

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

Minutes of the Public Commissioning Collaborative Board held on Thursday 19 July 2018 at 1:00pm in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

PRESENT:

| | |
|-------------------------|---|
| Dr Chris Trzcinski | Deputy Clinical Chair, West Leicestershire CCG (Chairman) |
| Dr Richard Palin | Clinical Chair, East Leicestershire and Rutland CCG |
| Dr Andy Ker | Vice Clinical Chair, East Leicestershire and Rutland CCG |
| Professor Azhar Farooqi | Clinical Chair, Leicester City CCG |
| Mr Toby Sanders | Managing Director, West Leicestershire CCG |
| Ms Sue Lock | Managing Director, Leicester City CCG |
| Mr Spencer Gay | Chief Finance Officer, WL CCG |
| Dr Avi Prasad | Co-Chair, Leicester City CCG |
| Mrs Karen English | Managing Director, East Leicestershire and Rutland CCG |
| Mr Zuffar Haq | Independent Lay Member, Leicester City CCG |
| Ms Donna Enoux | Chief Finance Officer, East Leicestershire and Rutland CCG |
| Mrs Michelle Iliffe | Director of Finance, Leicester City CCG |
| Ms Tamsin Hooton | Director of Urgent and Emergency Care, West Leicestershire CCG |
| Ms Chris West | Chief Nurse Leicester City CCG |
| Mr Ray Harding | Independent Lay Member, West Leicestershire CCG |
| IN ATTENDANCE | |
| Jo McKenna | Head of Strategic and Implementation Commissioning, Leicester City CCG (CCBP/18/65) |
| Mr Michael Ryan | Interim Director of Urgent and Emergency Care, West Leicestershire CCG |
| Mrs Jayshree Raval | Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (minutes) |

| ITEM | DISCUSSION | LEAD RESPONSIBLE |
|-------------------|---|------------------|
| CCBP/18/56 | Welcome and Introduction Dr Trzcinski 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. | |
| CCBP/18/57 | Apologies received The following apologies were noted: <ul style="list-style-type: none"> - Professor Mayur Lakhani, Clinical Chair, West Leicestershire CCG - Mrs Caroline Trevithick, Chief Nurse and Quality Lead West Leicestershire CCG - Mr Clive Wood, Independent Lay Member, East Leicestershire and Rutland CCG - Ms Gillian Adams, Independent Lay Member, West Leicestershire CCG - Ms Sarah Prema, Director of Strategy and Implementation, Leicester City CCG | |
| CCBP/18/58 | Notification of Any Other Business The Chairman had not received notification of any additional items of business. | |

| | | |
|--------------------------|---|--|
| <p>CCBP/18/59</p> | <p>Declarations of Interest on Agenda Items</p> <p>The Chair 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.</p> <p>The following conflict of interest were noted:</p> <p>Paper D– Community Service Redesign: Potential conflicts for GP members as the project develops as GP colleagues may be interested in providing some of the work going forward.</p> <p>The chairman requested the conflict to be recorded, however as this was a potential conflict; no further action was required.</p> | |
| <p>CCBP/18/60</p> | <p>To RECEIVE questions from the Public in relation to items on the agenda only.</p> <p>There were no questions received from the member of the public on items on the agenda.</p> | |
| <p>CCBP/18/61</p> | <p>To APPROVE the minutes of the Public Commissioning Collaborative Board meeting held on 21 June 2018 (Paper A)</p> <p>The minutes of the Public Commissioning Collaborative Board meeting held in June 2018 were approved as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the minutes of the last meeting. | |
| <p>CCBP/18/62</p> | <p>To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 21 June 2018 (Paper B)</p> <p>The matters arising following the meeting held on 21 June 2018 were received:</p> <p>CCBP/18/51: Progress on QIPP Schemes: It was noted that the item was on the agenda for July's meeting. Action closed.</p> <p>CCBP/18/49: Second primary care blood collection: Professor Lakhani had agreed to circulate the list of costings for different blood tests. The action remained outstanding as update was not available. Update to be requested again. Action ongoing.</p> <p>Post note: Professor Lakhani has circulated the list of costings. Action closed.</p> <p>CCBP/18/50: Transforming Care Plan Sustainability Proposal: Mr Groom was to check with NHS England in regards to what their expectation was at the end of the funding phase and what if the CCGs did not pursue with the programme, would NHS England then withdraw the funding. Ms Enoux explained that advice has been sought and it is clear that NHS England do not have any expectation in regards to continuing with the programme after the funding period is over, however they would like the CCGs to share</p> | |

