

**LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs COMMISSIONING
COLLABORATIVE BOARD**

**Minutes of the Public Commissioning Collaborative Board held on Thursday 22
November 2018 at 1:00pm in the Conference Room, 8th Floor, St John's House, 30
East Street, Leicester, LE1 6NB**

PRESENT:

Professor Mayur Lakhani	Clinical Chair, West Leicestershire CCG (Chairman)
Dr Andy Ker	Vice Clinical Chair, East Leicestershire and Rutland CCG
Dr Ursula Montgomery	Clinical Chair, East Leicestershire and Rutland CCG
Dr Nick Pulman	Deputy Clinical Chair, West Leicestershire CCG
Dr Tony Bentley	Board GP, Leicester City CCG
Mrs Caroline Trevithick	Interim Managing Director, West Leicestershire CCG
Ms Sue Lock	Managing Director, Leicester City CCG
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Mrs Karen English	Managing Director, East Leicestershire and Rutland CCG
Mr Zuffar Haq	Independent Lay Member, Leicester City CCG
Mr Michael Ryan	Interim Director of Urgent and Emergency Care, West Leicestershire CCG
Ms Tamsin Hooton	Director Lead for Community Services Redesign
Mr Clive Wood	Independent Lay Member, East Leicestershire and Rutland CCG
Ms Wendy Kerr	Independent Lay Member, West Leicestershire CCG
Ms Fay Bayliss	Deputy Director of Nursing & Quality, Leicester City CCG
Ms Sarah Prema	Director of Strategy and Implementation, Leicester City CCG
IN ATTENDANCE	
Ms Rebecca Perry	EoL/LLtIC Project Lead, West Leicestershire CCG
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/18/86	<p>Welcome and Introduction</p> <p>Professor Lakhani welcomed members of the Commissioning Collaborative Board (CCB) members to the joint meeting of CCB in public. It was noted that there were no members of the public present at the meeting in the Public Gallery.</p>	
CCBP/18/87	<p>Apologies received</p> <p>The following apologies were noted:</p> <ul style="list-style-type: none"> - Professor Azhar Farooqi, Clinical Chair, Leicester City CCG - Ms Gillian Adams, Independent Lay Member, West Leicestershire CCG - Dr Avi Prasad, Co-Chair, Leicester City CCG - Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG - Mr Spencer Gay, Chief Finance Officer, West Leicestershire CCG 	
CCBP/18/88	<p>Notification of Any Other Business</p> <p>The Chairman received notification of one additional item of business for discussion, which was taken at the end of the public meeting. The item requested was Winter Pressures by Mr Haq.</p>	

<p>CCBP/18/89</p>	<p>Declarations of Interest on Agenda Items</p> <p>The Chairman reminded members of their obligation to declare any interest they may have on any business arising at committee meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG. Dr Montgomery informed that she has not declared any conflicts as this was her first meeting as the Clinical Chair for East Leicestershire and Rutland CCG.</p> <p>Furthermore it was noted that there are potential conflicts with Papers C and D (Progress update on QIPP schemes and update on End of Life Programme of work). The conflict was recorded with no actions to be taken as these are potential conflicts at this stage.</p>	
<p>CCBP/18/90</p>	<p>To RECEIVE questions from the Public in relation to items on the agenda only.</p> <p>There were no members of the public present and the Chairman had not received any questions in advance.</p>	
<p>CCBP/18/91</p>	<p>To APPROVE the minutes of the Public Commissioning Collaborative Board meeting held on 18 October 2018 (Paper A)</p> <p>The minutes of the Public Commissioning Collaborative Board meeting held in October 2018 were approved as an accurate record of the meeting, subject to one minor amendment.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the minutes of the last meeting. 	
<p>CCBP/18/92</p>	<p>To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 18 October 2018 (Paper B)</p> <p>The matters arising following the meeting held on 18 October 2018 were received:</p> <p>CCBP/18/75: Lessons Learnt to Improve Care Clinical Quality Audit: Progress update on the action plan will be provided at the December 2018 meeting. Action ongoing.</p> <p>It was RESOLVED:</p> <ul style="list-style-type: none"> - RECEIVE the matters arising, and note the progress to date. 	
<p>CCBP/18/93</p>	<p>To RECEIVE Progress Update on QIPP Schemes (Paper C)</p> <p>Mrs Iliffe presented the paper which outlined progress since the last meeting. It was reported that at month 7 the LLR CCGs are forecasting under delivery on the QIPP plan for 2018/19 of £2.767m, which is an adverse movement of £2.243m from Month 6.</p> <p>She noted that Leicester City (LC) CCG reported an over delivery against the plan, whereas East Leicestershire and Rutland (ELR) and West Leicestershire (WL) CCGs reported under delivery against the plan. The table on page 3 of the report detailed those areas causing the adverse movement. The main adverse movement across LLR related to the Pathway Redesign scheme within Planned Care. Furthermore some major adverse movements were highlighted specific to ELR CCG, relating to primary care,</p>	

prescribing and some unidentified QIPP schemes.

