

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Ratified minutes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 6th July 2017, 1pm – 3pm
Banqueting Suite, South Ribble Borough Council, West Paddock, Leyland, Lancashire, PR25 1DH

Chair	Phil Watson	Independent Chair	JCCCGs	Attended
Voting Members	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
	Debbie Corcoran	Lay Member	Greater Preston CCG	Attended
	Sumantra Mukerji	Chair	Greater Preston CCG	Apologies
	Doug Soper	Lay Member	West Lancashire CCG	Apologies
	Marie Williams	GP Member	Blackpool CCG	Apologies
	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
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Phil Huxley	Chair	East Lancs CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
Adam Janjua	Clinical Lead Vice Chair	Fylde and Wyre CCG	Attended	
Non-Voting Members	Allan Oldfield	Chief Executive Officer	Fylde Council	Attended
	Amanda Doyle	Accountable Officer	Healthier Lancs & South Cumbria	Apologies
	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
	Dean Langton	Chief Executive Officer	Pendle Council	Apologies
	Gary Hall	Chief Executive Officer	Chorley Council	Attended
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Harry Catherall	Chief Executive Officer	Blackburn Council	Attended
	Jane Higgs	Director of Operations	NHS England	Attended
	Dave Tilleray	Deputy Chief Executive	West Lancs Borough Council	Attended
	Lawrence Conway	Chief Executive	South Lakeland District Council	Apologies
	Karen Smith	Chief Executive Officer	Blackpool Council	Attended
Sir Bill Taylor	Chair	Healthwatch	Attended	
Diane Wood	Chief Executive	Cumbria County Council	Apologies	
Sakthi Karunanithi	Deputy	Lancashire CC	Attended	
In attendance	Jacque Allan	Exec Support Officer	Healthier Lancs & South Cumbria	Attended
	Neil Greaves	Comms & Engagement	Healthier Lancs & South Cumbria	Attended
	Malcolm Ridgeway	Primary Care	NHS England	Attended
	Jackie Forshaw	Primary Care	NHS England	Attended
	Mark Spencer	Primary Care	NHS England	Attended

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		ACTION
17-07-1	<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 invited members of the public to observe what happens at these important decision making meetings. He clarified that this was a meeting held in public but not a public meeting, although the members of the public would be allowed to ask questions relating to agenda items at the end of the meeting.</p> <p>He explained to the Public that Lancashire Television would be filming the meeting. He had approved this to demonstrate our commitment openness and transparency in the JCCCGs when making decisions.</p>	Info
17-07-2	<p>Apologies and Quoracy</p> <p>Apologies were acknowledged and the meeting was declared quorate.</p> <p>RESOLVED: The Chair noted the apologies and declared the meeting quorate</p>	Info
17-07-3	<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: It was agreed that "A vision from Primary Care Transformation" could contain items that could result in the GPs on the JCCCGs being conflicted.</p>	Info
17-07-4	<p>Minutes from the previous meeting held on the 2nd March 2017</p> <p>The minutes of the meetings were reviewed and amendments made.</p> <p>A discussion followed on the accuracy of the Terms of Reference (ToR), highlighted in point 17-03-04. It was noted that the version of the ToRs circulated most recently was not the final version approved by the Joint Committee. Work still needs to be completed to ensure all relevant conversations and actions from separate meetings between Capsticks and the CCGs were incorporated into the ToR. It was agreed that in line with the new governance proposals, the ToR would be revisited, and a sub group would finalise and recirculate the ToRs as a matter of urgency. Further revisions thereafter could be incorporated in the review planned for March 2019. With this action the members of the JCCCG were happy to proceed.</p> <p>The Chair asked that with the agreed changes and acknowledgement of the need to review the ToR, the Committee would accept the minutes of the meeting.</p> <p>RESOLVED: The minutes of the meetings were accepted subject to the relevant changes being made to the 2nd March meeting.</p>	Info

