

LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs COMMISSIONING COLLABORATIVE BOARD

**Minutes of the Public Commissioning Collaborative Board held on Thursday 21 June
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 (Chair)
Dr Chris Trzcinski	Deputy Clinical Chair, West Leicestershire CCG
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
Ms Gillian Adams	Independent Lay Member, West Leicestershire 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
Mrs Caroline Trevithick	Chief Nurse and Quality Lead West Leicestershire CCG
Ms Sarah Prema	Director of Strategy and Implementation, Leicester City CCG
Mr Clive Wood	Independent Lay Member, East Leicestershire and Rutland CCG
IN ATTENDANCE	
Simon Pizzey	Head of Planning and Strategic Commissioning, East Leicestershire and Rutland CCG (CCBP/18/)
Tracey Knight	Locality Lead, East Leicestershire and Rutland CCG (CCBP/18/)
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (minutes)

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/18/42	<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 was one member of the public present at the meeting in the Public Gallery.</p>	
CCBP/18/43	<p>Apologies received</p> <p>The following apologies were noted:</p> <ul style="list-style-type: none"> - Mrs Karen English, Managing Director, East Leicestershire and Rutland CCG - Ms Chris West, Chief Nurse, Leicester City CCG 	
CCBP/18/44	<p>Notification of Any Other Business</p> <p>The Chairman had not received notification of any additional items of business.</p>	

<p>CCBP/18/45</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 C – Second Primary Care Blood Collection – GPs may potentially benefit in the future however the project is patient focused and currently the project identifies purely patient benefits in regards to having some flexibility around blood testing facilities.</p> <p>Paper D – LLR TCP Sustainability Report- It was noted that GP members may be potentially conflicted under the Primary Care QIPP discussion, however it was highlighted that these were generic schemes and did not identify any specifics to indicate any conflicts</p> <p>Paper G – 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>Paper H – Frailty General Practice Review: Similar conflict as per Paper G</p> <p>The chairman requested the conflicts to be recorded, however as they were potential conflicts no further action was required.</p>	
<p>CCBP/18/46</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/18/47</p>	<p>To APPROVE the minutes of the Public Commissioning Collaborative Board meeting held on 17 May 2018 (Paper A)</p> <p>The minutes of the Public Commissioning Collaborative Board meeting held in April 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/18/48</p>	<p>To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 17 May 2018 (Paper B)</p> <p>There were no matters arising following the meeting held in May 2018.</p> <p>It was RESOLVED:</p> <ul style="list-style-type: none"> - RECEIVE the matters arising, and note the progress to date. 	

CCBP/18/51	<p>To RECEIVE Progress on QIPP Schemes Delivery (Paper E)</p> <p>Mr Spencer Gay provided a further progress update from the last meeting which highlighted that the Programme Management Office (PMO) teams are working together to produce a standard set of operating procedures. In addition reports that will support the collection and review of QIPP schemes in line with the timetable to support the monthly reporting of scheme delivery.</p> <p>It was highlighted that the Dashboard tool that has been developed will ensure all elements of scheme delivery are being reviewed and RAG rated in line with agreed tolerances and where schemes are not progressing. Furthermore slippage will be highlighted at the earliest opportunity. CCB members were informed that a detailed review of the plan will be undertaken at the LLR Quality Assurance Group (QAG) from where clear actions and formal feedback will be provided to Project/programme Senior Responsible Officers (SRO's)</p> <p>Mr Gay explained that the QIPP PMO review highlights a considered and risk adjusted position. This is based on the information made available through completion of the workbooks for milestones, deliverables, risks, issues and Key Performance Indicators (KPI's). The lack of actual data shows that the current level of confidence in delivery of the forecast outturn to be in the region of one third that of plans. Mr Gay added that the position may well improve considerably as some of the reported under-delivery may be as a result of lack of financial information upon which to report robust forecasts this early in the financial year. Therefore it can be expected that under delivery will decrease in future months, however the current expectation is that there will still be a significant shortfall until that point.</p> <p>In addition Mr Gay highlighted of the recent letter received from NHS England where feedback has been provided in respect of the LLR QIPP plans. NHS England has arranged an escalation meeting with the Accountable Officers and other appropriate colleagues to go through the QIPP plans in detail.</p> <p>Professor Farooqi stated that he would be interested in understanding the primary care QIPP in regards to how they are generating savings, what the investments are, why and what are the variations between the three primary care QIPP schemes. Mr Gay informed that some of the schemes are in working progress however it would be happy to share them.</p> <p>Mr Pizzey and Ms Knight joined the meeting.</p> <p>There was some further discussion in regards to those schemes where the value has been noted as 0. Mr Gay explained the reasons behind why some of the schemes are valued at 0 as the workbooks are either not completed fully, schemes that are not signed off yet or the schemes are not fully scoped. In response to some of the comments made on a number of schemes representing as "Reds", Mr Gay informed that this is due to the quality of the workbooks or quality of reporting, however this is</p>	Mr Gay
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under review.

