



Chorley and South Ribble Clinical Commissioning Group  
Greater Preston Clinical Commissioning Group

## Our Health Our Care Joint Committee Meeting

Wednesday 26 May 2021 3.30pm

Via MS Teams

| Item No | Agenda Item                                     | Presented By                | Time   |
|---------|---|-----------------------------|--------|
| 1       | Welcome, introduction and apologies for absence | Mr Denis Gizzi<br>Verbal    | 3.30pm |
| 2       | Declarations and Register of Interests          | Mr Denis Gizzi<br>Assurance | 3.35pm |
| 3       | Closure of the OHOC Programme                   | Mr Denis Gizzi<br>Decision  | 3.40pm |
| 4       | Meeting close                                   | Mr Denis Gizzi<br>Verbal    |        |

## OHOC Joint Committee

|                        |  |
|------------------------|--|
| <b>Date of meeting</b> | 26 May 2021                            |
| <b>Title of paper</b>  | Declarations and Register of Interests |
| <b>Presented by</b>    | Chair, OHOC Joint Committee            |
| <b>Author</b>          | Mrs Sarah Mattocks, Head of Governance |
| <b>Clinical lead</b>   | N/A                                    |
| <b>Confidential</b>    | No                                     |

### Purpose of the paper

This register is a standing item on the OHOC Joint Committee agenda. The register is for information purposes and allows members to challenge any potential conflicts against agenda items. This item also allows members and attendees to declare any additional interests against agenda items prior to the main body of the meeting.

### Executive summary

The Clinical Commissioning Group (CCG) has a statutory requirement to keep and maintain a Register of Interests for the organisation with regard to actual or potential interests declared by; Governing Body members, Membership Council members, and employees of the CCG.

This report presents the flowchart for declaring and managing Conflicts of Interest, as outlined in the Managing Conflicts of Interest Policy.

The registers will be updated in due course as declarations of interest are made and published on the CCG website where appropriate.

All conflicts or potential conflicts should be declared, and where a conflict of interest has required specific management arrangements during the course of the meeting, this should be recorded in the minutes, along with the action taken by the committee Chair in managing the conflict.

### Recommendations

The committee is asked to **note** the register of interest and to make any additional declarations as appropriate against any agenda items, and to ensure that declarations have been correctly transferred to the register.

### Links to CCG Strategic Objectives

|     |   |                          |
|-----|---|--------------------------|
| SO1 | Improve quality through more effective, safer services, which meets a minimum level of 'good' in the Improvement and Assessment Framework | <input type="checkbox"/> |
|-----|---|--------------------------|

|     |   |                                     |
|-----|---|-------------------------------------|
| SO2 | Commission care so that it is integrated and ensures sustainability and meets whole population needs with an appropriate balance between in-hospital and out-of-hospital provision, which meets a minimum level of 'good' in the Improvement and Assessment Framework | <input type="checkbox"/>            |
| SO3 | Engineer a financially sustainable health and social care economy which meets statutory financial duties  | <input type="checkbox"/>            |
| SO4 | Ensure people are at the centre of the planning and management of their own care, and that their voices are heard, enabling the CCG to meet a minimum level of 'good' in the Improvement and Assessment Framework   | <input type="checkbox"/>            |
| SO5 | Be a well-led clinical commissioning group, which meets a minimum level of 'good' in the Improvement and Assessment Framework   | <input checked="" type="checkbox"/> |
| SO6 | Reduce inequalities in access and outcomes across the health and care system by achieving a minimum level of 'good' in the Improvement and Assessment Framework   | <input type="checkbox"/>            |

| <b>Governance and reporting</b><br>(list committees, groups or other bodies that have discussed this paper) |           |         |
|---|-----------|---------|
| Meeting   | Date      | Outcome |
| NA  |           |         |
| <b>Were any conflicts of interest identified at previous meetings</b><br>(mark X in the correct box below)  |           |         |
| <b>Yes</b>  | <b>No</b> |         |
|   | <b>X</b>  |         |
| <b>If conflicts of interest were identified what were these:</b>  |           |         |
| N/A   |           |         |

| <b>Implications</b>  |                                     |   |                                     |
|--|-------------------------------------|---|-------------------------------------|
| Quality/patient experience implications?                     | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| (Potential) conflicts of interest?                           | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| Equality Impact Assessment?                                  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| Privacy Impact Assessment?                                   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| Are there any associated risks?                              | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| Are the risks on the CCG's risk register?                    | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input checked="" type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| If yes, please include risk description and reference number |                                     |   |                                     |

| <b>Assurance</b>   |
|--|
| Assurances will continue to be provided to the Governing Body from the CCG's Audit Committee on the management of conflicts of interest. |

## NHS Chorley and South Ribble CCG - Declarations of Interest

Declarations of Interest are recorded on the Register when specifically declared by a member of the meeting. This Register was accurate at the time meeting papers were submitted; therefore, any changes received after submission will be included on the Register for the next statutory meeting.

FI=Financial Interest, NFProI=Non Financial Professional Interest, NFPI=Non Financial Personal Interests, II=Indirect Interests. Interests declared in 'bold' are pending confirmation of the type of interest

| Name            | Role  | Declaration   | Date       | Mitigating Actions  |
|-----------------|---|---|------------|---|
| Vacant post     | GP Director, NHS Chorley and South Ribble CCG | TBC   |            |   |
| Dr Ann Robinson | GP Director, NHS Chorley and South Ribble CCG | <p><b>FI</b> - GP partner at Withnell Health Centre - Current</p> <p><b>FI</b> - GP practice, Withnell Health Centre, offer extended access appointments as part of the Chorley East Collaboration - Current</p> <p><b>NFPI</b> - Husband is a Secondary Care Consultant in diabetes and endocrinology and Vice Chair of the Division of Medicine at Salford Royal</p> <p><b>NFPI</b> - Husband has private diabetes clinic at Beaumont Hospital - Current</p> <p><b>NFPI</b> - Husband is the secondary care doctor for Ormskirk CCG - Current</p> <p><b>FI</b> – GP working for Withnell Health Centre providing primary medical care services for residents of NHS Chorley and South</p> | 01.11.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |

| Name                 | Role  | Declaration   | Date                                | Mitigating Actions  |
|----------------------|---|---|-------------------------------------|---|
|                      |   | Ribble/Greater Preston CCG  |                                     |   |
| Dr Eamonn McKiernan  | Secondary Care Doctor, NHS Chorley and South Ribble and NHS Greater Preston CCG | <p><b>NFPI</b> - Retired consultant Anaesthetist who worked at LTHTR for 31 years.<br/>Associated</p> <p><b>NFPI</b> - Oldest daughter is a social worker in Newcastle-upon-Tyne</p> <p><b>NFPI</b> - Second daughter is a Psychiatrist researching and practicing in Cambridge.</p> <p><b>NFPI</b> - Third daughter is Children's nurse in Stockport</p> <p><b>NFPI</b> - Son-in-Law training in Cardiology in Cambridge and Norwich<br/>Under the care of Lancashire Teaching Hospital</p> <p><b>NFPI</b> - Under the care of Blackpool Victoria Hospital</p> | 23.11.2020                          | Interest noted. Will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making.  |
| Dr John Cairns       | GP Director, Chorley & South Ribble CCG   | <p><b>NFProI</b> - GP Partner at Library House Surgery - Current</p> <p><b>NFProI</b> - Councillor West Lancs Council - Current</p>   | 11.11.2020                          | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making   |
| Dr Lindsey Dickinson | Chair, NHS Chorley and South Ribble CCG   | <p><b>FI</b> - GP Partner in The Chorley Surgery</p> <p><b>FI</b> – Shareholder of Chorley Collaborative Group - Limited Company</p> <p><b>FI</b> - Shareholder in the Primary Care Organisation</p> <p><b>II</b> - Sister in law is Team Manager of South Ribble East Community Team in Adult</p>  | 09.10.2020<br>UPDATED<br>04.05.2021 | No direct involvement in commissioning contracts from LCFT<br>Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision. |

| Name               | Role  | Declaration  | Date       | Mitigating Actions  |
|--------------------|---|--|------------|---|
|                    |   | social Care - LCFT<br><b>II</b> - Sister is Mental Health Practitioner (Safeguarding Team) at LTH  |            |   |
| Dr Ravi Gokul      | GP Director, Chorley and South Ribble CCG                                 | <b>FI</b> - Share holder and Director Ribble Medical Group Ltd - Current<br><b>NFProl</b> - Central Lancashire LMC member representative<br>NFPI – Mrs Varunlka Gokul – Business Partner – Kingsfold Medical Centre  | 22.09.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Dr Satyendra Singh | GP-Director Chorley & South Ribble CCG                                    | <b>FI</b> - GP Principal<br><b>FI</b> - LMC Member<br><b>FI</b> - Member of PCN Chorley- East<br><b>NF Prol</b> - Clinical supervisor-medical students   | 13.10.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Mr Denis Gizzi     | Chief Accountable Officer, Chorley & South Ribble & Greater Preston CCG's | <b>II</b> - The Den recording studio - ceased trading<br><b>II</b> - The Electric Church Recording Studio - I donated equipment to son's new company - Current<br><b>FI</b> - Smart Sight Coaching - Current<br><b>FI</b> - Procorre Consulting (Name Change) - Current<br><b>II</b> - Dr Alan Nye is a long-time acquaintance from my time in Oldham - Current<br><b>II</b> - My wife is currently working on a Part-Time basis at NWAS - Current<br><b>FI</b> - My wife owns 'The Skin Studio' | 03.06.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |

| Name                   | Role  | Declaration  | Date                                | Mitigating Actions  |
|------------------------|---|--|-------------------------------------|---|
|                        |   | business - Current   |                                     |   |
| Mr Geoffrey O'Donoghue | Lay Member - Public, Patient Engagement Chorley South Ribble CCG                              | No interests declared  | 19.10.2020                          | No risk to decision making as no potential conflicts identified   |
| Mr Paul Richardson     | Lay Member (Vice-Chair GP & CSR CCG Governing Bodies)   | <b>II</b> - Son is employed by NHS Blackpool Teaching Hospitals Trust<br><b>II</b> - Daughter employed by Public Health England  | 02.10.2020                          | Interest to be managed as and when conflict arises  |
| Mrs Helen Curtis       | Director of Quality and Performance, NHS Chorley and South Ribble and NHS Greater Preston CCG | <b>NFPI</b> - Daughter is a Clinical Business Manager for Surgery at Lancashire Teaching Hospitals<br><b>NFPI</b> - Son is a social worker in central Preston  | 23.10.2020                          | This will be declared separately in any meetings where this presents a conflict to my decision making   |
| Jayne Mellor           | Director of Transformation and Delivery   | <b>II</b> – Daughter is employed by Lancashire Teaching Hospitals as a Clerical Officer from January 2020.   | 03.11.2020<br>Updated<br>25.01.2021 | This will be declared separately in any meetings where this presents a conflict to my decision making   |
| Mrs Linda Chivers      | Lay Member, Chair of Audit, NHS Chorley & South Ribble CCG                                    | <b>FI</b> - Non-executive Director Bridgewater Community Healthcare Foundation Trust (Audit Chair). The Trust have contracted with KPMG audit service which is also contracted with the CCG - 01.06.2018 | 13.10.2020                          | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making. if deemed appropriate member would also be excluded from any discussion prior to a decision. |
| Mrs Patricia Hamilton  | Governing Body Nurse, NHS Chorley and South   | No Interests Declared  | 13.10.2020                          | Not applicable - no interests declared  |

| Name             | Role                                  | Declaration           | Date       | Mitigating Actions  |
|------------------|---------------------------------------|-----------------------|------------|---|
|                  | Ribble and NHS Greater Preston CCG    |                       |            |   |
| Katherine Disley | Chief Finance and Contracting Officer | No Interests Declared | 16.06.2020 | No risk to decision making as no potential conflicts identified |



## NHS Greater Preston CCG - Declarations of Interest

Declarations of Interest are recorded on the Register when specifically declared by a member of the meeting. This Register was accurate at the time meeting papers were submitted; therefore, any changes received after submission will be included on the Register for the next statutory meeting.

FI=Financial Interest, NFProI=Non Financial Professional Interest, NFPI=Non Financial Personal Interests, II=Indirect Interests. Interests declared in 'bold' are pending confirmation of the type of interest

| Name                 | Role  | Declaration  | Date                                | Mitigating Actions   |
|----------------------|---|--|-------------------------------------|--|
| Dr Anitha Rangaswamy | GP Director, Greater Preston CCG  | <p>FI - GP Partner North Preston Medical Practice which is a member of the Greater Preston Network</p> <p>FI -GP Trainer and Practice also trains medical students and FY Drs – practice and I receive the training grant from Health Education North West.</p> <p>FI-OSCE examiner for medical students , payment by PAYE from University of Manchester</p> <p>FI-GP recruitment assessor</p> <p>FI-Director of RORI (NW) Ltd</p> <p>NFPI - GP with special interest in women’s health and family planning.</p> | 13.10.2020<br>UPDATED<br>16.01.2021 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making  |
| Dr Eamonn McKiernan  | Secondary Care Doctor, NHS Chorley and South Ribble and NHS Greater Preston CCG | <p><b>NFPI</b> - Retired consultant Anaesthetist who worked at LTHTR for 31 years.<br/>Associated</p> <p><b>NFPI</b> - Oldest daughter is a social worker in Newcastle-upon-Tyne</p>   | 23.11.2020                          | Interest noted. Will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making. |

