NHS

Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group

Governing Bodies in Common – 3 November 2020

Minutes to be Received

Title of Meeting	Joint Committee of Clinical Commissioning Groups (JCCCGs)
Date of Meeting	2 July 2020
Status (ratified/draft)	Ratified
CCG Representatives	Roy Fisher, Blackpool CCG Adam Janjua, Fylde and Wyre CCG David Bonson, Fylde Coast CCGs

Summary of key issues discussed:

- A summary briefing from the hospital and out-of-hospital cells was provided.
- A financial update report was provided.
- The Joint Committee was updated on work started across Lancashire and South Cumbria reviewing CCG nursing and quality resources and options for further collaborative working in the future.
- Members were apprised of the actions being taken regarding the extension of the NHS 111 contract. This led to a wider discussion about governance arrangements and commissioning decisions at the present time.
- The Board were briefed on the next steps for system development.

Issues requiring action:

Details:	**By whom:**	**Timescale:**
None		

Recommendation

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

Roy Fisher
Chairman
Blackpool CCG

Dr Adam Janjua
Chair
Fylde and Wyre CCG

Minutes of the Joint Committee of Clinical Commissioning Groups (JCCCGs)
Thursday 02 July 2020, 13:00-15:00
Microsoft Teams Teleconference

Present		
Roy Fisher	Vice Chair Chair	JCCCG Blackpool CCG
Graham Burgess	Lay Chair	Blackburn and Darwen CCG
Lindsey Dickinson	Clinical Chair	Chorley and South Ribble CCG
Geoff Jolliffe	Clinical Chair	Morecambe Bay CCG
Denis Gizzi	Chief Officer	Central Lancashire CCG
Debbie Corcoran	Lay Member	Central Lancashire CCG
Jerry Hawker	Chief Officer	Morecambe Bay CCG
Paul Kingan	Chief Finance Officer	West Lancashire CCG
Sumantra Mukerji	Clinical Chair	Greater Preston CCG
Geoff O'Donoghue	Lay Member	Greater Preston CCG
Doug Soper	Lay Member	West Lancashire CCG
Adam Janjua	GP and Chair	Fylde and Wyre CCG
Julie Higgins	Chief Officer	East Lancashire CCG
Richard Robinson	Chair	East Lancashire CCG
Neil Jack	Chief Executive	Blackpool Council
David Bonson	Chief Operating Officer	Fylde Coast CCGs
In Attendance		
Jane Cass	Locality Director	NHS England and Improvement
Jackie Hanson	Director of Nursing	NHS England and Improvement
Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Sue Stevenson	Chief Operating Officer	Healthwatch Cumbria
Gary Raphael	Executive Lead for Finance and Investment	Lancashire and South Cumbria ICS
Andy Curran	Medical Director	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
Rachel Pickford	Corporate Business Manager	Lancashire and South Cumbria ICS

Standing Items	
1.	**Welcome, Introductions and Apologies** Chair Roy Fisher welcomed members to the Joint Committee of CCGs (JCCCGs) held virtually via Microsoft Teams. Apologies were received from Andrew Bibby, Andrew Bennett, Louise Taylor, Gary Hall, Lawrence Conway and Katherine Fairclough.
2.	**Minutes of the Previous Meeting Held on 4 June 2020 and Matters Arising** The minutes of the previous meeting held on 4 June 2020 were reviewed. Geoff Jolliffe was not present at the previous meeting however in the apologies section he pointed out his name had been spelt with a double 'e'. Richard Robinson is also documented as being a 'Lay Member'. Adam Janjua requested that 'Acting' is removed from his title of Acting Chair. These amendments will be made to the draft minutes which were otherwise agreed as a true and accurate record. The matters arising log was reviewed. With regards to the work programme going through each CCG Governing Body, this has now been completed and the programme has been approved subject to current arrangements. Some queries have been received from Julie Higgins which is being worked through with Andrew Bennett. The second action pertaining to the circulation of shared integrated partnership material has been completed. The third action about reconvening a meeting between AOs and ICP Programme Directors to connect work with the wider commissioning Agenda is taking place this afternoon. This action is also now closed.

