

## Integrated Care Board

<b>Date of meeting</b>	Friday, 1 July 2022
<b>Title of paper</b>	Lancashire and South Cumbria Clinical Commissioning Groups - Policies for consideration and adoption
<b>Presented by</b>	Kevin Lavery, Chief Executive
<b>Author</b>	Carl Ashworth, Strategy and Policy Director Emily Kruger-Collier, Head of Programme Management Office
<b>Agenda item</b>	8
<b>Confidential</b>	No

### Purpose of the paper

To advise the LSC ICB on the outcomes of a review of a wide range of policies previously in place across the CCGs; to recommend the adoption of selected aligned policies; to highlight the list of policies under development; and to propose arrangements for future policy management and review.

### Executive summary

The eight Clinical Commissioning Groups in Lancashire & South Cumbria established policies across a range of operational functions, including HR, finance and corporate services. They also agreed policies for population access to specified clinical services and medicines as well as setting out quality and safeguarding requirements.

In readiness for the closedown of the CCGs, and the establishment of the LSC Integrated Care Board, a review of all existing CCG/ICS policies was undertaken to assess and identify:

- the policies that were already aligned and could be transferred to the ICB
- policies where alignment work is still underway
- any that required adaptation and alignment prior to ICB establishment on the 1<sup>st</sup> July 2022

This document is intended to inform the Board of the outcomes of the review and to make recommendations for policy adoption and future review arrangements.

### Recommendations

The Integrated Care Board is asked to:

- support the transfer of policies summarised at Appendices A and B and adopt them in their current form on behalf of NHS Lancashire & South Cumbria ICB, on the understanding that a further review process will be undertaken between July and October as the ICB operating model is finalised
- support the establishment of a policy register to be maintained within the ICB corporate function
- consider and agree the decision-making committees for the review and management of policies post 1<sup>st</sup> July 2022

### Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
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ICB Design Group	11 April 2022 16 May 2022	Supported		
<b>Conflicts of interest identified</b>				
None				
<b>Implications</b>				
<i>If yes, please provide a brief risk description and reference number</i>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed		N		
Equality impact assessment completed		N		
Privacy impact assessment completed		N		
Financial impact assessment completed		N		
Associated risks		N		
Are associated risks detailed on the ICS Risk Register?		N		
<b>Report authorised by:</b>		Kevin Lavery		

# **Lancashire and South Cumbria Clinical Commissioning Groups - Policies for consideration and adoption**

## **1. Background**

The eight Clinical Commissioning Groups in Lancashire & South Cumbria established policies across a range of their operational functions, including HR, finance and corporate services. They also agreed policies for population access to specified clinical services and medicines as well as setting out quality and safeguarding requirements.

In readiness for the closedown of the CCGs and the establishment of the LSC Integrated Care Board, a review of all existing policies was undertaken to assess and identify:

- the policies that were already aligned across the CCGs and could be transferred to the ICB
- policies where alignment work is underway
- any that required adaptation and alignment prior to ICB establishment on the 1<sup>st</sup> July 2022.

## **2. Policy review outcomes**

The outcome of the review is that:

- Seventy-five policies are aligned or have been prepared for the ICB. It is proposed that these be 'lifted and shifted' into the new organisation and authorised by the Board upon establishment. These can then be reviewed as appropriate as part of the design of the ICB operating model. A list of these policies can be found at Appendix A.
- There is a smaller group of 57 policies that are either due for review or deemed non-urgent for alignment, given the timescales. These can be transferred to the ICB in their current state but it is recommended that review takes place as early as possible after establishment. This group is listed at Appendix B.

## **3. ICB Policy authorisation and ongoing management**

The policy review has highlighted a significant number of policies that will be inherited by the ICB on 1<sup>st</sup> July 2022, as listed in Appendices A and B. All of these policies have been agreed previously through appropriate governance structures (such as CCG governing bodies or collectively through the Strategic Commissioning Committee) on the understanding that their development has been robust and has involved subject matter experts, staff, patients and the public as appropriate.