| Name          | Role                             | Declaration  | Date       | Mitigating Actions  |
|---------------|----------------------------------|--|------------|---|
|               |                                  | <p><b>NFPI</b> - Second daughter is a Psychiatrist researching and practicing in Cambridge.</p> <p><b>NFPI</b> - Third daughter is Children's nurse in Stockport</p> <p><b>NFPI</b> - Son-in-Law training in Cardiology in Cambridge and Norwich<br/>Under the care of Lancashire Teaching Hospital</p> <p><b>NFPI</b> - Under the care of Blackpool Victoria Hospital</p>   |            |   |
| Dr Ewa Craven | GP Director, Greater Preston CCG | <p><b>FI</b> – Property partnership for ownership of LHMC building with Dr Praful Methukunta and David Pearson (Practice Manager)</p> <p><b>FI</b> – Director of Ribble Medical Group PCN</p> <p><b>NFPro</b> – LMC representative</p> <p><b>NFPro</b> – GP with SI in Gynae</p>   | 14.10.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Dr Hari Nair  | GP Director Greater Preston CCG  | <p><b>FI</b> - Senior GP Partner in Practice (Lane Ends Surgery) (previously Doclands Medical Centre)</p> <p><b>FI</b> – GMS (Previously PMS) Contract holder</p> <p><b>FI</b> -GP Quality Contract with the practice. I am clinical lead for this at the CCG</p> <p><b>FI</b> -GP Trainer responsible for training undergraduate (UCLAN) FY/ST trainees, trainee advance clinical practitioners (HEE)</p> <p><b>FI</b> -Enhanced Services LES/DES/LIS</p> | 05.10.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |

| Name | Role | Declaration   | Date | Mitigating Actions |
|------|------|---|------|--------------------|
|      |      | <p>practice signed up for these with NHSE/CCG/LCC</p> <p><b>FI</b>- Network based work - Clinical lead for extended access for Greater Preston Network &amp; Practice signed up to Network DES. The network is going to operate as a limited liability partnership. My practice is a member practice in the network and LLP.</p> <p><b>FI</b> -BHR Investments Ltd - I am a director of the company. Company owns the practice premises and leases the building to the practice</p> <p><b>FI</b> - I support an organisation providing support services for young women for the wider community in Preston, based in my practice.</p> <p><b>FI</b> – Beacon private limited – this provider delivers limited audiology service for Preston patients, based in my practice.</p> <p><b>FI</b> -Member of limited company comprising practices in Preston and Chorley aimed at organisational delivery of primary care at scale. No current business is handled by this company.</p> <p><b>NFPI</b> -Wife is consultant Histopathologist with special interest in renal and GI pathology employed by Lancashire Teaching Hospitals. She also carries out private reporting work for Ramsey Group</p> <p><b>NFPI</b> - Daughter has finished FY training in</p> |      |                    |

| Name                 | Role                    | Declaration   | Date       | Mitigating Actions  |
|----------------------|-------------------------|---|------------|---|
|                      |                         | LTH and is based in West Midlands. She is currently deferring a year and doing locum work in West Midlands and may do similar work in North West hospitals.   |            |   |
| Dr Praful Methukunta | GP Director Preston CCG | <p><b>FI</b> - Senior GP Partner at Briarwood Medical Centre - Current</p> <p><b>FI</b> - Signed up to the quality contract from Preston CCG - Current</p> <p><b>FI</b> - Signed up for LES/DES from CCG - Current</p> <p><b>FI</b> - Prescribing Lead - Current</p> <p><b>NFProl</b> - Member of LMC - Current</p> <p><b>FI</b> - PMS contract - Current</p> <p><b>NFProl</b> - Honorary Secretary for Preston Medico Ethical Society (forum of primary care and secondary care consultants) - Current</p> <p><b>FI</b> - Business partner with Dr.Craven at Lostock Hall Medical Centre, Preston on a new project (moving existing surgery into new premises) - Current</p> <p><b>FI</b> - As a business partner at Lostock Hall Medical Centre, might be entering into a contract with 3rd party providers for example physio, mental health services to sub let.</p> <p><b>NFPI</b> - Wife is a business partner (not a clinical partner) - Current</p> <p><b>NFPI</b> - Wife is a manager at Gujarat Hindu Society - where some of the CCG</p> | 19.10.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |

| Name                | Role  | Declaration   | Date   | Mitigating Actions  |
|---------------------|---|---|--|---|
|                     |   | meetings happen - Current<br><b>FI</b> – GP working for Briarwood Medical Centre providing primary medical care services for residents of NHS Chorley and South Ribble/Greater Preston CCG  |  |   |
| Dr Sandeep Prakash  | GP Director NHS Greater Preston CCG                                       | <b>FI</b> - GP Partner Park Medical Practice<br><b>FI</b> – GP Partner at Park Medical Practice which is a member of Greater Preston Network<br>NFProl – GP trainer   | 14.10.2020   | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Dr Sumantra Mukerji | Chair - NHS Greater Preston CCG   | <b>FI</b> - Salaried GP – Stonebridge Surgery<br><b>FI</b> - Salaried GP – Stonebridge Surgery, which has a contract with Lancashire and South Cumbria Foundation Trust to manage patients clinically in Longridge Hospital<br><b>FI</b> - Stonebridge Surgery – Member of Preston East Network<br><b>FI</b> - Director – P & S Mukerji Ltd<br><b>FI</b> - Wife – Shareholder and employee - P & S Mukerji Ltd<br><b>FI</b> - Son – Shareholder – P & S Mukerji Ltd | 13.11.2020<br>UPDATED<br>04.02.2021<br>UPDATED<br>08.03.2021 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Mr Denis Gizzi      | Chief Accountable Officer, Chorley & South Ribble & Greater Preston CCG's | <b>II</b> - The Den recording studio - ceased trading<br><b>II</b> - The Electric Church Recording Studio - I donated equipment to son's new company - Current<br><b>FI</b> - Smart Sight Coaching - Current<br><b>FI</b> - Procorre Consulting (Name Change) -   | 03.06.2020   | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |

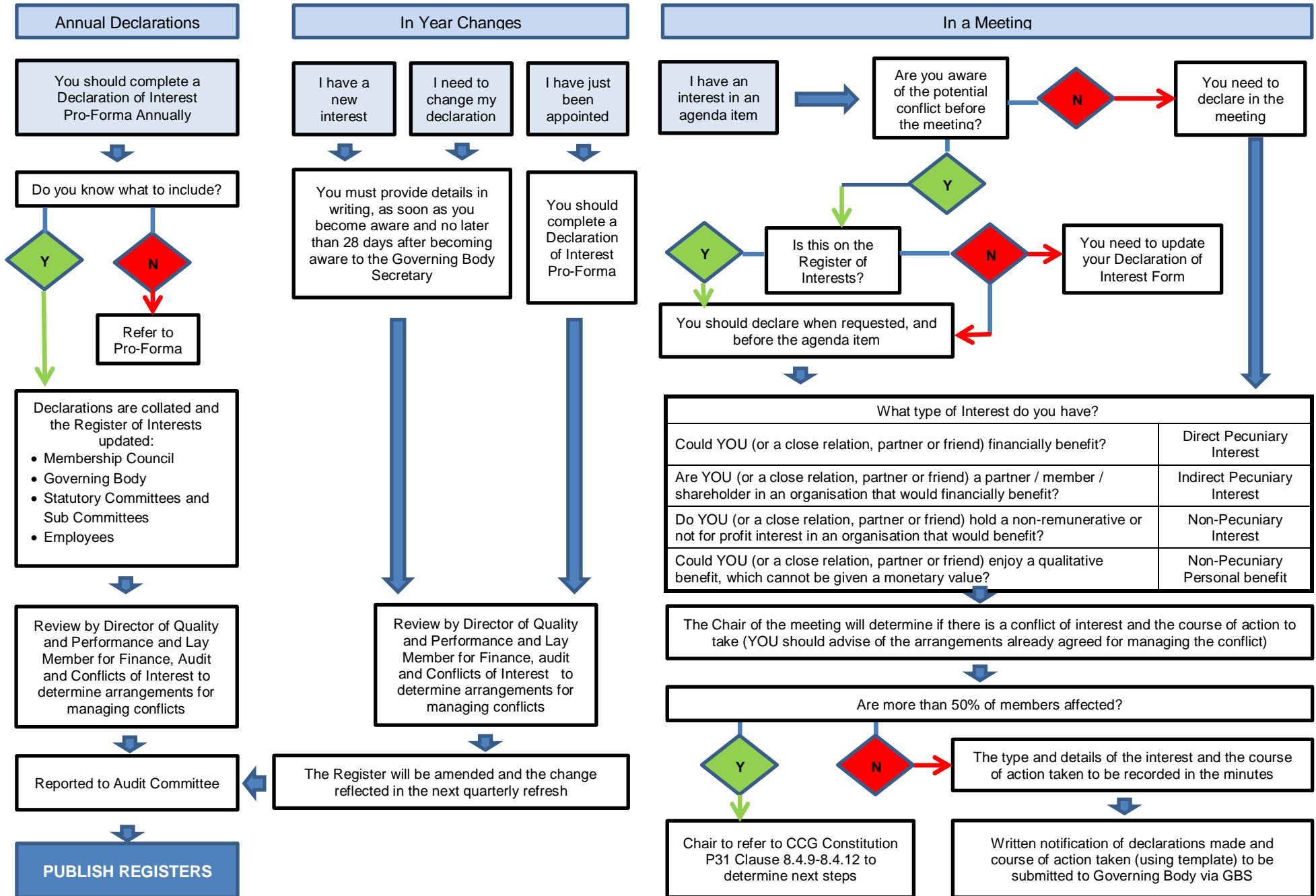
| Name          | Role  | Declaration   | Date                                | Mitigating Actions   |
|---------------|---|---|-------------------------------------|--|
|               |   | <p>Current<br/> <b>II</b> - Dr Alan Nye is a long-time acquaintance from my time in Oldham - Current<br/> <b>II</b> - My wife is currently working on a Part-Time basis at NWS - Current<br/> <b>FI</b>- My wife owns 'The Skin Studio' business - Current</p>  |                                     |  |
| Mr Ian Cherry | Lay Member for Finance, Audit & Conflicts of Interest - Greater Preston CCG | <p><b>FI</b> -My practice carries out Expert witness work for Hempsons, on behalf of the NHS, in relation to medical negligence litigation.<br/> <b>FI</b> - My practice undertakes personal tax work for Jan Ledward, Chief Officer of Liverpool CCG<br/> <b>II</b> - My daughter, Dr Mary Gemma Cherry, is a lecturer in Clinical Health Psychology at the University of Liverpool and Honorary Clinical Psychologist with Royal Liverpool and Broadgreen Hospitals Trust.<br/> <b>II</b> - My son-in-law, Dr Jake Rigby, is a specialist trainee (ST4) in psychiatry. His lead employer is St Helens and Knowsley NHS Trust but currently on placement at Cheshire and Wirral Partnership.<br/> <b>FI</b> - My practice undertakes personal tax work for Jayne Mellor, Director of Transformation and Delivery Chorley and South Ribble and Greater Preston CCG.<br/> <b>FI</b> – my practice undertakes work for DWF in relation to medical negligence expert</p> | 12.10.2020<br>UPDATED<br>12.01.2021 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making. |

| Name                | Role   | Declaration  | Date       | Mitigating Actions  |
|---------------------|--|--|------------|---|
|                     |  | witness work.  |            |   |
| Mr Paul Richardson  | Lay Member (Vice-Chair GP & CSR CCG Governing Bodies)      | <p><b>II</b> - Son is employed by NHS Blackpool Teaching Hospitals Trust</p> <p><b>II</b> - Daughter employed by Public Health England</p>   | 02.10.2020 | Interest to be managed as and when conflict arises  |
| Mrs Debbie Corcoran | Lay Member - Greater Preston CCG                           | <p><b>NFProI</b> - From 15th May 2017, employed as Clerk to the Corporation to Nelson and Colne College. The College works directly with NHS organisations/Trusts to deliver training. 2 College Board Members are also associated with the East Lancashire Hospitals NHS Trust – one is an employee, another is a Non-Executive Director of the Board. The Adult Community Learning (ACL) delivery arm of Nelson and Colne College Group – Lancashire Adult Learning or LAL - are developing links with Primary Care Networks to offer support with social prescribing through provision of learning and skills support to the community – at no cost.</p> <p><b>NFPI</b> - Husband is an employee in a commercial organisation (Intersystems), which contracts with acute NHS Trusts for the provision of electronic patient record (EPR) systems.</p> | 14.10.2020 | Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making |
| Mrs Helen Curtis    | Director of Quality and Performance, NHS Chorley and South | <b>NFPI</b> - Daughter is a Clinical Business Manager for Surgery at Lancashire Teaching Hospitals   | 23.10.2020 | This will be declared separately in any meetings where this presents a conflict to my decision making   |

| Name                  | Role   | Declaration  | Date                                | Mitigating Actions  |
|-----------------------|--|--|-------------------------------------|---|
|                       | Ribble and NHS Greater Preston CCG   | <b>NFPI</b> - Son is a social worker in central Preston  |                                     |   |
| Jayne Mellor          | Director of Transformation and Delivery  | <b>II</b> – Daughter is employed by Lancashire Teaching Hospitals as a Clerical Officer from January 2020. | 03.11.2020<br>Updated<br>25.01.2021 | This will be declared separately in any meetings where this presents a conflict to my decision making |
| Mrs Patricia Hamilton | Governing Body Nurse, NHS Chorley and South Ribble and NHS Greater Preston CCG | No Interests Declared  | 13.10.2020                          | Not applicable - no interests declared  |
| Katherine Disley      | Chief Finance and Contracting Officer  | No Interests Declared  | 16.06.2020                          | No risk to decision making as no potential conflicts identified                                       |