3.	**Declaration of Interests** All members of the Committee declared a financial interest in the agenda. It was acknowledged by the Chair that no formal decisions are requested or planned for the meeting. The LSC system will continue to work differently in a pandemic environment for some time to come. Members recognised that the JCCCGs will therefore discuss the implications in the way the system operates. No other interests were declared.
4.	**Key Messages** • **Update on Phase 3 planning guidance** • **Regional Framework for Phase 3** Dr Amanda Doyle advised members that phase 3 planning guidance is still awaited and that a formal letter is expected to be received in approximately 1 week. Gary Raphael advised members that for phase 2, bids in response to Infection Prevention and Control (IPC) will be submitted this Friday for things that do not increase capacity. There is also a submission due next Wednesday for all the things that do increase capacity. Phase 2 is due to finish at the end of August 2020. Members will be briefed in relation to capital bids later in the agenda. Dr Amanda Doyle advised that the phases are determined by levels of the COVID-19 pandemic and that different parts of the country will be in different phases at different times.
Sustainability	
5.	**COVID-19 Updates** • **Summary Briefing from the Two Cells** Dr Amanda Doyle provided an introduction to the summary from the two cells. The PowerPoint slides were assumed read and Dr Amanda Doyle advised members that the update comprised multiple items including detailed information regarding the planning submission to the region from the system, follow on work required about capacity planning and pathway work required as a result, updates on testing and actions taken around nosocomial infections. There would also be a focus on health inequalities and constitutional target performance. Gary Raphael reminded members that planning and follow on work was in progress at the time of the last Joint Committee of CCGs and he described the outcome from all the work undertaken up until 16 June 2020. Gary drew members' attention to a table in the slide deck on capital requirements totalling £175.5m and provided a summary of work undertaken in the acute Trusts, mental health and primary care to assess the bids required to be able to respond to the consequences of COVID-19. £49m will be required to comply with IPC and there will be a need to plan for more capacity. Seating in the Emergency Departments will need to be considered to accommodate patients. Potential revenue consequences of all capital schemes will need to be understood. £22m will be required for Seacole Units, £14.2m will be needed in extra staffing cost in critical care and the outcome of planning means specific asks around capital are required with advice to region on costs in revenue terms. Detailed forms are being completed for the region to outline the detail behind the £175.5m. Gary reiterated information about the submission on Friday around IPC compliance and around next Wednesday's submission whereby each scheme will need to be described. All information will provide a basis for determining the best way to respond to COVID-19.

	Paul Kingan queried how realistic the figures are. Gary advised that this is not the usual process of knowing what may be available. NHS England and Improvement are gathering the necessary intelligence for the Treasury to take a view on what will be required this year and needs to be in place by January 2021 or preferably earlier. The ICS is not being encouraged to submit anything that needs to be implemented before this time. Dr Amanda Doyle advised cells are being asked to develop plans for some of this work. Discussions are being held with the region around what needs to be delivered ensuring costs are realistic. Currently plans are not affordable within the allocations the ICS is expected to receive. Geoff Jolliffe suggested this may be an opportunity to develop whole system capacity and recommended engaging GPs. Dr Amanda Doyle advised that significant capacity will need to be planned for winter as a second wave of COVID-19 is expected with some Business As Usual (BAU) running in parallel and factoring in IPC requirements. Digital advances need to be retained as this will 'slicken' ways of working and will assist in tackling waiting lists. Dr Amanda Doyle provided some reassurance in that the system capacity plan cuts across a whole range of cells for input including GPs and hospital clinicians from ever part of the patch. Graham Burgess discussed timescales for response and queried which programmes need to be delivered quickly. Gary Raphael confirmed there is currently no timescale for the response however prioritisation would be covered in the finance section of the agenda. David Bonson pointed out the focus on beds and that community providers have been focusing on Home first and how community provision can be maximised across the system. The ask from NHS England and Improvement was to focus on beds at this point in time for the plan and primary and community care also have a large part to play. Carl Ashworth reiterated the main points picked up through the conversation with Geoff Jolliffe around system planning and reinforcing the way in which demand can be diverted away from bed based care is crucial in advance of winter. Work is being undertaken with ICPs to look at high volume, low risk pathways so that demand can be managed appropriately outside of hospital. Implementation is anticipated by September 2020 including demand in relation to respiratory and associated pathways. Dr Amanda Doyle relayed to members the current position on testing. Doug Soper queried the figures for cases in terms of pillar 2 not being recorded and asked if figures are obtainable. Dr Amanda Doyle advised figures are not currently accessible however provided assurances that the Local Resilience Forum (LRF) are working hard on this. Advice is being provided to the general public to stay at home and do not test if symptoms have occurred over 2 months. Figures are currently providing an indication of trend rather than actual numbers. Geoff Jolliffe referred to page 32, waiting lists by speciality in April 200 and pointed out that the figure has worsened since then which will result in issues for patients and how the ICS engages with them. Dr Amanda Doyle advised members that the capacity to deliver some of the interventions is significantly reduced meaning that only urgent cases can be carried out. Endoscopy procedures for example are aerosol generating procedures and require full Personal Protective Equipment (PPE). There are also issues with patients not wanting to attend hospital due to the risk of catching COVID-19. Some work is being carried out to improve messaging and manage expectations and symptoms