Ms Nagle joined the meeting.

Professor Lakhani expressed concerns and asked how CCB could support Mr Gay in taking the work forward. Mr Gay stated that work is underway and noted that schemes will look little worse before getting the best results; however it would be useful to bring updates at CCB on a regular basis.

Some of the CCB members talked about considering new ideas/schemes to be replaced with those that are not working. Mr Sanders stated that there will always be other ideas or schemes however it is important that the Senior Responsible Officers (SRO's) bottom out those schemes that are not working or are representing "Reds" to understand what the barriers are in the system. It is therefore vital that QIPP is a standing agenda item every month.

Ms Adams commented and asked to reflect on those schemes that are not delivering by asking:

- If there is a possibility that there is issues in regards to resources,
- Or is it that there are not appropriate staff to take the work forward,
- Or is there an element that this could be reviewed and amended,
- Or is there a need to buy in the appropriate skills.

There was some further discussion on the matter and completion of the workbooks prior to meeting with NHS England to provide a better picture on the QIPP. In addition to review the resources against each of the schemes and realign them if required. It was noted that discussions need to take place with the staff delivering to see if they need any assistance. Professor Lakhani stated that some of the work and process noted is a medium to long term work however for the immediate goal; CCB would like to hear where progress can be made prior to the meeting with NHS England.

Ms Prema highlighted from Leicester City CCG's prospective, that work can move fairly quickly and schemes can be updated by next week and will allow some of the "Reds" to be turned into "Greens". Similarly Ms Enoux talked through work from East Leicestershire and Rutland CCG's prospective in regards to updating the schemes to highlight delivery.

Mr Sanders queried if it would be useful to have a more detailed report on QIPP at the future CCB which highlights more activities. Mr Gay stated that a report would be presented bi-monthly at CCB which provides a more detailed report. It was also agreed that update to be provided at the next Joint Management Teams meeting and thereafter further update to be provided at the next CCB following the escalation meeting with NHS England.

It was **RESOLVED** to:

- **RECEIVE** the report

CCBP/18/49	<p>To APPROVE Second Primary Care Blood Collection (Paper C)</p> <p>The report was presented by Mr Pizzey and Ms Knight and the paper proposed having a second blood collection which would benefit the primary care in such that it would:</p> <ul style="list-style-type: none"> - Increase phlebotomy capacity in primary care - It would allow for urgent blood tests to be administered which might reduce need for admission. - Improve the patient experience by giving them better access options for phlebotomy service. - Issues between the timing of collections vs ability to receive results would be lessened. - Reduce the risk of patients having to make unnecessary/additional visits to primary or secondary care due to sample degradation or spurious results which can result from sample processing delays. - Illustrate a cost benefit in terms of potential to avoid ED attendances. <p>It was noted that the existing one collection of bloods a day increased the risk of sample degradation resulting from delays in transporting the sample from the GP practice to the laboratory (potassium in particular). This delay could lead to spurious potassium results which may lead to unnecessary ED attendances and possible admissions.</p> <p>In order for the second blood collection to commence the University Hospitals of Leicester (UHL) is requesting a contribution of £48k between the 3 CCGs which will enable them to deliver the additional collection service to all LLR practices.</p> <p>In response to Professor Farooqi's query if this was invested to save scheme, Mr Pizzey explained that this will potentially save admissions to ED. He added that delays could lead to spurious potassium results which may result in unnecessary ED admissions. This provides a poor patient experience and is also costly to the health economy; both unnecessary and avoidable.</p> <p>Some of the CCB members, especially the GP members acknowledged the benefits to patients in respect of having a second blood collection, however at the same time also expressed concerns in regards to the addition funding request. It was a view of the CCB members that UHL should provide the service as part of their contract agreement.</p> <p>Mr Wood queried would the second blood collection generate more tests analysis and if so would there be further demand for funding. Mr Pizzey and Ms Knight explained that it would not necessary result in taking more blood tests; however it would be based on supply and demand.</p> <p>Dr Trzcinski joined the meeting.</p> <p>Further discussions, comments took place in regards to:</p> <ul style="list-style-type: none"> - Would the second blood collection generate QIPP savings in the future and would like to understand the unintended 	
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	<p>consequences</p> <ul style="list-style-type: none"> - How much do the different blood tests cost - Tests to carried out wisely and determine the frequency of the carrying out the tests. - There is potentially small savings in that the addition blood collection could save an admission into ED - However clarity is required as the report does not demonstrate savings explicitly. - The report only highlights 10% of the spurious potassium level, what happens to the test of the 90% of the results. - The timing of the 2nd blood collection should not be soon after the 1st collection and therefore this needs to be reviewed. - To explore the ambulatory pathway for potassium level testing. - UHL to provide the service as part of their existing contract, however this is highly unlikely that UHL will agree to this. <p>It was noted that the pilot had been carried out in 10 different practices however pathology had only collected the sample from one practice and therefore it was agreed that the figures provided was not a true reflection of the pilot. It was felt that the pilot should be carried out for further three months to get a more meaningful data in order to understand the benefits to patients going forward.</p> <p>CCB members concluded that the evidence presented did not demonstrate benefit to patients and therefore CCB requested that:</p> <ul style="list-style-type: none"> - Further pilot to be carried out for three months to get a more meaningful data which demonstrate benefits to the patients as well as flexibility to the practices. - To work with UHL in supporting the pilot - To explore the option of having discussions with UHL to provide the service within their existing contract. - Update to be presented at CCB upon concluding the pilot in October 2018. - Professor Lakhani to circulate the list of pricing per blood tests. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - NOT APPROVE the paper and request to pursue with further three month pilot to understand the benefits to patients. <p>Mr Pizzey and Ms Knight left the meeting.</p>	<p>Mr Pizzey/Ms Knight</p> <p>Professor Lakhani</p>
<p>CCBP/18/50</p>	<p>To APPROVE Transforming Care Plan Sustainability Proposal (Paper D)</p> <p>Ms Nagle presented the paper which outlined the Leicester Leicestershire and Rutland (LLR) Transforming Care Partnership (TCP) programme which is been delivered since April 2016 and is due to complete in March 2019. Ms Nagle noted that the programme has focussed on Building the Right Support for people with Learning Disabilities and/or Autism, with a move from hospitals to local community care and services.</p>	

Ms Nagle provided some context stating that the TCP programme has been awarded over £500k in non-recurrent funds for 2017/18 and 2018/19 to deliver Transformation in services. The Sustainability Proposal identifies progress of the TCP and use of the Transformation Funds, and proposals for the longer term sustainability of the work and services post the programme end. The report summarised the potential investments required to ensure LLR can sustain the service improvements and requirements of the Learning Disability (LD) TCP once NHS England's transformation support phase has concluded. The report detailed developments to date, the remaining activities and changes required for the final year of the programme and provided recommendations regarding ongoing investments for the partnership to consider.

The meeting opened up for discussions and the following comments, queries were raised:

- It is vital to note what the affordability and the merit is for taking the programme forward beyond the agreed funding period.
- What interventions will be put in place that is sustainable.
- How the number of admissions into hospital decrease, whilst focussing on discharges from 25 patients down to 12, as per trajectory will be achieved.
- Consider whether the planned trajectory of 12 inpatients will solely be accommodated in the remaining 12 beds at the Agnes unit, eliminating any future need for out of area placements, or whether some further reduction in Agnes unit beds is possible.
- Is there an indication on what level of support will be provided by partners.
- Which of these programmes would be ideal to take forward in terms of value for money and provide good patient experience
- What implications could be envisaged if those schemes going forward were to stop.

In regards to the level of support from other partners, Mrs Trevithick informed that County are very supportive of the proposals but waiting on the Rutland and other statutory organisations. In addition it was noted that by not investing in these services beyond the natural timeline of the existing NHS England support programme; it is likely to result in an inability to achieve the discharge trajectories, increased out of area placements and pressure on existing services and budgets

Mr Sanders queried the timeline of the funding on page 4 of the report which indicated that the programme will formally end on 31 March 2019, which meant the CCGs only have 9 months left rather than 18 months. Ms Nagle and Mrs Trevithick explained that there is some flexibility in respect of how the funding is utilised

On page 5 of the report Dr Prasad requested that it would be useful to see some figure highlighted under the outcome planned achievement column.

