

**Meeting held on Thursday 28 August 2014
Meeting Room 231, Second Floor, Preston Business Centre,
Watling Street Road, Fulwood, Preston PR2 8DY**

Present:

Dr Chris Clayton (Chair) Blackburn
Dr Ann Bowman – Greater Preston
Dr Tony Naughton – Fylde & Wyre
Dr Mike Ions – East Lancashire
Dr Alex Gaw – Lancashire North
Dr Gora Bangi – Chorley & South Ribble
Dr John Caine – West Lancashire

Mrs Jan Ledward - Gtr Preston/Chorley & South Ribble
Mrs Debbie Nixon – Blackburn
Mr Peter Tinson – Fylde & Wyre
Mr Mike Maguire – West Lancashire

In attendance:

Mr Carl Ashworth – LCSU
Mr Richard Jones – LAT (to 10 am)
Mrs Susan Warburton – LAT
Mr Martin Clayton – LAT
Mr Jim Hayburn – LAT (to 10 am)
Dr Alison Rylands - Spec Comm

Mr Gary Raphael – Blackpool
Mr Andy Roach - Blackpool
Ms Karen Sharrocks – Chorley & South Ribble
Mrs Jill Truby – Network

1. Welcome, apologies for absence and declarations of interests

Dr Chris Clayton welcomed everyone to the meeting. Apologies for absence were received from Dr Amanda Doyle, Mr David Bonson, Mrs Linda Riley, Mr Andrew Bennett, and Mrs Jane Higgs. There were no declarations of interests in relation to agenda items.

2. Feedback from working groups

Dr Clayton set the scene by confirming that the notes from the July workshop event had now been received and circulated for members' perusal. From this workshop working groups had been established to discuss and report back to the Network on progress on the four areas as follows.

2.1 Leadership Forum – Dr Chris Clayton/Mr Richard Jones

Dr Chris Clayton gave a presentation on reflections of the leadership forum to date and NHS England's role in this. Specific highlights included:

- What has been achieved? There was acknowledgement that a group of all stakeholders meet and commit to meeting, and it was agreed there was value in having the meeting.
- What Frustrations have been felt? Frustrations were around pace, ownership and the meeting themselves. Feels slow and confused around conversations and some of the work streams.
- What are the options for it in the future? Concept of forum had been bought into by all stakeholders. Agreed there was a need to continue. How do we shape this commissioning influence for future? How do we put leadership in around the proposed changes to NHS England?
- How are we going to provide leadership for it in the next transition phase?

Mr Richard Jones updated the Network in relation to the future of NHS England. Consultation is currently taking place with NHS England staff which is due to be completed in October. It is anticipated that there will be a reduction of area teams to 12 on a National basis but the areas have not yet been defined. However it is expected that there will be a Lancashire office. It is thought there will be a reduction in the senior manager posts by up to 50%. Some responsibilities expected to be devolved under a framework, further work is required to understand the level at which this will be devolved. On plan to implement changes 1 April 2015.

When asked, Mr Hayburn confirmed that there would be no change in the functions provided by NHS England, they will still have statutory responsibility.

In relation to the Leadership forum Dr Clayton reported that he was meeting up with forum representatives from Lancashire Care Foundation Trust, NHS England Lancashire Area Team and Lancashire County Council to discuss further.

Following discussion there was a clear mandate that the Leadership forum should continue, led by the Network.

2.2 Specialised Commissioning – Messrs Peter Tinson and David Bonson

Mr Peter Tinson gave a presentation on specialised commissioning. He outlined what the architecture of the collaborative commissioning board would look like. He has been tasked with looking at how specialised commissioning fitted into the local system. It was understood that there was a piece of preparatory work being undertaken in the North West. Mrs Ledward informed the group that the National Commissioning Specialised Services Task and Finish group was meeting the following day where there would be more debate and Mrs Ledward agreed to feed back.

2.3 Learning Disabilities – Mrs Susan Warburton and Messrs Kevin Parkinson, Carl Ashworth and Mike Banks

Mr Carl Ashworth gave a presentation on suggested collaborative approach to commissioning for Learning Disabilities. Highlights included:

Suggested Lancashire LD Programme

- Strategic Framework for People with LD
 - o All ages, full LD continuum – exclude autism
 - o Starts with wellness principle
 - o Delivers universal access and personalised care
 - o Informed by national policy, guidance and standards
 - o Informed by case studies of national and local best practice
 - o Informed by new models of care
 - o Developed through LD lead commissioners group with CSU and SCN support
 - o Stocktake of current state against strategic framework
 - Review of current service provision
 - Review of current commissioning arrangements for all services
 - Highlights gap against national requirements
 - Informed by LD SAF outputs
 - Undertaken by LD commissioners group with CSU and SCN support, chaired by area team. Representation from all CCGs.
- Commissioning Plan
 - o Strategic framework and stocktake will highlight priorities for action across range of service provision
 - o Commissioning plan will detail suggested actions for commissioners of each service to ensure delivery of strategic goals and priorities
 - o Developed through LD commissioners group with CSU and SCN support
 - o CCGs to agree which elements of commissioning plan are undertaken on a collaborative basis.
- Implementation Programme
 - o Clear governance arrangements required to agree action at appropriate commissioning level – local, health economy, or collaborative. This is seen as collaborative commissioning board/network.
 - o Is this Lancashire or pan-Lancashire?
 - o Link of LD work stream to 3 HWBBs need exploring
 - o Implementation programme will incorporate current CCG collaborative programmes undertaken by CSU (LD SAF, LD ESS, SEND) and SCN (Task & Finish group on new models of care and workforce development)

It was confirmed that Lancashire County Council would be happy to lead on this with support from CCGs.

