning for stepping up the ability to respond to a combination of COVID-19 and winter pressures. Intermediate care capacity modelling with the LRF and military is being explored to step up capacity at UCLAN. This site has not been mobilised but the building has been prepared and is ready to take intermediate care beds. Jane Cass is leading on work with the Prisons. Work is being undertaken with dental and emergency dental services.

Conclusion of Hospital and Out of Hospital Cell Reports

To summarise both hospital and out of hospital cell reports, Dr Amanda Doyle advised members that the structure is now being reviewed with a view to responding to the next phase and returning to business as usual. COVID-19 has challenged usual ways of working and has provided the system with an opportunity to bring forward some of the things the ICS has wanted to implement across the system.

Michelle Pilling queried the part the voluntary sector is playing in the vulnerable people cell. Dr Amanda Doyle advised Neil Jack from Blackpool Council is leading on this to support people who shield and who are socially or clinically vulnerable in terms of managing with food, medication and psychological support. Andrew Bennett advised Neil Jack is looking at creating a sub cell around the role of VCFS.

e. Risks and Issues

Carl circulated papers to members around key risks and issues associated with the COVID-19 response. The paper provides assurance around the governance of actions, decisions, risks and lessons learned as well as the tracking of mutual aid. Carl provided members with a snap shot report of high risks, correct as of last week for information. Key themes include PPE, staffing and testing and the perceived risks around availability of in and out of hospital services as the ICS shifts to recovery.

Members noted the paper and no questions were received at today's meeting.

Moving into Transition Phase

6. **National Announcements and Local Response**

Dr Amanda Doyle advised members about letters received from Simon Stevens and Bill McCarthy describing the move towards Phase 2. Due to the complexity and challenges ahead, the approach to system wide working will be very directive.

Andrew Bennett shared some PowerPoint slides and described the process in place for the remainder of the financial year including ways of working and decision making.

Hospital and out of hospital cell arrangements have been shared with the Joint Committee of CCGs for the last number of weeks. In major incident terms the response phase usually leads to a recovery period, however due to the complexity of COVID-19, the system needs to move through another transition phase. Andrew referenced the

second slide outlining topics to bring services back online and debriefing to learn and evaluate changes.

Due to the ongoing concerns about the level of COVID-19 in the North West, command and control will continue until March 2021 with a plan to restore services for non COVID-19 patients. Andrew shared infographics on the slides outlining the direction from regional colleagues including short term capacity planning over the next couple of months leading to medium term planning for the remainder of the year. The principles will be enforced across the whole of the North West. The next stage sets proposed early actions built out of national direction. A capacity planning exercise is required by the end of next year which will provide the first view of the way we think we can manage capacity over the next 2 months and considering the complexity of switching services back on will involve testing over the course of May and June 2020. Andrew described decision making and leadership including the functions of the cells and agendas for transformation and business as usual. Andrew talked through the structure and around distributed leadership for different aspects of work across organisations and ICPs and the need to connect both cells and create familiar governance with links to the ICS Board, the Joint Committee of CCGs and the Provider Collaborative. University partners will be supporting the evaluation of changes formally over the next few weeks.

Consideration is being given to the breadth and significance for staff and some proposals around staff support are being developed for all sectors including psychological support and networks.

The Local Resilience Forum (LRF) will continue over the next 12 months with a broader remit than the immediate response including links with the voluntary and faith sector, recovery and health inequalities and HR and people planning going forwards.

Members were invited into an open discussion.

Geoff Jolliffee asked how recovery planning will be separated from Health and Wellbeing Boards. Dr Amanda Doyle advised Health and Wellbeing Boards will be picked up by the LRF as constituent members of Health and Wellbeing Boards form part of the LRF which has a recovery planning cell focusing on business continuity and the local economy.

Sumantra Mukerji queried the framework to risk assess staff in BAME groups indicating that some national direction is coming down from NHS Employers and NHS England and Improvement. There will be a focus on employers supporting staff who are at higher risk.

Doug Soper raised concerns around widening inequalities if organisations are left to make their own decisions which were noted.

Graham Burgess suggested the commitment, skills and ownership of CCGs is maintained without slowing down the process; accepting that the role of CCGs will be reduced during this period and on a more permanent basis as well over the next 18 months. Graham described the importance of ICP representation on the ICS Board. Dr Amanda Doyle advised that the governance review is still proceeding and also described the input from ICPs including implementation around some of the service changes and delivery. Andrew talked through a number of areas colleagues have suggested would be necessary for capacity to be directed including population health management and work with the Councils. He advised members that the Joint Committee should be used for collective decision making on certain things.

	Dr Amanda Doyle advised that difficult conversations need to be held early on around nationally directed ways of working for the rest of the financial year. Local ICPs need to be strengthened to feed into the Board so that the whole system is involved. The Joint Committee of CCGs will need to function to make commissioning decisions. The system will become largely NHS England and Improvement directed and CCGs will be directed through the hospital and out of hospital cells when statutory commissioning decisions need to be made, i.e. consultation on service changes. Jerry Hawker advised changing the language on some of the slide to represent CCG legal duties. Roy Fisher referred back to the matters arising log suggesting that the work programme needs to go to each CCG Governing Body. Roy Fisher summarised discussions and concluded with comments and questions from the chat box function. Sumantra, Geoff and Jerry's comments will be articulated in a narrative including an understanding of the role of CCGs over the next 12 months and recognising that CCG members need to be sighted on this. The value of ICPs also needs to be reinforced within the narrative. Andrew Bennett will take this as an action. The slides from today have also been to the ICS Board and members of the ICS Board will share these with their ICPs.
7.	**Any Other Business** None.
Date and time of next meeting: Thursday 04 June 2020, 13:00-15:00, MS Teams Meeting Dates of Future Meetings: 02 July 2020 03 September 2020	