In addition, the policy review process has either confirmed alignment across all CCGs or confirmed that work has been undertaken to prepare an aligned policy for the ICB – these are the policies listed in Appendix A. It is proposed that the Board acknowledges the transfer of these policies from CCGs and adopts them in their current form on behalf of NHS Lancashire & South Cumbria ICB, on the understanding that a further review process will be undertaken between July and October as the ICB operating model is finalised.

For those policies in Appendix B where alignment or review work is underway, it is proposed that the Board acknowledges (a) the transfer of these policies from CCGs in their current form and (b) the fact that they will continue to apply in each part of the LSC area until alignment work is complete. For clinical and medicines management policies, there is a rolling programme of development, alignment and review that was previously agreed with the CCGs’ Strategic Commissioning Committee – this programme can continue under the oversight of the ICB Quality Committee and the risk of maintaining current policy status whilst continuing with the agreed review and alignment programme is low.

Similarly, work is being undertaken to review and align CCG policies in Appendix B for HR Quality and Corporate service areas in line with the development of the ICB functional operating model. Risk associated with continuation of current policies in each part of LSC in the meantime is low.

However, in order to ensure the ICB is able to demonstrate as early as possible that all policies are aligned, it is recommended that the reviews described above take place as early as possible after ICB establishment.

In order to manage the formal review and adoption process, it is further recommended that the ICB:

- establishes a policy register to be held by the corporate function
- sets out where authority for approval of any new policies and/or changes to existing policies will sit within the new structure – recommendations include:

<b>Policy Group</b>	<b>Accountable committee/group</b>
Clinical commissioning	Quality Committee
Medicines management	Quality Committee
Human Resources	Remuneration Committee
Quality & Safeguarding	Quality Committee
Corporate	Executive Management Group

#### **4. Recommendation**

The Integrated Care Board is asked to:

- support the transfer of policies summarised at Appendices A and B and adopt them in their current form on behalf of NHS Lancashire & South Cumbria ICB, on the understanding that a further review process will be undertaken between July and October as the ICB operating model is finalised
- support the establishment of a policy register to be maintained within the ICB corporate function
- consider and agree the decision-making committees and groups for the review and management of policies post 1<sup>st</sup> July 2022

**Carl Ashworth/Emily Kruger-Collier**  
**24<sup>th</sup> June 2022**

## APPENDIX A

Policy Type	Number of Policies Aligned or Prepared For ICB
Clinical	<b>General policies and principles:</b>
	Statement of Principles (Procedures and Treatments Not Normally Funded)
	General Policy for Individual Funding Request (IFR) Decision Making
	Policy for Considering Applications for Exceptionality to Commissioning Polices
	Statement-of-Principles (Procedures and Treatments Not Normally Funded)
	<b>Specific clinical policies:</b>
	Endoscopic Procedures on the Knee Joint Cavity
	Excision-of-the-uterus
	Male-Circumcision
	Photorefractive-surgery
	Dilatation and Curettage
	Non-invasive Vagus Nerve Stimulation (gammacore) in headache
	Otitis Media with Effusion (OME) management using Grommets and Adenoidectomy
	Low Intensity Pulsed Ultrasound Therapy (Exogen)
	Spinal injections and radiofrequency denervation for low back pain
	Sensory Integration Therapy
	Benign-Skin-Lesion-updated
	Carpal-Tunnel-Syndrome
	Gynaecomastia
	Surgical-Release-of-Trigger-Finger
	Tonsillectomy
	Assisted Conception Services
	Chalazia Removal
	Dupuytrens contracture
	Extracorporeal Shock Wave Therapy for the treatment of Tendinopathies
	Ganglia excision
	Haemorrhoid surgery
	LIPUS
Hip Replacement	

