NHS Blackburn with Darwen Clinical Commissioning Group
NHS East Lancashire Clinical Commissioning Group

Pennine Lancashire Committees in Common

Minutes of the Meeting held on
Wednesday, 20 June 2018 at Walshaw House

PRESENT:	**East Lancashire CCG:**	
	David Swift	Lay Member Governance
	Dr Santhosh Davis	GP, Clinical Lead Burnley
	Dr Mark Dziobon	Clinical Director, Performance
	Kirsty Hollis	Chief Finance Officer
	Sharon Martin	Director of Performance and Delivery
	Naz Zaman	Vice Chair, Lay Member Equality & Inclusion
	Blackburn with Darwen CCG	
	Dr John Randall	General Practitioner (GP) Executive Member - Chair
	Dr Adam Black	GP Executive Member
	Paul Hinnigan	Lay Member (Governance)
	Dr Geraint Jones	Lay Member (Secondary Care Doctor – Retired)
	Dr Penny Morris	Clinical Chief Officer
	Roger Parr	Deputy Chief Executive/Chief Finance Officer
	Dr Zaki Patel	GP Executive Member
	Dr Malcolm Ridgway	Clinical Director – Quality & Primary Care
	Dr Preeti Shukla	GP Executive Member
	Janet Thomas	Executive Nurse / Associate Director Quality and Commissioning
In Attendance:	**East Lancashire CCG**	
	Debra Atkinson	Head of Corporate Business
	Jason Newman	Head of Performance & Delivery
	Marianne Rintoul	Contract Management Locality Lead, MLCSU
	Alex Walker	Programme Director for Urgent Care
	Anne Macleod	Corporate Administration Manager - Minutes
	Blackburn with Darwen CCG	
	Helen Lowey	Public Health Specialist
	Claire Moir	Governance, Assurance & Delivery Manager

Min Ref:		ACTION
18:09	**Welcome & Chairs Update** Dr John Randall Chaired the meeting and welcomed everyone to the second meeting of the Committees in Committee (CiC) and discussions would take place as to how to manage the joint meeting going forward. He expressed his thanks to Claire Jackson for her support with the preparation for this Committee and advised Members that Claire had now been seconded to the role of Strategic Director of Transformation for Pennine Lancashire. This was good news and he congratulated her on her achievements. The Chair confirmed that the minutes of the first meeting of the CiC had been presented to the respective Governing Bodies and going forward they would be agreed by the CiC before presenting to Governing Bodies. Introductions were made.	

18:10	**Apologies** Apologies were received from Claire Jackson, Dr Mackenzie, Dr Robinson, Dr Warren, Deidre Lewis, Lisa Rogan and Karen Cassidy.	
18:11	**Governance** In terms of housekeeping, the Chair asked that mobile phones are used appropriately and that during discussions, questions should go through the Chair. **Declarations of Interest :** The Chair reminded Members of the need to declare any interests should a conflict arise during the meeting. **Quoracy:** The meeting was quorate.	
18:12	**Committees in Common – Framework** The Chair advised that Sharon Martin had been delayed and would join the meeting as soon as possible. He invited Claire Moir and Debra Atkinson to introduce the paper. The paper outlined a proposal for a framework for a Committees in Common (CiC). The Terms of Reference (ToR) for both Committees have been reviewed and aligned where there are commonalities. Membership and quoracy has also remained the same across both organisations and it is proposed to meet on a bi-monthly basis. Proposals for the scope of business to be considered were also outlined but this was open for discussion, particularly the delegated decision making approval limit. The defined areas of business focused on the four joint strategic commissioning priority areas of Urgent Care, Mental Health, Children & Young People and Scheduled Care. It had previously been agreed that the CiC will be Chaired on a rotational basis and Conflict of Interest management would follow the CCGs policies and procedures. The ToR would be reviewed annually and amended by mutual agreement as circumstances arise. **Sharon Martin joined the meeting.** Appendix 1 outlined the process for joint discussion and decision and Appendix 2 provided an alignment of existing contracts to future models of care developments, which had been reviewed by Claire Jackson and Sharon Martin in terms of mapping forward discussions regarding future contracts. In terms of reporting arrangements, it was agreed that the minutes would be signed off by the CiC before being presented in full to each Governing Body. The Chair invited discussion and the following points were raised: ▪ In terms of scope and delegated authority approvals, it was proposed this should read – Under a delegated authority approve contracts for clinical services 'in line with organisations Standing Financial Instructions'. ▪ It was proposed that the Committees in Common would meet on a bi monthly basis, providing an opportunity for the Sustainability Committee (SC) and Commissioning Business Group (CBG) to continue to meet in between and would retain their existing Terms of Reference (ToR). However as we move forward, it is anticipated there will be more joint working. Commonalities from the existing ToR have been used to develop	