Mrs Iliffe informed that the QIPP programme across LLR is over delivering to date by £4.93m, however forecasting a shortfall of £2.767m. A QIPP recovery plan is being developed with the aim of ensuring full delivery of the total QIPP plan is achieved.

The report detailed a full list of LLR QIPP schemes, their current levels of delivery and RAG rating against each one of them in terms of delivery. In addition it was noted that business cases and PIDs are being designed in readiness for next year's planning round.

Mrs Iliffe noted that some schemes for closure were recommended to the Joint Management Teams (JMTs) by Quality Assurance Group (QAG) that were no longer viable. Secondly some schemes were recommended to be deferred where savings were not achievable in this financial year but should be delivered in 2019/20. The Table on page 6 of the report identified those schemes in detail.

Dr Pulman queried if any discussions on learning lessons in regards to QIPP schemes was undertaken at the QAG. Mrs Iliffe that the information presented is of those schemes which were included in the original set of QIPP schemes at the beginning of the year. Ms Enoux elaborated little further on how the risk adjustments were worked up for each of the CCGs during the time. In terms of lessons learnt, it was noted that QAG do have some structures in place to share learning, however this mainly takes place through the Project Management Office (PMO).

Mr Haq questioned if the increase in the activity in the A&E would be included in the schemes and if there was any reserve to reflect the increase. Mrs Iliffe informed that this would not be in the QIPP scheme, but would be discussed by the individual CCGs via different routes.

Some of the CCB members felt that going forward the approach needs a strategic view. Ms Prema informed that work has started around planning for next year and are working with the Senior Responsible Officers (SROs) to identify area that should be taken forward in the next year. Furthermore the revised workbooks will also assist in taking a pragmatic approach.

Dr Montgomery queried if Avastin was being reviewed via the planned care pathway as the judicial review outcome has been announced in favour of the NHS Organisations. Ms Prema informed that this is under review however there are a number of challenges that need to be addressed and worked through. This will be part of next year's plan.

Ms Perry joined the meeting.

Some of the CCB members expressed concerns in regards to some of the big schemes that are causing major impact on the financial positions. Ms Enoux and Mrs Iliffe talked through the process against some of these schemes in terms of what mitigating

	<p>measures are being put against them.</p> <p>Professor Lakhani commented on the information provided on page 6 of the report under PRISM. He was surprised that currently, there was insufficient uptake of PRISM. Ms Prema informed that there is only 20% uptake on PRISM however stated that as it is part of the Referral Support Service (RSS), it will be made mandatory in terms of referring via PRISM. In the meantime the team are working with referrers to ensure uptake is maximised.</p> <p>CCB noted progress to date and acknowledged that further work is required to develop the 2019/20 QIPP programme through the planning and contract process. It was reported that further update will be provided at the December 2018 meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report 	<p>Mr Gay</p>
<p>CCBP/18/94</p>	<p>To AGREE End of Life (EoL) Programme Work (Paper D)</p> <p>Ms Hooton presented the paper and provided some background to the End of Life (EoL) work. She stated that in 2017 the EoL care business case set out to define the LLR approach to the key issues with regards to the delivery of the care identified from the LLR wide Health Needs assessment undertaken in 2016. This was also mapped against the National and local Ambitions for the delivery of quality EoL Care to patients.</p> <p>Ms Hooton informed that the CCGs agreed the business case in 2017 to commission a 24/7 LLR wide Integrated Community Palliative Care service. This meant that patients with complex EoL care needs would have access to rapid response community based care. It was agreed that this need would be realised through re-designing of the existing services, commissioning service gaps and investing in the new service.</p> <p>It was reported that the delivery of the new model has been defined agreed via the Single Point of Access (SPA) for both referring clinician and patient carer, with an integrated team assessing and triaging patients in the community and delivering co-ordinated care according to individualised need to patients across LLR.</p> <p>Ms Hooton stated that whilst there remains co-operation across providers and an understanding to deliver a more integrated service from April 2019, significant challenges have been encountered during the mobilisation period. In main the challenges have been in respect to operational issues and the model of care. Ms Hooton informed that work has taken place in collaboration with the providers to combat some of these challenges and progress has been made towards testing a model of integrated triage and co-ordination hub.</p> <p>Ms Hooton explained that clinical leadership in the service is currently being provided by a community based Palliative Care Consultant, funded with additional investment agreed as part of the 2017 business case. Dr Ker queried the reduction of clinical</p>	

sessions. Ms Hooton explained that the clinical leadership for integrated palliative care services needs to be reviewed which addresses the clinical management of the triage hub, hospice at home model and the specialist palliative care teams. Furthermore it was noted that by reducing the sessions would reduce the planned expenditure.

