

Collaborative Commissioning Board

MINUTES – DRAFT VERSION, Subject to Approval/Amendment at Collaborative Commissioning Board March 2015

Minutes of meeting held on 10 February 2015, 10:00 to 12:00
Taylor-Coleridge Room, Jubilee House, Leyland

Present	In attendance
<ul style="list-style-type: none"> • Amanda Doyle (Chair) (AD), Blackpool CCG • Mike Ions (MI), East Lancashire CCG • Andrew Bennett (AB), Lancashire North CCG • Debbie Nixon (DN), Blackburn with Darwen CCG • Jackie Forshaw (JF), NHSE Lancashire Area Team • Mike Banks (MB), LCC • Jan Ledward (JL), Greater Preston/Chorley and South Ribble CCG • Janet Ratcliffe (JR), SCN • Paul Kingan (PK), West Lancashire CCG • Tony Naughton (TN), Fylde & Wyre CCG • Mark Youlton (MY), East Lancashire CCG • Sarah Camplin (SC) Fylde & Wyre CCG • Carl Ashworth (CA), Midlands and Lancashire CSU 	<ul style="list-style-type: none"> • Sam Nicol (SN), Healthier Lancashire • Iain Fletcher (IF), Blackburn with Darwen CCG • Allan Jude (AJ), Blackpool CCG • Pete Smith (PS) Fylde & Wyre CCG • Sam Ruthven-Hill (SRH), Midlands and Lancashire CSU • Bilaal Adam, East Lancashire • Kate Brierley (KB) Public Health • Jill Truby (minutes), Lancashire CCGs Network

Apologies:

Peter Tinson, Fylde & Wyre CCG
 Mike Maguire, West Lancashire CCG
 Ann Bowman, Greater Preston CCG
 David Bonson, Blackpool CCG
 Martin Clayton, NHS England
 Alison Rylands, Specialised Commissioning
 Val Raynor, Blackpool Council
 Paula Spence, Bwd Council

No	Item	Action
Welcome, introductions and apologies Amanda Doyle welcomed everyone to the meeting. Introductions were made. Quoracy check – it was noted that the meeting was quorate. Declaration of Interests – none declared. Apologies noted above.		
1.	Minutes of the CCB meeting held on 13 January 2015 The minutes of the CCB meeting held on 13 January 2015 were agreed as an accurate record.	
2.	Action Matrix/Matters Arising Updates were provided by CCB members and recorded on the Action Matrix.	
3. 3.1	Programme Update LD Commissioning – update Mike Banks provided a verbal update. Lancashire County Council had agreed in principle to lead on the programme but a lead was still to be identified. The Commissioning group would start to scope out programme and provide required resources.	

<p>3.2</p>	<p>Mental Health – rehab update</p> <p>Debbie Nixon provided an update in relation to mental health. This followed significant discussion at the CCGs Network.</p> <p>Key issues:</p> <ul style="list-style-type: none"> • The proposal for Blackburn with Darwen CCG to host the ISMH contract was dependent on agreement of the gateway scheme. As this was not agreed by CCB an alternative arrangement would need to be identified. • The CCB needs to agree the transition arrangements of the ISMH contract and the transfer of quality and safeguarding responsibility for individual patients. • The issue of lack of data regarding current rehabilitation commissioning activity was discussed and Iain Fletcher reported that he believed the position had changed and data on numbers of cases was now available. He suggested that the costing of these identified cases would therefore be possible. It was not known how much work this would involve although it was accepted that it could still be a significant task. • There remains strong support in the system for more integrated approach to procurement of rehabilitation services, as these continue to be a key issue across the Health Economy particularly in context of delayed transfers of care in mental health services. The CCB is asked to consider the development of a program to continue to take forward this work stream. <p>A proposal on how to take forward will be presented to the April meeting. Debbie Nixon agreed to continue as lead for this work but requested support from the Collaborative Team, which was agreed.</p> <p>The CCB:</p> <ul style="list-style-type: none"> • Noted the content of the report. • DN to present proposal to April meeting. 	<p>DN to provide proposal for April meeting</p>
<p>3.3</p>	<p>CFS / ME – update</p> <p>Jan Ledward provided an update on CFS /ME. A request had been made to take CFS for local clinical discussion. Feedback from these discussions had been varied. Fylde & Wyre local commissioning committee wished to commission a specialised service.</p> <p>SRH provided an update received from colleagues in contracting, that the Provider had sent a request about an expected Contract Variation and associated one-off additional payment to recruit a post to address the backlog. This linked to the earlier options paper that CCB had not agreed. It became apparent via the Provider query that they had recruited this post and the work to clear the backlog was already underway.</p> <p>Discussion took place in light of this update, as the issue that had triggered the review initially, being the backlog of patients on the waiting list, was being addressed, albeit without CCB authorisation. In this case, the trigger problem was resolving itself and therefore the situation remaining to be addressed had changed. The residual issue was the optimum model going forward. It was suggested that due to the widely polarised views across CCGs on the future service model, and the lack of a trigger problem as such, it would be pragmatic to do nothing further and allow the continuation of the service as per the Provider plan.</p>	