	the framework for the CiC. ▪ It was agreed that one set of minutes would be prepared and presented to the following CiC for approval before being presented in full to the respective Governing Bodies. ▪ Para 6.1 referenced the Chair will facilitate but not participate. As the Chairs are voting members of the two existing Committees, it was felt the wording should be reviewed as the Chairs' are part of the decision making process. ▪ Reference was made to the defined areas of business and concerns were expressed that as the key joint committee across the two CCGs, this should include transformation issues. In response, it was confirmed that other areas including PCN development and the community contract element are being considered through individual committees for decision. The CiC will consider cross organisation decisions in the first instance, which was the decision agreed between the two Chairs, recognising that this will evolve going forward. ▪ In terms of membership, Dr Dziobon applauded the establishment of this Group and the work ongoing. He felt it is an important starting position which can be reviewed as it evolves. He paid tribute to Debra Atkinson and Claire Moir for their work in developing the framework. ▪ Reflecting on the changing dynamics across PL and not wanting to stifle innovation and joint working, concerns were expressed regarding conflicts of interest and the need to ensure this is managed in the right way. Going forward roles will change and more conflicts will emerge. It was agreed this runs through the formation of CCGs, however it is recognised that clinicians have valuable input to the debate. Going forward and to ensure good governance arrangements are in place, conflicts will be reviewed in advance of meetings. We can take good advice from colleagues noting the conflict and where necessary clinicians may have to leave the meeting. ▪ Helen Lowey was in attendance, representing public health for BwD Council but not a voting member and requested clarity regarding the role of public health. She was happy to provide generic public health advice, however if issues relate to LCC and public health commissioning, it would not be appropriate for Helen to be part of the debate. It was considered to be detrimental not to have a public health voice for EL at the meeting and agreed to invite representation from LCC as part of the new way of working. ▪ It was agreed the ToR were almost where they need to be and a significant move forward to all be in the room together. The Framework should be seen as a living document which will evolve, with the ultimate aim of moving to a joint committee. **ACTION:** ▪ Noted that the areas of business outlined at 5.1 do not match the workstreams outlined in Appendix 2. Sharon Martin agreed to review outside the meeting. ▪ Invite a Public Health representation from LCC In conclusion, the Chair considered that following discussion, there was broad agreement with the Framework. He thanked Dr Penny Morris for her involvement, pointing out it was a significant challenge when the idea was initially put forward to form the CiC. He paid tribute to everyone involved for their work.	**SM** **SM**