2.4 Reconfiguration – Mrs Debbie Nixon/Mr Andrew Bennett

Mrs Debbie Nixon gave a presentation on reconfiguration. Highlights included:

Reconfiguration in Lancashire – why do we need to do it?

- Driven by Case for Change which is yet to be written
- Driven by a need for better outcomes
- Driven by doing the right thing within sustainable resources
- CCGs too small to drive big system change/providers can't do it by themselves
- Reconfiguration is a by-product of the "clinical narrative" e.g. vascular/dementia

What could we do by when?

- Could we deliver a case for change by March 2015
- Emergency care, ambulatory elective care, stroke?
- Agree the system specification
- Options
 - o Commissioner led Case for Change
 - o Co-produce the Case for change with providers
 - o Tender (difficult contractual models)
 - o Combination of both

Delivery options – how could we do it?

- Co-commissioning Board lead
- CSU lead
- Lead CCG role?
- Hybrid
- Current Lancashire Leadership Forum?

Discussion points/key issues

- Co-production with providers – evidence suggests better outcomes when integration exists
- The clinical case, priorities and gateways need agreeing upfront
- What is truly Lancashire wide?
- How do we ensure accountability once decisions are made?
- Do you want to co-commission or co-produce or not?
- How do we resource this?

Discussion points

- Leadership and talent pool are diminished, we need to rethink
- Mobilisation and task group
- Dedicated capacity
- Clinical leadership
- Hybrid CSU/CCG/Clinical/Provider
- The risks of not doing it??

The risk of not doing it was considered not an option. What was considered was how to manage the process and how to involve providers. It was agreed to produce the case for change by March.

3. Draft Terms of Reference/membership for Collaborative Commissioning Board

Mr Peter Tinson tabled the proposed Collaborative Commissioning Board terms of reference. The collaborative commissioning board would be a Network delivery vehicle, and membership would include all CCGs, NHSE Area Team and Specialised Commissioning, County and Unitary Councils and Strategic Clinical Network. A senior CCG officer would be responsible for each priority and the group would be supported by the CSU collaborative commissioning team.

Discussion ensued and some amendments to the terms of reference were proposed. Mr Tinson agreed to make the amendments and recirculate the document for final comments. In relation to the chair and vice chair, it was agreed that Dr Clayton would seek support for these two roles.

Mr Clayton, Mrs Warburton and Dr Rylands left the meeting at this point.

Routine Business – Network members

4. Network Governance

Mrs Karen Sharrocks had agreed to review and refresh the work previously undertaken around Network governance and had liaised with Mr Peter Tinson to ensure the appropriate links are established between the collaborative commissioning board and the network. Mrs Sharrocks presented the paper which detailed the “story so far”. Incorporated within this were the principles of collaboration previously presented to the Network in January 2014. A wide ranging discussion followed. Mr Maguire suggested that contribution to Lancashire collaborative schemes should be proportional to the contract financial values not per head of population wherever possible. Various opinions were expressed on what exactly was required in terms of governance. Formal governance was considered whereby all CCGs are bound by decision, or governance with options to opt out at various stages of gateways.

The Network:

- Agreed to develop co-commissioning board
- Agreed the priorities for collaborative commissioning – each priority pathway to outcome
- Agreed significant influence via Lancashire Leadership forum
- Agreed that the next CAG becomes co-commissioning board
- Dr Clayton agreed to provide a summary on Healthier Lancashire for next meeting.

5. Minutes from previous meeting held on 31 July 2014

Subject to the addition of “.. for 2015/16” being inserted at end of first bullet point of item 6, the minutes of the meeting held on 31 July 2014 were agreed as an accurate record.

6. Matters arising/action sheet

The Chairman sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.

7. Any other business

7.1 NHSE meeting requests – deferred.

7.2 Engagement re Healthier Lancashire. CSU communication and engagement team will be contacting individual CCGs to build up a picture of what engagement has already been done across Lancashire around Healthier Lancashire. All CCGs were encouraged to share this information.

7.3 General GP representative SCN Neurological Conditions Steering Group. No resources available within CCGs.

7.4 Strategic Clinical Network Learning Disability Advisory Group representative. Mrs Nixon agreed to action via local authority.

7.5 Dr Ann Bowman updated members in respect of a serious incidence. CSU to be asked to provide an update in relation to the IPA Programme Board to the next meeting of the Network.

8. Date of next meeting – 25 September 2014, Meeting room 231, Floor 2, Preston Business Centre, Area Team/Specialised Commissioning in attendance.