# Declarations of Interest Flowchart



- Declarations are collated and the Register of Interests updated:
- Membership Council
  - Governing Body
  - Statutory Committees and Sub Committees
  - Employees

| What type of Interest do you have?  |                                |
|---|--------------------------------|
| Could YOU (or a close relation, partner or friend) financially benefit?   | Direct Pecuniary Interest      |
| Are YOU (or a close relation, partner or friend) a partner / member / shareholder in an organisation that would financially benefit?      | Indirect Pecuniary Interest    |
| Do YOU (or a close relation, partner or friend) hold a non-remunerative or not for profit interest in an organisation that would benefit? | Non-Pecuniary Interest         |
| Could YOU (or a close relation, partner or friend) enjoy a qualitative benefit, which cannot be given a monetary value?                   | Non-Pecuniary Personal benefit |

## Our Health Our Care Joint Committee

|                        |  |
|------------------------|--|
| <b>Date of meeting</b> | 26 May 2021  |
| <b>Title of paper</b>  | Closure of the OHOC programme  |
| <b>Presented by</b>    | Mr. Jason Pawluk, OHOC Programme Director  |
| <b>Author</b>          | Mr. Jason Pawluk, OHOC Programme Director  |
| <b>Clinical lead</b>   | Dr. Lindsey Dickinson, Chair, Chorley and South Ribble CCG<br>Dr. Sumantra Mukerji, Chair, Greater Preston CCG |
| <b>Confidential</b>    | No   |

### Purpose of the paper

The paper makes three recommendations to the Our Health Our Care (OHOC) Joint Committee. If adopted, the extent of these recommendations would mean as follows:

1. **Dissolution of the committee** - The OHOC Joint Committee is asked to formally rescind the previous remit and authority delegated on behalf of the CCGs. The Committee is also therefore asked to take a decision to formally cease any further activity associated with the programme and thus dissolve the Committee. This is in favour of continued consideration of matters via the New Hospitals Programme (NHP). The New Hospitals Programme acts under the remit of the Healthier Lancashire and South Cumbria Integrated Care System.
2. **Clarification of CCGs statutory remit** - The CCGs will continue to exercise their statutory functions in relation to its relationship with NHP unless and until arrangements are formalised which effectively disestablish the statutory obligations currently incumbent upon NHS Chorley and South Ribble CCG and NHS Greater Preston CCG. This includes the relationships held by the CCGs in relation to the Strategic Commissioning Committee at Healthier Lancashire and South Cumbria level, and its input into the collaborative governance processes set up by NHP. This decision is taken with respect to the statutory obligations presently incumbent upon NHS Chorley and South Ribble CCG and NHS Greater Preston CCG, and how these functions have been brought together through the decision-making capabilities of the OHOC Joint Committee up to and including this point.
3. **Clarification of commissioned service model** - The CCGs acts to clarify the commissioned service model. Any decision about these matters applies unless and until these are varied arising out of subsequent changes to circumstances agreed by statutory commissioners and/or those arising from the consideration processes under development by the New Hospitals Programme. The CCGs resolve to deliver this clarification in accordance with their statutory duties as described within the NHS Act 2006.. The CCGs' resolution considers its other relevant legal duties, including those relating to the Equality Act and the Public Sector Equality Duty.

## Executive summary

This paper makes three recommendations:

1. To rescind the previous delegated authority and dissolve the OHOC Joint Committee.
2. To clarify that the CCGs shall continue to enact their statutory duties in relation to the provision of services which were under consideration of the OHOC programme.
3. To clarify the existing commissioned service model which shall persist unless and until these are varied by the New Hospitals Programme, or the Healthier and Lancashire South Cumbria Strategic Commissioning Committee.

The context to these recommendations is as follows:

A long list of options document was prepared for consideration by the OHOC Joint Committee on 28 August 2019. Based on the outcomes of the Joint Committee, additional work took place, towards the preparation of a draft Pre-Consultation Business Case.

On 11 February 2021, a letter was received from Bill McCarthy, Regional Director for NHS England. The letter advised of the instruction of the Secretary of State for Health and Social Care and the Minister for Health.

Following clarifications of the correspondence, the CCGs released a statement on 26 February 2021 confirming the discontinuation of the Our Health Our Care programme in its current form.

This action favoured the new opportunities available to Healthier Lancashire and South Cumbria to re-evaluate these matters via the New Hospitals Programme. It is accepted that the opportunities available to the New Hospitals Programme were not available to the OHOC programme due to the lack of enabling capital for the latter. This reflects a change of circumstances which were not known to the Joint Committee at the time of its prior resolution on 28 August 2019.

This paper closes the OHOC programme formally, arising out of the statement of 26 February 2021.

## Recommendations

The OHOC Joint Committee are asked to **DECIDE** upon the recommendations stated in the paper.

## Links to CCG Strategic Objectives

|     |   |                                     |
|-----|---|-------------------------------------|
| SO1 | Improve quality through more effective, safer services, which meets a minimum level of 'good' in the Improvement and Assessment Framework   | <input checked="" type="checkbox"/> |
| SO2 | Commission care so that it is integrated and ensures sustainability and meets whole population needs with an appropriate balance between in-hospital and out-of-hospital provision, which meets a minimum level of 'good' in the Improvement and Assessment Framework | <input checked="" type="checkbox"/> |
| SO3 | Engineer a financially sustainable health and social care economy which meets statutory financial duties  | <input checked="" type="checkbox"/> |
| SO4 | Ensure people are at the centre of the planning and management of their own care, and that their voices are heard, enabling the CCG to meet a minimum level of 'good' in the Improvement and Assessment Framework   |                                     |

|   |   |                                     |
|---|---|-------------------------------------|
| SO5   | Be a well-led clinical commissioning group, which meets a minimum level of 'good' in the Improvement and Assessment Framework                                   | <input checked="" type="checkbox"/> |
| SO6   | Reduce inequalities in access and outcomes across the health and care system by achieving a minimum level of 'good' in the Improvement and Assessment Framework | <input checked="" type="checkbox"/> |
| <b>Governance and reporting</b><br>(list committees, groups or other bodies that have discussed this paper) |   |                                     |
| <b>Meeting</b>  | <b>Date</b>   | <b>Outcome</b>                      |
| N/A   |   |                                     |
| <b>Were any conflicts of interest identified at previous meetings</b><br>(mark X in the correct box below)  |   |                                     |
| <b>Yes</b>  | <b>No</b>   |                                     |
|   | <b>X</b>  |                                     |
| <b>If conflicts of interest were identified what were these:</b>  |   |                                     |
| NA  |   |                                     |

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>Implications</b>  |  |                                    |  |
| Quality/patient experience implications?                     | <b>Yes</b> <input checked="" type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input type="checkbox"/>            |
| (Potential) conflicts of interest?                           | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
| Equality Impact Assessment?                                  | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
| Privacy Impact Assessment?                                   | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
| Are there any associated risks?                              | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
| Are the risks on the CCG's risk register?                    | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
| If yes, please include risk description and reference number |  |                                    |  |

|  |
|--|
| <b>Assurance</b>   |
| The OHOC Joint Committee is responsible for decision making in the programme and reviews relevant risks. |

## **1.0 Assurance process**

This section of the paper provides an overview of the assurance process followed with respect to the development of materials under the overall management of the OHOC Joint Committee.