	Knee Replacement
	Hernia Policy
	Cystoscopy for Lower Urinary Tract Symptoms (LUTS) in Males Policy (New Evidence Based Intervention (EBI))
	Surgical intervention for Benign Prostatic Hyperplasia (New EBI – national guidance)
	Sacral Neuromodulation – new policy (not EBI)
	Upper GI endoscopy
	Surgical intervention for chronic rhinosinusitis
	Insulin-pump-provision
	Glucose Monitoring Devices
	Rehabilitation after damage to facial nerve
<b>Human Resources</b>	Absence Management
	Adoption Policy
	Annual Leave
	Career Break
	Equality and Diversity
	Flexible Working
	Grievance
	Harassment and Bullying at Work
	Induction
	Job Matching and Re-banding
	Managing Work Performance (including appraisal, PDR)
	Maternity
	CCG Organisational Change
	Special Leave
	Parental Leave (including shared leave, paternity)
	Professional Registration
	Recruiting Ex-Offenders
	Recruitment and Selection
	Retirement
	Substance Misuse
	Training and Development
	Secondment
	Temporary Promotion
	Human Rights

	Lone Worker
	Freedom to Speak up Policy (Whistleblowing / Raising Concerns)
<b>Quality &amp; Safeguarding</b>	Mental Capacity Act
	Safeguarding Children and Adults
<b>Corporate – Estates and Facilities Management</b>	Security Management
	Incident and Accident Procedure
<b>Corporate – Information, Digital &amp; Data Management</b>	Information Governance (including code of conduct and handbook)
	IG and Data Security and Protection
<b>Corporate – Finance, Contracting &amp; Procurement</b>	Anti-Fraud, Bribery and Corruption
	NHS England Losses and special payments policy
	CHC Eligibility Dispute Procedure (NHS and Local Authorities)
	CHC Choice and Equity Policy
	CHC Funded Care Values & Behaviours Framework
	Enhanced Observations and 1:1 Process



## APPENDIX B

Policy Type	Policies requiring review post 1st July
<b>Clinical</b>	Complementary and Alternative Therapies Policy
	Functional Electrical Stimulation
	Hip Arthroscopy
	Hysteroscopy
	Reversal of Sterilisation
	Commissioning of cosmetic procedures
	Snoring Surgery
	Varicose Veins
	Subacromial (shoulder) decompression
	Bunion (Hallux Valgus) Surgery
	Mechanical Cough Assist Device Policy
	Diagnostic coronary angiography for low risk chest pain
	Surgical removal of kidney stones
	Colonoscopy (appropriate and repeat)
	Lumbar discectomy
	Spinal fusion
	Vertebroplasty
Low back pain imaging	
Open (Wide-bore) MRI	
<b>Medicines</b>	Gluten-free foodstuff and products
	Emollients and Sunscreens
	Free of Charge (FOC) Medicines schemes
	Holiday Medication
	Non-Medical Prescribing Policy
	Primary Care Rebate schemes
	Over the Counter Items that Should not be Routinely Prescribed in Primary Care
<b>Human Resources</b>	Tobacco Policy
	Domestic Abuse and Workplace

<b>Quality &amp; Safeguarding</b>	Patient Choice
	Safeguarding Training Framework
	SOP for Language Support Service
	Being Open and Duty of Candour
	Serious Incident Reporting and Management
	Supervision Policy and Procedure
	Personal Health Budgets
<b>Corporate – Estates and Facilities Management</b>	Fire Safety
	Safe Driving at Work Procedure
	Section 106 Monies Community Infrastructure Levy Funding
	Office Workplace Safety Procedure
	Health and Safety including DSE
<b>Corporate – Finance, Contracting &amp; Procurement</b>	Competition Dispute Resolution
	Equipment Commissioning (including care homes)
	Volunteer / Public / Patient Expenses
	Cash management – strategy and procedures
	Procurement
	CHC Single Sign Off for Verification of Eligibility
<b>Corporate – Core Business</b>	CHC Single Sign Off – CHC Funding Approvals
	Claims Management
	Commissioning Decisions
	Policy for Policies
	Media Relations (including social media)
	Petitions Policy
	Managing Poor Performance Commissioned Services
Policy on Sponsorship and Joint Working with the Pharmaceutical Industry and other Commercial Organisations	
<b>Corporate – Business Continuity</b>	On Call
	Business Continuity Plan
	Emergency Preparedness, Resilience and Response