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<p>17-07-05</p>	<p>Action Matrix Review</p> <p>The Action Matrix from the previous meeting was reviewed.</p> <p>17-01-09 Evaluation and Hurdle Criteria: Prior to purdah this was discussed at the Programme Board meeting and more work is required for the exercise to be completed. This will be presented at the September JCCCG.</p> <p>17-03-07 Integrated Diagnostic paper: This has been deferred to October 2017.</p> <p>17-03-09: West Lancashire LDP Presentation: This has been uploaded to the HLSC Website.</p> <p>17-03-09: Accountable Care Systems: A description was forwarded as requested to members of the JCCCG with the agenda for the meeting.</p> <p>RESOLVED: The action matrix was reviewed and updated.</p>	<p>Info</p>
<p>17-07-06</p>	<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>At this point Sir Bill Taylor reminded the Committee that it would be more helpful for the public if the Committee could refrain from using acronyms. This was agreed.</p> <p>The Chair added to the public that there would be time once the formal meeting had been closed for the audience to ask questions.</p>	<p>Info</p>
<p>17-07-07</p>	<p>A Vision of Primary Care Transformation</p> <p>Dr Malcolm Ridgway presented a slide deck on the vision for Primary Care. Key messages were:</p> <ul style="list-style-type: none"> • A standardised primary care offer delivered in community settings where it is safe and cost effective do so, provided by integrated teams serving a population of between 30,000 to 50,000, 8am until 8pm, 7 days per week • The hypothesis is that it is expected that the amount spent on secondary care by CCGs will remain relatively static over the next four years. CCG growth funding will be channelled into primary care, to manage increased demand and there will also be a necessity to invest in prevention, self-care and community resilience • Primary Care Networks (PCNs) are the simple first steps for GPs; these are collaborations between primary care providers developing a multidisciplinary team approach. These can become business units of MCPs or other Accountable Care Systems. There are already models across the HLSC footprint in varied stages of development and maturity • The NHSE Primary Care Transformation team is working with the LDPs and CCGs, utilising their local expertise. There will be funding available to co-produce plans around the practices and other providers integrating and working at scale to manage more people in the community. • A project completed in the Pennine Lancashire area has shown that a third of admissions and emergency attendances could have been managed in the community 	<p>Info</p>

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	<p>There is a need for whole systems change, including Extensivist GPs working with specialist teams, managing people in their own homes and Accountable Care Systems.</p> <p>Dr Mark Spencer commented that the final slide in the deck was most important, referring to prevention and healthier communities. We need to focus on wellness rather than illness.</p> <p>Questions and answers followed:</p> <p>It was felt that training for GPs and the workforce was an important issue and should have been emphasised in the presentation. The way the workforce will have to operate going forward will be very different from what they are doing presently. There will be a need to work in an integrated way. The need to continue with GP trainers was considered central, to ensure the correct skill mix across the Lancashire and South Cumbria footprint.</p> <p>The importance of finance and the flow of funding were also discussed.</p> <p>Quality was stressed as the most important aspect, but efficiency, cost savings and continuity of services were also substantial issues. As there are decreasing numbers of GPs, there is a need to make changes to the model of care to mitigate this impact. Some of the current changes currently taking place within practices was likened to ‘sticking plasters’, when a whole service redesign is required to make then sustainable.</p> <p>The Primary Care team is now engaging with fellow professionals and stakeholders to propose the next steps.</p> <p>Sir Bill Taylor made the point that through Healthwatch, any engagement events should be made available and put into the public domain. Mr Neil Greaves confirmed that any events are also published on the Healthier Lancashire and South Cumbria website.</p> <p>RESOLVED: The JCCCG noted the proposals and the next steps to move them forward.</p>	
<p>17-07-08</p>	<p>Governance of the STP – Issues for the JCCCGs</p> <p>Mr Gary Raphael presented a paper explaining the rationale for changes to the Sustainability and Transformation Partnership (STP) governance structure, especially with respect to the relationship between a proposed STP Board and the Joint Committee of CCGs (JCCCGs). He explained that the structure had already been taken to several different forums and discussed in detail with Chief Executives and Chief Officers.</p> <p>The composition of the STP Board had been directed by NHSE and NHSI and for Lancashire and South Cumbria, this had been interpreted as follows:</p> <ul style="list-style-type: none"> • An executive lead from each of the LDPs/ACS • Up to five non-executive/lay members drawn from CCGs and FTs/NHS Trusts • A councillor representative from each of the four upper tier local authorities • The STP lead and other, interim, STP executives 	<p>Info</p>

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- A primary care provider representative
- Other officers and/or observers in attendance, as required

The final governance structure will need to be considered by NHSE and NHSI, for them to accept and endorse the recommendations.