	<p>Dr Palin queried where the funding would sit next year. Ms Enoux explained that the funding will be carried forward at the end of the financial year.</p> <p>Further comments and queries were made as:</p> <ul style="list-style-type: none"> - What are the financial benefits and what is the impact as the report is not clear on how much improvement will be made in terms of delivery, what monitoring process will or have been put to measure the delivery effectively. - Unclear in regards to the apportionment of funding between providers - Work on the out of area placements and start discussions with the councils in advance in terms of funding proportion. <p>Mr Sanders asked a couple of questions. First being is there a clear view on what is NHS England's expectation at the end of the funding phase. Secondly if the CCGs do not pursue with the programme then would NHS England withdraw the funding away. Ms Enoux informed that she will take the questions away and ask Mr Groom, the Deputy Chief Finance Officer to look into the matter and update a response.</p> <p>Professor Lakhani summarised the discussion and actions as:</p> <ul style="list-style-type: none"> - The CCB approves the expenditure of the non-recurrent expenditure from NHSE transformation funds however this is subject to Mr Groom seeking confirmation from NHS England on the two questions highlighted by Mr Sanders. - Secondly under the Transformation Funding it was requested the TCP Board to: <ol style="list-style-type: none"> 1. Review the planned outcomes/ achievements by identifying specific numbers to be achieved 2. Consider how it would identify the financial benefits of these investments. 3. How the board will evaluate the effectiveness of the services and keep the CCB apprised of this and inform of any subsequent business cases. 4. Review the proposed financial splits between Health and Social Care 5. Identify the wider Social Care contributions to the programme <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the proposed non recurrent expenditure from NHSE transformation funds, subject to update from Mr Groom on the questions raised by CCB. <p>Ms Nagle left the meeting.</p>	<p>Ms Enoux/Mr Groom</p>
<p>CCBP/18/52</p>	<p>To RECEIVE Cancer Alliance Funding (Paper F)</p> <p>Ms Lock and Ms Hutchinson presented the paper which aimed at providing assurance around the transformational changes which are coming throughout 2018/19 in partnership with the East Midlands Cancer Alliance (EMCA). Ms Lock informed that all changes and the implementation of new pathways will go through</p>	

	<p>robust governance processes which are assured and supported by the EMCA and will be shared with County colleagues on a regular basis.</p> <p>Ms Hutchinson then went on to explain that Leicester, Leicestershire and Rutland (LLR) will be receiving funding via the EMCA board and will be used in the following areas:</p> <ul style="list-style-type: none"> - Colorectal Cancer Pathway Redesign - Lung Cancer Pathway Redesign - Prostate Cancer Pathway Redesign <p>Ms Hutchinson talked through each of the pathways in detail. Ms Lock explained how the national team's decision regarding allocations for Q3 and Q4 will be made in September 2018 which will be dependent on achieving the 62 day performance in May, June and July 2018. She noted that as a minimum the EMCA, and in turn LLR, will receive 50% of the allocation for Q3 and Q4 and a maximum result would be the release of the full allocation for 2018/19 including the 25% withheld from Q1 and Q2.</p> <p>Ms Hutchinson informed that the report is not to be approved as indicated but for the CCB to receive and note the process by which funding will be released against key milestones in the pathway project plans.</p> <p>Mr Wood expressed concern in regards to bullet point 6 on page 3 of the report which indicated that all ongoing costs after the two year period will be managed through the STP arrangements. Ms Hutchinson explained that currently the pathways are being finalised and therefore highlighted that the purpose of the report for CCB for now is to receive and note the progress and not to approve any element of the report. Ms Lock added it will also depend on how the contracts are structured going forward and ensure that going forward the costs are covered within the tariff.</p> <p>Mr Gay reiterated his query from the Joint Management Teams (JMTs) meeting in regards to if this would impact on some of the activities in UHL and if there is a danger of paying out twice and stated that this element needs to be reviewed and made explicit.</p> <p>Under the Living and Beyond Cancer information on page 20 of the report, Professor Lakhani queried if the funding could be allocated to the Primary Care to provide the service. Ms Hutchinson informed that it is early days and would have to go through full engagement process to establish what the public needs are and then define the service accordingly. Ms Adams added that Ms Hutchinson could link in with the Loughborough University in regards to the engagement process and agreed to email the University and provide Ms Hutchinson's contact details.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the paper and Note the collaborative approach. 	<p>Ms Adams</p>
<p>CCBP/18/53</p>	<p>To RECEIVE Progress update on Community Redesign Programme (Paper G)</p>	

Ms Hooton presented the paper which provided an update indicating the commencement of the early work on the community services redesign (CSR) and the report provided an overview of the planned approach, initial activity and expected outputs.