| | | |
|--------------------------|---|--|
| | <p>the TCP plan for the non-recurrent funding. Action closed.</p> <p>It was RESOLVED:</p> <ul style="list-style-type: none"> - RECEIVE the matters arising, and note the progress to date. | |
| <p>CCBP/18/63</p> | <p>To RECEIVE Progress on QIPP Schemes (Paper C)</p> <p>Mr Spencer Gay presented the paper which outlined progress since the last meeting. He noted that Leicester Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) are forecasting full delivery of the QIPP plan for 2018/19 of £58m.</p> <p>Mr Gay stated that a significant progress has been made by the Senior Responsible Officers (SROs) and the Programme Management Office (PMO) within the past month to improve and completion of the workbooks to gain confidence in delivery on a number of schemes. Mr Gay updated that the LLR CCGs are forecasting full delivery on the QIPP plan for 2018/19, with a month 3 position showing an indicative forecast of £53.4m collective achievement by the end of the year against a QIPP plan of £58.4m. A summary level of this was detailed on page 3 of the report with RAG rating that illustrated the financial delivery. He noted that the “Green” schemes equated to areas where total delivery indicated 100% of plan, “Amber” equated to at least 85% of plan and “Red” equated to anything below 85% achievement. Mr Gay then went on to describe the overall risks and mitigations put in place.</p> <p>Furthermore Mr Gay alluded to the LLR QIPP schemes being under close scrutiny by NHS England. He added that recently all schemes were reviewed by NHS England and financially evaluated to gain a level of assurance. On feedback from NHS England, the workbooks have been refreshed. NHS England has requested the refreshed workbooks along with the QIPP recovery plan to be submitted to them by mid July 2018. Mr Gay stated that following meeting with NHS England in August 2018 further update will be made available to CCB. Mr Gay stated that further update will be made available at the next meeting in August 2018.</p> <p>Dr Ker queried the variations highlighted in tables 1 and 2 on page 3 of the report. Mr Gay stated that the information provided is a high level performance status however there are plans underpinning the schemes which explains the variations and mitigations against those schemes which may not forecast full delivery.</p> <p>Dr Trzcinski thanked Mr Gay for providing an update on QIPP plan and stated that CCB notes the position of the LLR QIPP plan.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and - NOTE the position of the QIPP plan | <p style="text-align: center;">Mr Gay</p> |

| | | |
|-------------------|--|--|
| CCBP/18/64 | <p>To RECEIVE update on Community Services Redesign (Paper D)</p> <p>Ms Hooton presented the paper which provided progress in respect of the community services redesign. In addition providing examples of the community service models based on Home First and Integrated Locality Teams.</p> <p>Ms Hooton stated that following last CCB the work has progressed in that:</p> <ul style="list-style-type: none"> - Scope has been agreed. - Capacity and demand modelling information underway. - The project team have led a number of commissioning and clinical system wide workshops to begin to identify design principles and emerging models. - Detailed communication and engagement plan being finalised. - Reviewing the capacity within localities especially in regards the District Nursing service <p>Ms Hooton stated that work in respect of evidence based review has been completed and the evidence suggests 8 best practice interventions which many systems are implementing such as:</p> <ul style="list-style-type: none"> - Integrated Care Teams - Rapid Response - Single Point of access - Virtual Wards - Intermediate Care Beds - Increased Medical Support - Telehealth - Social Prescribing <p>Ms Hooton explained that a workshop in June 2018 brought together ILT and Home First leads to share emerging integrated locality team models across each CCG. Pre-existing task groups under the Home First and ILT work-streams will also continue to determine the detail of some new ways of working and pathways of care.</p> <p>Dr Ker queried that the report highlights workshops will be arranged for the provider staff in August 2018 and asked who would be facilitating these workshops. Ms Hooton explained that the workshops will be facilitated by her and her team.</p> <p>Professor Farooqi commented that earlier it was noted that capacity within localities is being reviewed and asked if Ms Hooton's team is working with all the localities and that the message is consistent across the localities. Ms Hooton informed that her team are steadily working themselves through all the localities.</p> <p>Mr Sanders highlighted that similar discussions took place at the System Leaders Team (SLT) in the morning where it was noted the need to bring some of the work-streams under the out of hospital forum as a more focal point.</p> | |
|-------------------|--|--|