The Committee was asked to: note the content of the paper; endorse the proposals if possible; and note that formal proposals were to be made to boards and governing bodies within the next month to enable them to support the new governance arrangements.

Discussions followed with sections being highlighted from the report.

Point	Comment
5	Is this an assumption?
10	Mandate – is this the correct wording? The STP cannot make decisions. This is in relation to the scope of the work covered by the STP.
14	Is there not the same conflict for providers?
Appendix 1	It was felt that the diagram was traditional in nature and further work needed to be undertaken. Greater clarity was required on accountability and the nature of relationships.

In response to point 10, GR explained that there will be an element of mandate in the STP Board's work as both NHSE and NHSI will continue to hold organisations to account even as they align their functions with the STP and NHSE/I senior managers are likely to be on the Board in officer roles.

GR thought that he had made a factual point in paragraph 5. In the current governance arrangements, the JCCCGs is the focal point of decision making but in the proposed new governance structure, the STP Board brings together commissioner and provider perspectives and will be expected to lead strategy development and implementation.

GR explained the reason for identifying a constraint in the membership of the STP Board's non-executive membership: if the JCCCGs was to receive a 'referral' from the STP Board for a commissioning decision, it would surely be better not to have the same lay members reviewing the STPs Board's recommendations if they were on both bodies? GR did not think that any other STP Board or JCCCGs members could be in that position.

GR confirmed to the Committee that he would welcome any discussion outside of the meeting, in order to refine the proposals and asked that any further comments be sent to him for response.

A final comment was that the STP Board should not be established as 'just another meeting' on top of everything else currently being done. It was suggested that greater efforts needed to be made to rationalise the number of meetings and forums across Lancashire and South Cumbria, to enable us to make the new arrangements work better for us all. These sentiments were endorsed by all at the JCCCGs.

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	<p>The Committee thanked GR for the paper, acknowledging that it was a welcome explanation of the plans for the new STP Board. The Committee felt that the plans could be refined and they looked forward to some further discussions over the summer period, alongside CCG governing bodies and provider boards being asked to support refined proposals.</p> <p>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.</p>	
17-07-09	<p>Development of proposals for delegated decision making in the Joint Committee of CCGs</p> <p>Mr Andrew Bennett presented an update to the members on the development of proposals for delegated decision making from CCG Governing Bodies.</p> <p>The paper confirmed that CCG Accountable Officers are sponsoring the development of a common paper for each CCG's Governing Body, which will set out proposed areas for delegated decision making to the Joint Committee. It is essential that the delegations requested were specific enough to enable CCG Governing Bodies to understand the scope and impact of decision making, both on the STP as a whole, as well as local health and care systems.</p> <p>The workstream leads had been asked to identify the delegated decisions and work is continuing, to complete the drafting of this paper during July 2017. It is expected that a final version of the delegations paper will be available for consideration by CCG Governing Bodies, during August and September.</p> <p>The papers were well received and the members were appreciative of a document to take back through their respective CCGs for comment.</p> <p>There were a few comments on the amount of time being taken to establish the committee. Mr Paul Kingan pointed out that although it sometimes felt that little progress had been made, in fact the STP had already undertaken a lot of work and what we are trying to do through the decision making arrangement was to formally agree a process.</p> <p>ACTION: Note the current development of proposals for delegated decision making to the Joint Committee of CCGs.</p>	
17-07-10	<p>Any other business</p> <p>There was no other business raised at this point.</p>	
	<p>The next JCCCG Meeting will be held on the 7th September 2017 at Chorley Town Hall, Market Street, Chorley, Lancashire.</p>	

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	<p>The Chair thanked the Committee members for their attendance and noted that he was delighted at the interest shown from the general public. The Chair closed the meeting prior to taking questions from the gallery.</p>	
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Topics discussed through the Public Questions:

Access to papers prior to the meeting – it was confirmed that these should and will be posted on the website

The New STP Board

Self-Diagnosis

Public Health Education and new technology

Use of ANPs

Capturing success