18:13	**Mental Health Commissioning** Cathy Gardener, Head of Commissioning for Scheduled Care was in attendance for this item and presented the report on behalf of Dr Rakesh Sharma, who fully supported the paper. The report outlined progress to mobilise the new mental health commissioning framework for Lancashire & South Cumbria (L&SC) and how this will affect the local commissioning arrangements, together with an update following a recent Risk Summit for mental health and the emerging priorities and challenges. Cathy advised that through the Joint Committee of CCGs it was agreed to develop a new approach within the L&SC footprint and move to place based commissioning. IAPT services will be commissioned at the Integrated Care System (ICS) level and mental health is the first area to test the new way of working. Due to the significant pressure within the MH system, an urgent Risk Summit took place in April for provider and commissioner leads. There was an expectation from NHS E for CCGs to respond and all CCGs have agreed to commit to their share of £4.7m. This would be requested non-recurrently and would be allocated to a number of schemes and would be subject to a number of conditions. A group of MH Commissioners and Finance Officers has been established to develop a finance and commissioning strategy to provide some formality to the work plan and the longer term MH investment strategy. It was recognised that IAPT is an area where significant efficiencies can be made to improve the quality and outcomes of the service and the report provided a comparison of costs across Lancashire. Cathy confirmed that EL and BwD CCGs have separate contracts for the provision of IAPT services and these contracts come to an end in March 2019. The proposal is to extend the contracts for 12 months to allow time to align to the Lancashire work, aligning also to the community reviews and neighbourhood work to commission services once. The work will include primary care engagement to describe the required model for PL. The Chair queried the variance in costs per patient across the CCGs and it was confirmed that Lancashire CCGs negotiated separate contracts, but going forward there is a need to work collectively to put rigour in the system to improve the quality in the system Members discussed the information presented and key issues were raised. Dr Black advised that BwD worked with the Womens Centre to commission IAPT services which was a service locally sourced at neighbourhood level rather than Lancashire level and agreed by the Governing Body. He asked if there is a place for a third sector partner to provide services going forward. Cathy advised this will be taken forward. There were concerns that if the contract is extended, we will continue to pay the same price. It was highlighted that current prices are out of date as the activity and cost base has changed and payment is based on delivering the prevalence and recovery. It was considered that current services are worsening and how are these being monitored. BwD don't have a waiting time issue for the first appointment, however the waiting time for the second appointment is lengthy. **ACTION: Contracts Team to review 2nd Appointment waiting time.**	**SM**

	Kirsty pointed out that the paper is proposing that a 12 months extension will bring us in line with Lancashire and the procurement process will be run once. The design of the service and how it is delivered will be at neighbourhood level, to ensure it is a bespoke service for the PL population, but commissioned at a Lancashire level. In terms of investment, there was concern that CCGs are being asked for additional funding to be invested in different ways. It is considered that the only way to deliver is through a redesign in the way investment is made and there is benefit in managing this across Lancashire. The MH Commissioning and Finance Group will review in more detail and the focus will be the Mental Health Standard. Members asked if there is confidence that in one year, if we decide we want IAPT services at PCN level, that is what we will get. Cathy pointed out that by ensuring we have the evidence to design the model we need, this provides an opportunity to influence the decisions going forward. Each lot will be judged on its own merit and each lot can have a different provider, even though the procurement will be at Lancashire level. Dr Jones was pleased to see two Committees working as one, pointing out that IAPT is an issue that is common to both organisations. However he had concerns regarding the centralisation of the contract, but was reassured that we can design the system that is right for our population, highlighting the need to be clear in terms of the services we need. Dr Sharma would hold everyone to account in terms of the clinical aspects. The Mental Health perspective is nationally driven and standards will be set at the ICS level but there will be more influence and skill to design in primary care and deliver at local level. It was recognised that patients need to be treated in primary care and closer to home, which highlighted that primary care needs to be in a position to move forward. The Chair thanked Members for their contribution to discussions. The paper outlined the process for a single procurement exercise at a Lancashire level and described the model at a local level, which will enable transformation going forward and put MH services in the community. In conclusion, Members supported the 12 month extension to the contracts to provide time for a review of IAPT service and develop the required model, which will satisfy the concerns that we can make a difference at the neighbourhood level. **ACTION:** ▪ A summary paper to be presented to each Governing Body recommending an extension of the IAPT contracts for 12 months to be in line with the L&SC MH Commissioning Framework and the Pennine Lancashire Community Services review. ▪ Timeline and Action Plan to be presented to the August meeting. The Chair thanked Cathy for her report.	**CG** **CG**
18:14	**Lancashire Audiology Procurement Project** Dr Black declared an interest as a patient under the Audiology Service Dr Davis declared an interest as a GPwSI in ENT services. Dr Black presented the report which provided members with an update on the Integrated Hearing Service contract procurement, which is currently provided on an Any Qualitied Practitioner (AQP) contract across all Lancashire CCGs. Discussions	