### **1.1 Establishment of a Joint Committee**

In 2018, following engagement work relating to the OHOC programme, NHS Chorley and South Ribble CCG and NHS Greater Preston CCG decided to set up the arrangement of a Joint Committee to discharge its decision-making functions in relation to these matters.

The Joint Committee comprises of all Governing Body members of NHS Chorley and South Ribble CCG and NHS Greater Preston CCG (the "OHOC Joint Committee"). The Terms of Reference for the Joint Committee can be found in Appendix 1.

The relevant section is as follows:

*The Constitutions for NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and NHS Greater Preston Clinical Commissioning Group (CCG) state in section 6.5.5 that:*

*"Where the Group makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions". NHS Chorley and South Ribble CCG and NHS Greater Preston CCG (hereafter referred to as "the CCGs") have, in conjunction with Lancashire Teaching Hospitals (LTHTR) and NHS England, established a programme entitled 'Our Health Our Care (OHOC)'.*

*This is a programme through which any future public consultation on the Lancashire Teaching Hospitals NHS Foundation Trust service is re-designed and encompasses all local health and care transformation.*

*To this end, the CCGs have agreed to establish an 'OHOC Joint Committee'. The Joint Committee is established as a committee of the CCGs, with delegated responsibility for joint decision making in relation to the OHOC programme. This will provide a structure through which the CCGs can exercise their leadership role for the programme.*

### **1.2 Stage 1 – Strategic Sense Check**

In Summer 2018, a meeting took place with NHS England/Improvement (North West) relating to the "Strategic Sense Check" or Stage 1 process of proposals which may constitute major service change, or substantial variation of provision.

The arrangements for this session were in accordance with those set out in the guidance. A copy of the guidance can be found in Appendix 2.

As a result of this process, NHS England/Improvement (North West) provided clearance for the programme to enter the Stage 2 formal assurance gateway.

### **1.3 Stage 2 Gateway Requirements**

The formal assurance gateway has a number of elements including the further development of programme governance and infrastructure: a Case for Change; a Clinical Vision (or Model

of Care); a longlist of options; and the formation of a proposed shortlist of options into a Pre-Consultation Business Case (PCBC).

A particular requirement is that the shortlist of options proposed in a PCBC must be capable of delivering upon the tests for service change, as determined by NHS England/Improvement. They must be assured by the decision-making authority alongside any other relevant criteria it determines.

#### **1.4 Programme Governance and Infrastructure**

To oversee the development of materials linked to Stage 2, the programme developed the following arrangements:

1. Clinical Oversight Group (overseen by the Clinical Chairs) encompassing all relevant partners in the Integrated Care Partnership for central Lancashire.
2. Finance, Investment and Activity Group (overseen by the Chief Finance Officer) and the,
3. Communications and Engagement Group (overseen by the Deputy Accountable Officer) to oversee the development of the proposals at an operational level.
4. These groups were overseen by a Programme Oversight Group (chaired by the Chief Accountable Officer), which in turn reported to Governing Body Development Sessions (comprising of the membership of the governing bodies).
5. A Stakeholder Panel was also involved in coordinating activities in this area, helping to ensure that the requirements incumbent upon CCGs were met.

Some of these arrangements had been in place for earlier stages of programme design. Other arrangements reflected the logistical and assurance requirements of the Stage 2 gateway.

At critical stages of the programme design, the Governing Body Development Sessions would determine the stages at which a meeting of the OHOC Joint Committee could take place. The efficacy and effectiveness of these arrangements is scheduled for review by the next Audit Committee, but are considered satisfactory.

##### **1.41 Programme Governance - Statutory Board Interfaces:**

The programme achieved reporting relationships to the Governing Bodies of NHS Chorley and South Ribble CCG and NHS Greater Preston CCG. Reporting to the Committee in common for the Governing bodies continued when these arrangements were amended.

The programme also updated the Integrated Care Partnership shadow (and then full) Board on a regular basis, along with the statutory board of Lancashire Teaching Hospitals NHS Foundation Trust and the Council of Governors for the Trust. Reporting was also provided to Healthier Lancashire and South Cumbria via the Joint Committee of the CCGs.

The programme maintained working relationships with a number of other forums and groups, including with reference to how the proposals being developed by the CCGs may impact upon the arrangements of other neighbouring CCGs.

##### **1.42 Programme Governance – Duties upon CCGs (s14z2)**

The programme ensured the continued involvement of service users throughout via dedicated public engagement activities, linked to its duties under s.14Z2 of the NHS Act

2006 ( as amended by the Health and Social Care Act 2012). These activities included public meetings; focus groups; solution design events; pop-up events; market research activities; engagement via social media platforms; web-based updates and news articles; workshops and other approaches. A dedicated programme website provided updates and materials, whilst information about the activities of the programme was communicated by various media forms including social media, print media and local radio.

A Patient Advisory Group was involved in the development of the proposals, reporting to a Patient Voice Committee, at each consecutive design phase.

### **1.43 Programme Governance - Equality Act / Public Sector Equality Duty**

To ensure effective practice in this area, dedicated activities took place with protected characteristics groups and other sections of local communities who may be seldom heard to ensure that these factors were considered at each design phase.

A baseline equalities analysis and subsequent equalities analysis relating to all options considered for consultation was also developed. The findings of these analyses influenced the preparation of the draft PCBC. This included how a permutation of potentially positive and adverse impacts relating to the classifications of age, ethnicity, and gender could be subject to mitigating action.

## **2.0 Preparation of assurance materials:**

This section of the paper provides an overview of the how each work product was developed for the consideration of the OHOC Joint Committee.

### **2.1 Development of a Case for Change**

The programme developed a Case for Change. The Case for Change was presented to the first formal meeting of the OHOC Joint Committee. The contents of the Case for Change were influenced by the prior involvement of patients and service users. This particularly referred to the breadth of issues of concern (a whole health economy approach), and the need to consider a broad range of potential options.

Subject to amendment, the Case for Change was approved by the OHOC Joint Committee on the 13 December 2018. The OHOC Joint Committee was quorate and otherwise properly established. Details of the Case for Change and the minutes for this meeting were published on the CCG website. Approval of the Case for Change created a mandate for the programme to develop a Model of Care.

### **2.2 Development of a Model of Care/Clinical Vision**

The programme developed a Model of Care. The Model of Care was presented to the second formal meeting of the OHOC Joint Committee on 13 March 2019. The contents of the Model of Care were influenced by the prior involvement of patients and service users, using similar subject matter as had influenced the Case for Change.