	whilst patients are waiting. Sue Smith advised colleagues that scenario setting is being undertaken in Cumbria which may help to alleviate some concerns. David Bonson referred to slide 33 and queried why Lancashire has higher prevalence than other parts of the North West and nationally. Gary Raphael explained there is a large focus on 52 week waits nationally as well as diagnostics which is not out of line with Cheshire and Merseyside and Greater Manchester. The waiting list is increasing and a new Elective Care Group has been established to look at this and comprises representation from the out of hospital cell.
6.	**Finance Report** Gary Raphael advised members about the finance reports that were written for the ICS Board with a view to this coming to the Joint Committee of CCGs. On the second report, item 6b, the JCCCG is not being asked to approve the recommendations, rather to note the recommendations. Item 6a reports the significant capital asks and informing region about revenue consequences. It is not anticipated that the ICS will receive everything asked for and a prioritisation process is being initiated. Colleagues were apprised about the process being undertaken and were provided with some background on what is happening in relation to capital. Once all bids had been submitted by relevant organisations including primary care providers and mental health services, these were summarised and ICPs were asked to undertake a level of prioritisation. Trusts have already prioritised their bids and a system financial view has been considered by Directors of Finance and the Finance and Investment Group (FIG) who have made recommendations to the ICS Investment Committee. Following this third level technical review, recommendations will then be made to the ICS Board to emphasise everything submitted as a system in terms of what is needed. If the ICS only gets a proportionate share, it has been agreed that the ICS will recommend prioritising rather than the region doing this. The infrastructure is not as well developed as other parts of the North West therefore the ICS intends to lobby the region for a disproportionate share of regional capital resources. Colleagues are working on data to support these claims. A request has also been made for the rapid notification of capital availability for preparedness purposes. To summarise, the prioritisation process will continue through the ICS Investment Committee and will involve co-opting clinical colleagues from primary and secondary care to ensure this is correct. In terms of revenue, the system is seeking to get to grips with this with CCGs and Trusts. This report highlights the revenue consequences of capital schemes. A wider piece of work is being led by Elaine Collier as the shape of finances is changing. The amount of spending on Trusts has been nationally set with consequences for the remainder of budgets. The format of the report shows the impact of all changes that need to be tackled in year and next year and emphasis will be on how the system recovers finances next year; this is something that must be started from now. From August 2020 a round of meetings will be held to gather the picture from both Trusts and CCGs in terms of their financial position. Roy Fisher discussed £43m being claimed by Trusts over and above block payments. Gary advised that this is mainly due to revenue costs and this figure is extrapolated to the end of the year until ICSs are provided with a block sum. Escalating costs are also considered when setting control totals and it is necessary to look at trends in spending patterns.

	Jerry Hawker discussed the risks of revenue expenditure and highlighted the importance of collectively managing risk in a way the finances are working, for example considering the impact as a result of QOF payments not being taken into account when setting budget levels. A further revenue report will be brought to the next JCCCG meeting. Paul Kingan raised concerns around lines of responsibility and accountability and recommended further clarification around the governance and decision making framework in light of the new cell structure to better prepare for COVID-19 response. A decision tree will be released in the next couple of weeks alongside the governance. Gary pointed out the changing landscape and reiterated from previous discussions that CCGs' expenditure is committed and a better understanding of this would be beneficial to inform the way in which the ICS operates for the remainder of the year. The papers were noted.
7.	**Resources for Quality Improvement and Nursing Leadership** Jackie Hanson shared some PowerPoint slides to brief the JCCCG on work started across Lancashire and South Cumbria reviewing CCG nursing and quality resources and options for further collaborative working in the future. Building on strong collaborative working in relation to safeguarding and Continuing Healthcare (CHC) has become clearer over the last few months and in view of COVID-19, there are vacancies and gaps in nursing and quality teams in CCGs. Time needs to be taken to strengthen collaborative working and thought needs to be given to how all CCGs move forwards in relation to quality assurance and how this is reported into the hospital and out of hospital cell structures. The slides outline the next steps including resource mapping across all CCGs including Commissioning Support Unit (CSU) resources to identify key areas where there are gaps and issues and to get an understanding for the short and long term. This will involve consolidating and streamlining functions of CCGs going forwards and a range of options will be brought back to the JCCCG for further consideration. Jerry Hawker advised members about a conversation recently held around workload on nursing and quality teams due to their involvement in IPC, testing and other areas during COVID-19. Jerry provided a couple of observations including separating what needs to be carried out in the short term in relation to COVID-19 as opposed to what might be sensible ways of working differently. Secondly Jerry reminded colleagues that there are number of Chief Nurse roles that currently fall outside of the remit of the Executive Team which will need managing carefully. Dr Amanda Doyle described the importance of understanding nursing and quality from a capacity leadership perspective, recognising that providers are busy introducing changes to the way in which they work to deal with the maximum number of patients safely. Consideration is being given to pooled waiting lists for elective patients and cancer patients to ensure diagnostics can be carried out more quickly. The system is moving from a place based approach to working jointly across the system which highlights the importance of collaborative working. Roy Fisher raised a concern on behalf of CCG Chairs in terms of patients in deprived areas and those moving to hospitals outside of the area and issues around transport. Dr Amanda Doyle acknowledged this and advised members that the ICS will need to