Comments and queries received from some of the CCB members:

- Could the clinical leadership model be considered via the Community Services Redesign (CSR)?
- What assurances are in place that the provider is committed and engaged to take the work forward?
- What level of service is expected to be provided for the funding

Ms Perry explained that investments to date have focused on boosting the care offer to patients delivered by the Marie Curie night and day workforce delivered through the LPT Hospice At Home service. In terms of the overall delivery of the mobilisation plan; a slow roll-out of the service plan has been down to some operational issues. Ms Perry added that initially the investments in Marie Curie Night Sitting were not being used effectively with 30% under-utilisation of the staff. However as part of the mobilisation of the new service, initial testing of a more integrated service was undertaken during the month of October 2018. It focused on the triage element of the model and delivery of the co-ordinated care across providers to both step up and step down patients. The cohort included patients who may have relied on CHC Fast Track packages of care who were discharged into the community for assessment of care based on their individual needs. This has allowed for a more flexible approach to the delivery of specialist palliative care to End of Life Care patients who meet the referral for this palliative care service. Furthermore in terms of CSR, Ms Hooton informed that a report will be presented at the next CCB in December 2018, which will identify examples of emerging models

Ms Hooton picked up the point in regards to the provision of the service against the funding provided. She explained that it will provide hands on care service plus the 2 clinical sessions.

Furthermore CCB queried how the funding going forward would work and also queried if the £180k was in addition to the £92k. Ms Hooton explained that the investment for the SPA based in LPT was identified in the original business case at £180k for full year. She added that this expenditure is now unlikely in 2018/19, as there is CQUIN funding to LPT for mobilising the service, and the triage hub is currently hosted by LOROS. There may be a need for some investment in an EoL SPA in 2019/20, but this is already reflected in the initial business case figures.

Dr Pulman asked if there was a palliative function within the existing service. Ms Hooton informed that if there was a need for clinical input then it would be picked up via LOROS.

CCB requested some clarity around the further development towards the integrated EoL triage and co-ordination hub as it was

	<p>not made explicit in the report.</p> <p>Professor Lakhani concluded that CCB:</p> <ul style="list-style-type: none"> - Note the progress made towards developing an integrated EoL care pathway; - Support further work towards developing an integrated EoL triage and co-ordination hub, however require further clarification on the integration method; - Support aligning the work to the Community Services Redesign (CSR) in order to ensure that access points to EoL and use of core nursing are clearly specified and commissioned to meet patient needs; - Support the continued investment in the clinical team to support patients in the community – night sitting and daytime Health Care Assistants (HCAs). <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - NOTE the progress made towards developing an integrated End of Life Care pathway - SUPPORT the continued investment in the clinical team to support patients in the community – night sitting and daytime Health Care Assistants. - AGREE that the work should be aligned to the Community Services re-design in order to ensure that access points to EOL and use of core nursing are clearly specified and commissioned to meet patient needs. 	
<p>CCBP/18/88</p>	<p>Notification of Any Other Business</p> <p>Winter Pressure</p> <p>Mr Haq shared his recent experience during his visit at the walk in centres and A&E. He stated that:</p> <ul style="list-style-type: none"> - More patients are going to the A&E department; - There is a rise in the number of patients going through the walk in centres and GP practices; <p>Mr Haq expressed concerns that a rise has been noted in the recent months and stated what mechanisms are in place over Christmas period. He informed that in Leicester City (LC) CCG, GPs are being asked to remain open as normal hours on Christmas Eve and asked if it was similar to West Leicestershire (WL) and East Leicestershire and Rutland (ELR) CCGs.</p> <p>Mr Haq's views were that especially in City area, if the GP practices close early on Christmas eve, there will be additional pressure on A&E as patients will be going straight to the department. He asked what mechanisms will be put in place during the festive period across the three CCGs.</p> <ul style="list-style-type: none"> - Will there be additional funding put into the A&E department to get enough staff to deal with the pressure? - Or would more funding be put into the Ambulance service to cope with the demand? - Or would additional funding be provided to the GP practices to provide additional cover during the Christmas period? 	

Ms Lock highlighted that some winter funding had been received by AEDBs and a plan had been developed which included extra resource going into discharge services, extra capacity at the Urgent Care Centres and into social care services capacity.

Mr Haq stated that fundamentally there seems to be issues and more provision needs to be put in place especially during the winter months.

Mrs English stated that NHS England have asked primary care practices to remain open on Christmas Eve and this is being taken through the Primary Care Commissioning Committee (PCCC). Mr Wood added that discussions are underway with the ELR CCG's GP practices on this matter. From previous experiences it has been identified that normally on Christmas eve, if it falls on a working day, there is usually no demand after 4pm. Dr Montgomery informed that practices do have an on-call process in place, therefore access to facilities would be available should it be required. In addition GP practices do not receive any winter funding to extend the service.

Mrs Trevithick stated that a similar process to ELR CCG is being undertaken by WL CCG. There are plans in place with Derbyshire Health United (DHU) and Urgent Care Centre (UCC).

Meeting concluded at 2:07pm.

Date of Next Meeting

Thursday 20 December 2018, in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

Leicestershire CCG to Chair the meeting from September – December 2018 Inclusive.