The Model of Care outlined relevant clinical standards and co-dependency frameworks which would apply to the development of any future options for acute system transformation. The Model of Care outlined how a whole-pathway based approach to care transformation

would be delivered through a structured, data-driven approach, using a common improvement methodology. The Model of Care was approved by the OHOC Joint Committee. The OHOC Joint Committee provided a mandate for the programme to develop a long list of programme options.

### **2.3 Development of a Longlist of Programme Options**

The programme developed a long list of thirteen options (listed as options 1 to 5e inclusive where options 1-3 were single variants, and options 4 and 5 had five sub-classifications). This approach was clinically led and was also based on relevant assumptions and the application of core NHS England service change tests relating to clinical and financial viability in accordance with the guidance.

The financial viability consideration meant that the programme could not generate options which were contingent upon enabling capital funding, which at the time did not exist. This approach was discussed with and influenced by patient and service user involvement processes. This approach was also influenced by baseline equalities analysis. The long list of programme options was also influenced by external clinical reference evidence taken from an Invited Service Review by the Royal College of Emergency Medicine and the Care Professionals Board for Healthier Lancashire and South Cumbria.

The longlist of programme options was presented for the consideration of the OHOC Joint Committee on 28 August 2019, with a recommendation that eight of these thirteen options (a medium list) were subject to further, detailed, clinical scrutiny and work with stakeholder groups.

The OHOC Joint Committee resolved to submit all thirteen options to a medium list, under a process of enhanced clinical scrutiny, also seeking further assurances on the omission of an option for a new build hospital in central Lancashire, based on a prior feasibility study.

### **2.4 Creating a Shortlist of Options**

The medium list of thirteen options was subject to the additional enhanced clinical scrutiny of the Greater Manchester, Lancashire, and South Cumbria Clinical Senate.

A process of further engagement took place with all primary care networks and various stakeholder forums. These included the Local Medical Committee, the Central Lancashire Health and Wellbeing Board, and the Overview and Scrutiny Committee. A Central Lancashire Clinical Summit took place to review the options. Additional clinical evidence was obtained from the Operational Delivery Network for Critical Care.

These processes, matched alongside additional involvement work with patient groups and equalities analysis, produced a view that three of the options may meet the criteria for shortlisting, as taken from the application of the NHS England tests for major service change. These processes also affirmed the view that the longlisting process had been satisfactory in so far as there being no additional variant option or approach.

These three options included a “do nothing” (but not recommended) approach, framed in terms of the retention of the service model which had been in place since arrangements had been last reviewed (formally) in January 2017. Other options included the creation of an enhanced urgent treatment centre at Chorley and South Ribble DGH and enhanced care



model for critical care, or an urgent treatment centre, with the same critical care model. These arrangements were part of a health-economy wide transformation, the breadth of which was determined to meet the threshold for Public Consultation.

Arising from the onset of the Covid-19 pandemic, the options and supporting evidence were reviewed. The commissioners also considered representations from NHS England (North West) and noted the involvement of a further NHS England clinical review panel.

The above materials were developed in to a draft PCBC which was considered at the Stage 2 assessment gateway on 5 November 2020.

## 2.5 PCBC - Preparation

The draft PCBC provided a comprehensive analysis of the prior assurance stages and how the proposals intended for Public Consultation had been influenced and improved from prior consideration processes.

The draft PCBC outlined how each stage considered the duties relating to the involvement of service users in activities undertaken by the CCGs; how the proposals linked to broader health strategies and commissioning plans; and how the CCGs had, and would continue to enact, their duties relating to the Public Sector Equality duty under the Equality Act and duty to Reduce Inequalities of Access and Outcomes under s.14T of the NHS Act 2006.

The draft PCBC also considered how the CCGs had interacted with other relevant statutory duties and those from case law in this area, including the role of NHS England; the role of health scrutiny committees and the 2013 Regulations; *Moseley* (relating to consultation practice), the *Gunning* principles (also relating to consultation practice and decision-making), and requirements around *Wednesbury* (relating to rationality).

### 2.51 PCBC – Assurance Process

The programme received a partial assurance outcome from NHS England (North West) on 14 December 2020. A programme was agreed with NHS England (North West) to respond to the recommendations by 1 February 2021. It was further agreed that the draft PCBC would only be published and be considered by the OHOC Joint Committee once its contents had been finally approved by NHS England (North West).

The submission on 1 February 2021 led to a reply on 11 February 2021. On 11 February 2021, Bill McCarthy, Regional Director for NHS England advised of the instruction of the Secretary of State for Health and Social Care and the Minister for Health. Following clarifications of the correspondence, the CCGs released a statement on 26 February 2021 confirming the discontinuation of the Our Health Our Care programme in its current form.

## 3.0 Rationale for Recommendations

The OHOC Joint Committee is asked to consider the following three recommendations:

1. ***Dissolution of the committee*** - The OHOC Joint Committee is asked to formally rescind the previous remit delegated on behalf of the CCGs. The Committee is also therefore asked to take a decision to formally cease any further activity associated with the programme and thus dissolve the Committee. This is in favour of continued consideration of matters via the New Hospitals Programme (NHP). The New Hospitals

Programme acts under the remit of the Healthier Lancashire and South Cumbria Integrated Care System.

2. **Clarification of CCGs statutory remit** - The CCGs will continue to exercise their statutory functions in relation to its relationship with NHP unless and until arrangements are formalised which effectively disestablish the statutory obligations currently incumbent upon NHS Chorley and South Ribble CCG and NHS Greater Preston CCG. This includes the relationships held by the CCGs in relation to the Strategic Commissioning Committee at Healthier Lancashire and South Cumbria level, and its input into the collaborative governance processes set up by NHP. This decision is taken with respect to the statutory obligations presently incumbent upon NHS Chorley and South Ribble CCG and NHS Greater Preston CCG, and how these functions have been brought together through the decision-making capabilities of the OHOC Joint Committee up to and including this point.
3. **Clarification of commissioned service model** - The OHOC Joint Committee acts to clarify the commissioned service model. Its decision about these matters applies unless and until these are varied arising out of subsequent changes to circumstances agreed by statutory commissioners and/or those which arising out of the consideration processes under development by the New Hospitals Programme. The OHOC Joint Committee resolves to deliver this clarification in accordance with its statutory duties as described within the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The OHOC Joint Committee resolution considers its other relevant legal duties, including those relating to the Equality Act and the Public Sector Equality Duty.