	ensure plans take into account these issues, also recognising that the impact of COVID-19 is expected to worsen health inequalities. The ICS is not currently in a position to provide guarantees around this; however this subject is under discussion. Gary Raphael also recommended ensuring that equitable access to Trusts for procedures and treatment is considered going forwards. Doug Soper acknowledged this principle and also highlighted the complexity of putting this in place. He described this would be essential for life threatening cases, however pointed out the risks of doing this for elective activity in terms of patients who do not attend. Doug recommended starting something on a smaller scale. Dr Amanda Doyle advised that the hospital cell is leading on this piece of work and it has been suggested that 2 specialities are tested to be begin with. The paper received today was noted.
8.	**Extension of NHS 111 Contract** David Bonson discussed 999, 111 and PTS decisions forming part of the JCCCG work plan as the service move towards becoming more integrated. The current 111 contract was due to end in September 2020. The intention was to align 111 and 999 services for efficiencies and for effectiveness for which a service specification was due to be agreed in May/June 2020. This has been delayed due to COVID-19. During this time a clinical system to support 111 services has needed replacing and the lease of Middlebrook has also needed renewing. A business case was developed to support North West Ambulance Service (NWAS) and security to deal with the COVID-19 response. Action has since been taken to agree an extension to the contract at the end of September 2020 and a number of leads in key areas are working with NHS England and Improvement. If during the extension the service specification is agreed, it will be possible to move to a new specification providing a 3 year extension with additional costs to NWAS to provide 111 services plus some additional resources to achieve standards. There will be a non-recurrent commitment and an annual non-recurrent commitment. Any costs up to that value can be considered in a transparent way. This paper was brought to the JCCCG to apprise members of the action being taken. Jerry Hawker flagged up a wider financial concern about inconsistency in the way the NHS is now operating. A process and commitment for additional investment was undertaken for 2020-21followed by a period of 'lockdown' due to COVID-19. Jerry reminded members about a number of other areas across the community, primary and secondary care that have already been committed to which are currently frozen. Jerry urged a transparent process will be required to make a fair assessment about non-COVID-19 related costs for 2020-21. Dr Amanda Doyle advised members that Bill McCarthy has outlined resource commitment for COVID-19 and non COVID-19 related costs will be subject to the cells. Ambulance services were clarified specifically with NHS England and Improvement due to related issues that fall out of the remit of the cells. A specialist cell has been set up for ambulance and 111 services with regional oversight who will oversee any issues and commitment to resources. Gary advised members that the format for future reporting on a system basis will ensure any issues are highlighted. Prioritisation will enable the ICS to map and influence where governance needs to be applied at various levels and a forecast will need to detail what will happen by 1 April 2021-22. Roy Fisher advised a number of CCGs had planned to invest monies this year and these have now been removed. Jerry reiterated the importance of a process by which the ICS works through the risks of not investing and prioritising one investment over another. Dr Amanda Doyle advised that not all of the investment described will be stopped, for example mental health and learning disabilities will receive additional