had taken place at the previous meeting of the Committees in Common in March 2018 when it was agreed that CCGs would enter into a collaborative Lancashire wide procurement which has now been agreed across all Lancashire CCGs.

Following a review of a number of issues raised by GPs and patients, a full engagement process commenced during the summer of 2017 with a view to commissioning a new vision and service model for people with age related hearing problems. A Leadership Board has been established to oversee the procurement and includes members from all Lancashire CCGs, MLCSU Contacts, Procurement, Communications and Business Intelligence. A new service specification has been developed which will provide a one stop shop approach and streamline patient and referral pathways. There will also be a reduction on the current tariff and new eligibility criteria of one pair of hearing aids per patient to increase patient ownership of the aids and reduce duplication. The age range will also reduce from 55 to 50 years in line with national guidance. The Service Specification was attached to the report together with a summary of AQP Audiology data per CCG. Finance and activity modelling was also outlined.

Engagement has commenced with providers and a stakeholder event was held on 11 June 2018. Dr Black confirmed that a meeting is scheduled with CCGs on 25 June to consider the revised service specification which highlighted an estimated efficiency for EL and BwD CCGs of approximately £200k per year. It was considered the revised service specification will provide a good quality, more streamlined service at a lower price, with less re-referrals for patients.

It is proposed that BwD CCG will act as lead commissioner for the whole of Lancashire for the re-procurement of the contract and an update on progress will be presented to the October meeting.

Discussion followed and it was confirmed that there will be local choice in terms of the requirements for inclusion in the procurement.

Clarity was also provided in relation to the difference between AQP and non AQP, which confirmed that due to the requirements of national guidance to lower the age range to 50+ years, non AQP outlines the potential difference for 51-54 years.

Regarding the £200k efficiency savings, Sam Wallace-Jones confirmed that a piece of work had been undertaken to benchmark the tariffs across the Lancashire CCGs which highlighted a level of duplication as there are multiple providers in each area and a duplication in referrals.

It was recognised that more and more referrals are being made by the provider and concerns were expressed as to how demand will be managed. It was confirmed that the pathway will be streamlined, commencing with a GP referral to start the process with the GP acting as gatekeeper. Dr Black outlined the referral pathway within the 4 year cycle, which would significantly reduce activity for the GP.

Dr Ridgway queried why the GP should be the first point of contact, using the example that if a patient needs an eye test, they will go directly to the Optician.

Dr Davis described the direct access pathway to the Acute provider, which will avoid the patient having to return to the GP for a referral to ENT, should there be a need for further intervention.

Dr Davis pointed out that a number of patients do not use their hearing aids and suggested having an audit process in place to ask if the patient is using the hearing aid, which was considered to be good practice. Dr Davis agreed to share the criteria for using a hearing aid with Sam.

	Members approved the recommendation to: ▪ Support the procurement documents including service specification, activity and financial modelling; ▪ That BwD CCG will act as the lead Commissioner for the contracting arrangements on behalf of the Lancashire CCGs; ▪ Proceed with the collaborative Lancashire wide CCG Procurement Project and timescales; ▪ Receive an update report outlining progress to the 31 October meeting.	**SW-J**
18:15	**Any Other Business** Dates for future meetings were confirmed as: ▪ **Monday 20 August, 1pm at Fusion House** ▪ **Wednesday 31 October, 1pm at Walshaw House** The Chair thanked members for a constructive and positive meeting and thanked the Executives for their preparation work prior to the Committee. There was no further business and the meeting closed at 2:40pm.	