	<p>This was agreed subject to confirming with the Provider that their planned changes to the service created a sustainable model, after the backlog clearance.</p> <p>CCB confirmed that it would not make the queried payment, as it had not agreed to this. It confirmed that it would not progress with any further Collaborative programme on this service. Any further work to be considered locally and taken up via the usual Associate Contracting mechanisms.</p>	
<p>3.4</p>	<p>Maternity – Opportunity assessment</p> <p>CA provided an overview on pan Lancashire maternity services overview. This provided an analytical aspect – looking at national benchmarking, national guidance and national standards, and consider how Lancashire’s performance compares with other LAs/providers</p> <p>Suggestions for collaborative planning/commissioning which would address the issues and gaps in service</p> <p>An identification of realisable benefits from working collaboratively and recommendations for taking this forward</p> <p>Recommendations:</p> <p>In the light of the analysis, the following recommendations for collaborative working across Lancashire were made to the CCB:</p> <ul style="list-style-type: none"> • Establishing a Pan Lancashire Maternity Services Operational Delivery Network or similar network model. Proposal to be considered further by Maternity Services Steering Group. • Develop a single service specification with overarching principles and values for Pan Lancashire with local implementation plans reflecting needs of local communities. • Development of a single Pan Lancashire Data set, improvement framework and associated dashboard that considers the whole maternity pathway including early help, maternal/parental mental health, safeguarding provision and hospital provided data • Consider the feasibility of developing a single Pan Lancashire maternity services commissioning role/function with one CCG being the single commissioning body or via a lead CCG working with lead PH commissioning function to develop integrated commissioning. • Develop a finance/contracting team led task and finish group if provider organisations veto tariff of payments. • The development of perinatal mental health services to be considered as part of adult mental health and children’s emotional well-being and mental health services • Further consideration of the clinical and cost benefits of having a single maternity services provider for Lancashire. • The C&YP Commissioning network to consider the recommendations of the maternity services review that was announced as part of the “Five Years Forward View”, and recommendations from the Neonatal ODN review. The network to present any further recommendations to the Collaborative Commissioning board. • The MCYP Strategic Clinical Network will continue to work with provider and commissioner to support new models of care and improved outcomes for women and children. 	

	<p>The CCB:</p> <ul style="list-style-type: none"> Agreed to take back to individual CCGs Clinical leads to discuss within the appropriate internal forum and bring back with a view to agreeing recommendations. 	
3.5	<p>Elective Care – Opportunity assessment</p> <p>Samantha Ruthven-Hill agreed to circulate presentation after meeting as it would be useful context for the separate session agreed to consider the Pan Lancashire situation and analytics. Comments welcome.</p>	SRH to circulate presentation
3.6	<p>TB – National Strategy update</p> <p>Kate Brieley Public Health England presented a report on Tuberculosis (TB) Service Review programme. Highlights from the report include:</p> <p>The Tuberculosis Strategy for England 2015 to 2020 has been published in January/ The main ambitions of the strategy are to:</p> <ol style="list-style-type: none"> 1. Improve access to services and ensure early diagnosis 2. Provide universal access to high quality diagnostics 3. Improve treatment and care services 4. Ensure comprehensive contact tracing 5. Improve BCG vaccine uptake 6. Reduce drug resistant TB 7. Tackle TB in under-served populations 8. Systematically implement new enterant latent TB screening 9. Strengthen surveillance and monitoring 10. Ensure an appropriate workforce to deliver TB control <p>In addition model specifications will be published setting out the range of interventions and services that will most effectively improve TB control in a locality.</p> <p>The CCB:</p> <ul style="list-style-type: none"> Noted the information Agreed to receive a more detailed paper outlining implications and options for going forward at a future CCB Identify a Primary Care (GP) Lead from the CCGs aligned to each Health and Wellbeing Board to support the project across the whole of Lancashire. 	JT to email out to clinical leads for a GP volunteer
3.7	<p>Stroke – update</p> <p>Jan Ledward provided an update report on Stroke/TIA review. Highlights from the report included:</p> <ul style="list-style-type: none"> Phase two is progressing well with each of the five pathway work streams groups in the latter stages of developing the service specification defining the desired outcomes and performance standards for their phase of the stroke pathway. The work stream groups are: <ul style="list-style-type: none"> ❖ Primary & Secondary Prevention ❖ Acute Phase ❖ Rehabilitation, Early Supported Discharge and Community Stroke Teams ❖ Survivorship ❖ End of Life Care The work of the groups is being overseen by the Stroke Review Steering Board. Patients are involved in the service specification development process. CCB is asked to note that the first draft of the 	