	investment not solely directed to CCGs but being dealt with at system level. There is also national and regional focus around how population health management and health inequalities are addressed for example. Doug Soper reinforced Gary's point about clarifying governance and systems and requested copies of minutes from the cells so the JCCCG is sighted on these. Members were in agreement with this point. A report will brought back to future JCCCG meetings. Dr Amanda Doyle advised that the JCCCG has oversight of commissioning decisions that are being made throughout the governance arrangements. Those decisions are technically made by NHS England and Improvement through the cells. Doug Soper requested a written process that can be circulated for distribution to CCGs. Gary advised members that Elaine Collier is working with all organisations to determine commonalities for system accountability. The ICS is currently exploring how COVID-19 has changed the way things are done. In terms of a Level 4 incident, Jane Cass reiterated NHS England and Improvement take control of the finances; ensuring systems are integral to the leadership of the cells led by Dr Amanda Doyle and Kevin McGee. Doug Soper outlined the implications of not documenting decisions should these be subject to audit and recommended clear processes and lines of reporting as a protection mechanism. Dr Amanda Doyle advised members that an informal discussion is being held with KPMG next week to get their perspective and a report will be brought back to the next meeting. Doug explained it would also be useful to gather auditor recommendations around best practice. Jerry Hawker supported the need for a process as a public accountable body whether as a system or through individual organisations. The CCGs have always balanced investment versus available resources and there still remain concerns around the transparency of legacy costs. Jerry recommended a report to the JCCCG on allocations for next year so members are apprised of what is expected.
9.	**Next Steps for System Development** Dr Amanda Doyle presented a paper on the next steps for system development in Andrew Bennett's absence. This update was provided following a meeting with ICP and CCG Chairs. Members were also reminded about the letters sent by Bill McCarthy about system governance and decision making and how Dr Amanda Doyle intended to approach this locally as per her letter sent to CCGs last week. The letter received in response to this from CCG Chairs indicates a general sense of unhappiness and lack of clarity around the way things are working. Members received an appended list of managers and clinicians who are involved in the cells and sub-cells. Further to Andrew's discussion with ICP and CCG Chairs a proposal has been made to reinstate the Commissioning Reform Group (CRG). This group was overseeing the process and move towards a CCG merger and was postponed on the advice from NHS England and Improvement to delay this non-essential work due to COVID-19. Following discussions the Centre would be amenable to the ICS reinstating some of this work if possible and whilst being mindful of adding to workloads in the current climate, it has been agreed to re-start the CRG to work through some of the concerns and issues.

	Roy Fisher emphasised the need for participation and supported the reinstating of CRG. Jane Cass reiterated that nationally from the Centre discussions have been reinitiated for those systems who feel they are able to pursue and progress towards commissioning reform and CCG mergers. With regards to the role and development of a local infrastructure, the development and strengthening of ICPs can be considered as part of commissioning reform and Jane recommended focusing on the development of ICPs to support discussions. Graham Burgess supported the reintroduction of CRG however highlighted the risk of talking about 1 CCG under the current climate as this may distract from other issues at present. Clear governance, transparency and communication around a new structure were recommended. Denis Gizzi reiterated points made about reforming the way in which the system works and that CRG would support how this is managed. Denis recommended taking learning from the last 2-3 months forward as part of discussions. Geoff Jolliffe commended the efforts, integrity and ambition taking place at cell level and described concerns being more around connectivity. Geoff described a variety of ways to communicate with GPs and also the sense of disconnect which was not happening prior to COVID-19. There are concerns being raised in primary care about capacity planning which will require some planning support on different ways of working. Geoff also advised the JCCCG that Lay Members are feeling very disconnected and have the capacity to help reintroduce some check and balance. Jerry Hawker raised a risk around losing the narrative between command and control and ambition as an ICS. A set of commitment towards integrated care, placed based care and neighbourhoods is a particular area of concern. Jerry recommended improving the narrative for the short term and the long term. Feedback is being received from staff who are feeling undermined and insure about their future because of language used around CCGs. Jerry emphasised the importance of people and their job roles being more important than an organisation itself. Jerry supported Denis' comment on system working and roles in order to protect people. Dr Amanda Doyle reminded colleagues that the ICS must improve and reduce health inequalities and clinical care within the resources available. Dr Amanda Doyle recommended being realistic about what can be managed within certain timescales recognising that a connection must be made with members as appropriate. Dr Amanda Doyle recognised that the future will look very different and advised a narrative to inform staff and how they can be skilled up. Doug Soper queried representation on CRG from West Lancashire. Roy Fisher advised a Terms of Reference (ToR) is available for the group and Dr Amanda Doyle agreed the importance of having representation from every economy if those representatives agree to do it. Jane Cass referred back to a sense of purpose for staff and drew members' attention to investing time in outlining next steps so staff can find their place at an ICP or ICS level.
Any Other Business	
10.	**Any Other Business**

	The Commissioning Reform Group (CRG) is taking place on 14 July 2020. This group is not a decision making body therefore it will report into the Joint Committee of CCGs. A discussion will be held outside of the meeting to decide who will Chair the first meeting as Roy Fisher is not available. The next Joint Committee of CCGs will take place on 3 September 2020.

Date and time of next meeting:
Thursday 03 September, 13:00-15:00, MS Teams Meeting

Dates of Future Meetings:
01 October 2020