The rationale for these recommendations is as follows:

- a. In relation to recommendation 1, the Government's New Hospitals Programme presents opportunities for system reform which were not accessible to the OHOC Joint Committee at the time its options were prepared.
- b. In relation to recommendation 2, the NHP is provided across a Healthier Lancashire and South Cumbria wide geography. This means that it is no longer appropriate for NHS Chorley and South Ribble CCG and NHS Greater Preston CCG to lead decision-making, in the same way that it was proposed it would do in respect of the OHOC programme. It will continue to contribute actively to these matters, applying its statutory duties.
- c. In relation to recommendation 3, the commissioned service model had to be amended from April 2020 to reflect the emergency averted by the coronavirus pandemic. In these circumstances, the opportunities for formal consultation, as opposed to engagement with the public were necessarily limited. It became safe to partially restore the commissioned service model from November 2020, and then further from March 2021. The commissioners supported these service restorations.

However, relating to the provision of emergency department facilities for paediatric patients, and the provision of level three capability for critical care in particular, the commissioners have yet to be provided with quality, safety, and workforce information which could satisfy them that restoring these arrangements would align with its statutory duties - there is a continuing need to act to protect safety.

As such, the commissioners remain committed to working with Lancashire Teaching Hospitals NHS Foundation Trust so that the commissioned service model can be restored at the earliest possible stage. With the ongoing due diligence processes also underway from NHP and further having considered the representations from the

Regional Director and the Secretary of State, a case for distinct, separate, Public Consultation relating to the current service model is not made. Ongoing patient involvement and engagement processes, through the CCG statutory and other forums can and should continue.

- d. Further in relation to recommendation 3, the commissioners are aware that the arrangements determined upon from January 2017 were intended, at the time, to be a temporary service model of provision. These reflected the contemporaneous findings of NHS England. NHS England found that there was no case to provide a 24/7 accident and emergency service for adults and children, as had been the case from prior to April 2016.

The current view of the commissioners is that the available clinical evidence – specifically from the Royal College of Emergency Medicine, the Care Professional Board, the Clinical Senate, the Operational Delivery Network, the Clinical Summit, and the assessment of its professionals on the Clinical Oversight Group would not appear to make a case to suggest that the restoration of the service model from before April 2016 could meet the current NHS England service change tests. To commission health and care services without due regard to safety and quality could also provide conflict with the standing statutory duties incumbent upon the CCG.

It follows that whilst the commissioners remain open-minded to any new evidence, they are aiming to work with Lancashire Teaching Hospitals NHS Foundation Trust to restore services only up to and including the model in place from January 2017. These are the established commissioning arrangements.

The benefit of Public Consultation in aiding resolution of these matters will most likely direct from the work of the NHP. This will include conscientious consideration of whether it is possible to commission services from Chorley and South Ribble DGH in excess of the model from January 2017. On balance, and on consideration of all relevant factors, including equalities duties, it is prudent to let these matters take their course and for the associated steps of due diligence to be completed. This would be as opposed to distinct and separate consultation now, which may be challenging for the CCGs to deliver and potentially be subject to imminent further change.

In reaching these proposed recommendations, including recommendation three, the CCGs have considered a range of applicable statutory duties, including but not necessarily restricted to the following:

- **Section 14Q of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** creates a requirement for each CCG to exercise its functions effectively, efficiently, and economically.

*The commissioners consider these recommendations to align with its broad duties under Section 14Q.*

- **Section 14P of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** imposes a duty upon CCGs both to exercise their commissioning functions with a view to ensuring that health services are provided in a way that promotes the NHS Constitution and to promote awareness of it among staff, patients and the public.

*The commissioners consider these recommendations to align with its broad duties under Section 14P.*

- **Section 14R of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))**

Section 14R of the NHS Act places CCGs under a duty to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals, as part of the health service. Quality of services is accepted to comprise of effectiveness, safety, and patient experience. The CCGs should therefore demonstrate that they have considered whether the proposals are likely to achieve improvements in the quality of services (i.e. effectiveness, safety, and patient experience).

*The commissioners consider the recommendations to restore the current commissioned service model, subject to the necessary evidence around effectiveness, safety, and patient experience being available reflects its duties under Section 14R.*

- **Section 14T of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** sets out that CCGs must, in the exercise of their functions, have regard to the need to: i. reduce inequalities between patients with respect to their ability to access health services; and ii. reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

*The commissioners consider the recommendations to enable new options to develop from the NHP will act to reduce prevailing health inequalities. Therefore, the commissioners consider the recommendations to reflect its duties under Section 14T.*

- **Section 14V of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** imposes a duty on CCGs, in the exercise of their functions, to act with a view to enabling patient choice (for example, by commissioning so as to allow patients a choice of treatments, or a choice of providers, for a particular treatment).

*The commissioners consider these recommendations to align with its broad duties under Section 14V.*

- **Section 14Z1 of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** imposes a duty on CCGs in relation to promoting integration, where it would benefit patients. The CCGs must exercise their functions with a view to securing that services are provided in an integrated way where this would improve the quality of the services, reduce inequalities of access, or reduce inequalities in outcomes.

*The commissioners consider the new options under prospective development by the NHP may act to promote integration. Therefore, the commissioners consider the recommendations to reflect its duties under Section 14Z1.*

- **Section 14Z2 of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** relates to public involvement by CCGs. This duty applies to any health services which are, or are to be, provided pursuant to commissioning arrangements made by a CCG in the exercise of its functions.

*At all stages during the OHOC programme, the commissioners have acted to ensure that its s.14Z2 requirements have been met. The commissioners are of the view that the s.14Z2 requirements for future acute service provision in central Lancashire are, on balance, best channelled via the NHP, for the reasons outlined in this paper. The commissioners have ensured that findings from public involvement have been shared with the NHP.*

- **Section 14Z8 of the NHS Act 2006 (as amended by the Health and Social Care Act (2012))** relates to a duty to have regard to commissioning guidance published by NHS England. Relevant guidance for the purposes of these proposals include the following documents: *Planning, assuring and delivering service change for patients (NHS England, 2018)*; *Patient and public participation in commissioning health and care: Statutory guidance, (NHS England, 2018)*; *Guidance for NHS commissioners on equality and health inequalities legal duties, (NHS England, 2015)*

*The commissioners consider that the OHOC proposals have been subject to the NHS England assurance process. However, the commissioners should nevertheless satisfy themselves that the relevant NHS England guidance has been considered in the development of the proposals and the CCGs' decision.*

*Proceeding in accordance with the direction set out in its statement of 26 February 2021 reflects the commissioner's interpretation of how best to interpret the letter received from Bill McCarthy on 11 February 2021.*

- **Health Scrutiny Regulations**

*The commissioners are not aware of any referral being made about these proposals under regulation 23 (9) of the 2013 Regulations. This is because no formal proposal was submitted to the Overview and Scrutiny Committee, only options pending determination. Therefore, proceeding in accordance with these recommendations and notifying the upper tier authority accordingly is reasonable.*

- **Equality Act 2010:** Under section 149 of the Equality Act a public authority must, in the exercise of its functions, have due regard the Public Sector Equality Duty.

*The commissioners consider its approach to be compliant with the Public Sector Equality Duty after review of the relevant facts and information at its disposal.*