| | | |
|--------------------------|---|--|
| | <p>Mr Gay queried what the drivers in regards to bringing in efficiencies were. Ms Hooton stated that affordability and sustainability is part of the programme work which will be looking at a service model which is viable and provides a better patient experience. She added that she is hoping for the plan for the service model to be ready in September 2018.</p> <p>Mr Haq asked in regards to the shortage of staffing in the provider organisation and how this is being addressed. Dr Trzcinski stated that the provider are aware of the staffing issues which are being resolved mainly by currently utilising bank staff until the vacant posts are recruited to. Mr Haq asked what the plan of action was in this case. Mrs English explained that this is one of the reasons for conducting the service redesign to look at the gaps in staffing and see if there are any opportunities to apply skill mixing. Furthermore Mrs English and Ms Hooton stated that they are in conversation with the provider in respect to the redesign and will also be looking at the staffing issue as well.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - NOTE the progress of the Community Services Redesign - NOTE the emerging design features and key design choices that are being considered. | |
| <p>CCBP/18/65</p> | <p>To APPROVE Update on approach to planning for 2019-2020 (Paper E)</p> <p>Ms Jo McKenna presented the paper which provided an overview of the process that will result in the development of an operational plan, commissioning intentions as well as Quality, Innovation and Productivity (QIPP) plans for 2019/20. She noted that this process will aim to conclude the process of planning by December 2018 which will enable a three month period during Quarter 4 2018/19 for final development and mobilisation of 2019/20 QIPP.</p> <p>Ms McKenna then went on to explain the planning process for 2019/20. She stated that the process of 2019/20 planning will be impacted by the health system plans. More specifically 2019/20 planning will be impacted by whether or not the health system progresses with a traditional contract model underpinned by Payment By Results (PbR) or an Accountable Care System approach.</p> <p>Nationally there is an expectation that systems will develop an integrated care system approach and there has been some national indication that an alternative contracting form is being developed. Given the national direction it may be prudent to wait and see what if any new requirements come out of the strategy being developed for the autumn and the new planning guidance that will underpin it.</p> <p>Ms McKenna then talked through the diagram on page 2 of the report which provided an overview on the traditional contract management and the new way which is the Accountable Care System approach.</p> <p>Ms McKenna very briefly talked through who the LLR planning</p> | |

leads will be and the areas of focus and what planning support to work-streams will be made available. CCB members were asked to support the recommendations. Ms McKenna explained and elaborated on the models and the opportunities against each one of them

Dr Trzcinski opened the meeting for discussion. The following comments and queries were noted:

- CCGs to engage with providers at the individual plan levels for next year and not spend lots of time on an ACS contractual approach.
- To maintain focus on cost efficiencies, and frame contractually as and when there is a national approach
- CCGs to work collectively to drive different behaviours in future
- Strongly in support of ACS approach, to avoid financial deficits.
- To apply the CCG portfolio lead approach to assigning the planning leads to STP areas, to align where the work overlaps.

Under the Right Care areas it was noted that some areas remained unallocated, however it was recognised that a pathway is required to understand some of the areas to maintain the right level of focus.

CCB members asked why "Neurology" and "Genitourinary" was under the Right Care section. Ms McKenna explained that they are under this section as there is an opportunity from NHS England to explore these areas as part of the Right Care guidance. It was agreed that Neurology and Circulation to sit under the Integrated Teams work-stream and Genitourinary to sit under the Urgent Care work-stream.

The question raised was do the CCGs want to take separate approach to the 2019/20 planning or a collective approach. The view from the CCB members was to take a collective approach similar to the last contracting cycle but exploring further opportunities.

It was concluded that:

- To approve the general approach to 2019/20 but supported with a more system-wide approach to planning for 2019/20 at work-stream level whilst waiting for a national steer on the framework within which this will operate.
- Approve the allocation of Right Care opportunities to work-streams, with a caveat to include various work-streams to explore Right Care opportunities

It was **RESOLVED** to:

- **RECOMMEND** that the Planning Operational Group apply a general approach to 2019/20 planning, with a more system-wide approach to planning at work-stream levels, whilst waiting for a national steer on the framework.

| | | |
|--|---|--|
| | Ms McKenna left the meeting Meeting concluded at 13:40pm | |
| Date of Next Meeting Thursday 16 August 2018, Leicester City CCG, Conference Room, 8 th Floor, St Johns House, 30 East Street, Leicester, LE1 6NB. West Leicestershire CCG to Chair the meeting from May – August 2018 Inclusive. | | |