	<p>service specification will be presented to the March 2015 CCG Network meeting and following this to the April 2015 CCB</p> <p>Telestroke: Further to the decision made at the last meeting in relation to Telestroke, East Lancashire Hospitals Trust was successful in becoming the new lead provider of the service.</p> <p>The CCB:</p> <ul style="list-style-type: none"> • Noted the contents of the report • Noted that the draft integrated end to end stroke service specification will be presented to the March 2015 CCG Network meeting for consideration and clinical input following which a final version will be presented for sign-off by all CCGs in April. 	
<p>3.8</p>	<p>Home oxygen – update Amanda Doyle welcomed Pete Smith, Commissioning Manager, Fylde & Wyre CCG. PS explained that the focus of the paper is on the Data, Order and Invoice Validation service provided in Chester, and the Regional Oxygen Lead role.</p> <p>Regional Oxygen Lead Members were asked to note the current status of the LCFT hosted Regional Oxygen Lead role. PS is liaising with Trafford CCG to clarify changes and the plans to cover the vacancy.</p> <p>Data, Order and Invoice Validation In a letter from the service dated 15 January 2015 the host organisation of the service, PCSS, informed commissioners that, following a review of services provided, the Chester HOS would no longer host the service from 31 March 2015. This, in effect, was a notice of termination; however the team would be able to continue delivery if a new host could be found for the service. The letter raises two questions that CCGs, as the commissioners of the service need to consider: Does the CCG want to continue the commissioning of the service via this team? If so who will host the service? Following discussion it was agreed that individual CCGs would take the paper back for internal discussion and to feedback comments to PS within 7 days.</p>	<p>Feedback comments to PS</p>
<p>4.</p>	<p>Primary Care commissioning – update Jackie Foster, NHS England, provided a verbal update on primary care commissioning. She explained that the MOU document was in circulation across Lancashire. However it was suggested that the National document be used as a template. A draft copy will be distributed by end of week for comment. A delegation agreement letter was due to be published. A key issue around finance was as to how growth was handled. Discussions were taking place around risk pool. A meeting of the co-commissioning group has taken place at the end of January with a further meeting due in the next couple of weeks. JF confirmed that a meeting had taken place to discuss PMS and that a pace of change policy was being developed. Work was on going.</p>	

5.	<p>Specialised commissioning – update Carl Ashworth provided a verbal update on specialised commissioning. Two recent emails had been received</p> <ol style="list-style-type: none"> 1. NHS England consultation on prioritising specialised services – new consultation launched on how NHS England will prioritise which specialised services and treatments to invest in. 2. Publication of Government Response to Consultation – the government has decided to postpone the transfer of commissioning responsibility for morbid obesity surgery and renal dialysis services to 1 April 2016. <p>A task and finish group had been set up for Lancashire and Jan Ledward was nominated as representative. There was a difference of opinion of what is being delegated.</p>	
6.	<p>Healthier Lancashire – update Sam Nicol provided a verbal update in relation to Healthier Lancashire. Following the Lancashire leadership forum meeting on 5 February key themes had emerged under the three levels: local level, regional level and Lancashire level. SN gave a summary of the key themes at each level. It was agreed that there were financial pressures across the Lancashire footprint. Members wanted reassurance of what was happening now, next year and year after. It was agreed that a separate meeting should be arranged with accountable officers, cfo's and local authorities to discuss the financial position across Lancashire.</p>	<p>JT to arrange separate meeting.</p>
7.	<p>Lancashire BCF – post submission update Lancashire BCF approved without any conditions.</p>	
8.	<p>IPA - update Iain Fletcher provided a verbal update on IPA CSU have commissioned an independent review of the systems and processes and will make recommendations. Five task and finish groups have been set up to look at individual areas:</p> <ol style="list-style-type: none"> 1. Finance 2. Performance and development assurance 3. Commissioning development 4. Policy Development 5. Information and data reporting <p>Discussions continue to take place with LCFT around care management in the community.</p>	
9.	<p>NWAS Services procurement Dr Doyle welcomed Allan Jude to the meeting. AJ briefed members on the current PES contract. A letter had been sent out to all CCGs in December detailing issues and background. In relation to turnaround, AJ confirmed what arrangements are in place around acute trusts not hitting targets. In relation to the PTS contract all CCGs have been asked to review the current service specification and KPIs. Information sought from CCGs, AJ to resend request.</p>	<p>AJ to resend request</p>
10.	<p>ANY OTHER BUSINESS There was no other business.</p>	

11.	<p>Lucentis / Avastin</p> <p>Tony Naughton provided details regarding an updated statement from The Royal College of Ophthalmologists on the use of Avastin in age related macular degeneration. In their statement they have requested “an urgent review of this issue by the United Kingdom Health Regulatory Bodies to consider how this unusual situation can be remedied”. The basis for the College issuing a new statement was the availability of further clinical information and two systematic reviews of the evidence for anti-VEGF agents for AMB published by the Cochrane collaboration. Lucentis and Avastin have recently been compared against each other in two Cochrane reviews for the treatment of age-related macular degeneration. TN reported that the Medicines Management Board was actively monitoring the issue.</p>	
12.	<p>CCG Lead for alcohol</p> <p>The CCGs had been asked to nominate a lead for alcohol. Following discussion it was agreed that CCGs do not capacity or resource at this moment in time.</p>	
13.	<p>Items for March 2015 Agenda</p> <ul style="list-style-type: none"> - Impact of Social Care Funding 	
<p>Date and Time of Next Meeting Tuesday 10 March 2015, 10:00 to 12:00, Cooper Clarke Room, Jubilee House.</p>		

Drafting