It was noted that the project sets out to produce a high level model for integrated community services by the end of September 2018. This will be underpinned by a robust evidence base, capacity and demand assumptions and clinical and managerial engagement of the full range of relevant stakeholders across LLR.

Ms Hooton emphasised that this is a commissioner led project and the project team will lead and drive pace in the delivery of the work reporting into the Home First work streams. Whilst the project remains a commissioner led piece of work, close working with Leicestershire Partnership Trust (LPT) as the current provider is essential to ensure the commissioners' ability to mobilise the new service model once agreed. LPT are closely engaged in the project through a named lead Director.

Professor Lakhani queried if this project will provide leadership in respect of new models of care. Ms Hooton explained that the project will set out a range of outcomes which will drive the redesign forward.

There was a view from a number of GP members to engage with the GPs via the GP Programme Board in order to get a more system wide engagement with the appropriate colleagues. Ms Hooton stated that she would be happy to attend the next GP Programme Board and engage with the members,

Mr Sanders highlighted that the CSR project needs to be aware of the probability of overlapping and interdependencies between the work-streams and this needs to be worked out. Perhaps to have an overarching group looking into this element. Some of the GP members expressed concerns in regards to the current community services which are fragmented and does not provide the level of service expected.

It was therefore emphasised to:

- Ensure that the new models of care are connected and easily accessible by patients and GPs.
- Explore other options in regards to other providers who are or may be interested in providing some of the community services
- Ensure that the project is driven by the commissioners
- Opportunity to look at working differently.

GP members expressed their frustration with the current services and similarly Mr Haq expressed the frustrations noted from the patients. CCB members shared their view highlighting the slow progress with the project and proposed that at the July 2018 meeting they would like to see some models of care which indicates the delivery of the service and how it will be delivered.

	<p>Professor Lakhani summarised:</p> <ul style="list-style-type: none"> - CCB in July 2018 to receive a more detailed report which includes set of service models which demonstrates delivery of these services. - Report to detail progress status in regards to how the integrated model is being reviewed with the right colleagues. How the interdependencies are being worked up. - To provide more time on the agenda for a much detailed discussion. - Ms Hooton to attend the next GP Programme Board. <p>Ms Hooton to present a more detailed report at the next CCB in July 2018 as per the discussions.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the paper and Note the progress 	<p>Ms Hooton</p>
<p>CCBP/18/54</p>	<p>To RECEIVE Progress update on LLR Frailty work and Terms of Reference (Paper H)</p> <p>Professor Farooqi briefly presented the paper which highlighted the General Practice Review on frailty pathway. He stated that:</p> <ul style="list-style-type: none"> - The report highlights a significant proportion of care for frail patients is delivered in the General Practice who proactively manage and co-ordinate support from the healthcare system in improving outcomes and reducing avoidable inpatient stays. - In terms of next steps the GP Programme Board (GPPB) and the LLR CCGs primary care teams will undertake a detailed analysis on this patient group by linking it to the inter-dependency work streams of ILT and Home First. - In addition a set of tasks will be drafted to support the wider development of this pathway. <p>He noted that a baseline analysis was undertaken of each of the areas, mapping what is delivered through the core GP contract, what is delivered through additional funding into General Practice and if there are any gaps. This information was presented at the STP GPPB and the initial findings were that much of this is already delivered by our practices in LLR.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE: The direction from the GPPB to work through implications and ask of General Practice and the System. 	
<p>CCBP/18/55</p>	<p>To RECEIVE Progress on Joint Working Arrangements (Verbal)</p> <p>The three chairs briefed on the recent decision of their respected Governing Bodies in regards to the Single Accountable Officer proposal. It was noted that a meeting will be taking place soon with NHS England explaining the reasons behind the differing views from the Governing Bodies and further update will be available after the meeting.</p> <p>In addition Mr Sanders informed that following the decision it is</p>	

	<p>agreed that the three CCGs will continue to work collaboratively and support work via the Joint Management Teams and continue to proceed with some of the portfolio changes.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none">- RECEIVE progress update <p>Meeting concluded at 3:05pm</p>	
<p>Date of Next Meeting</p> <p>Thursday 19 July 2018, Leicester City CCG, Conference Room, 8th Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.</p> <p>West Leicestershire CCG to Chair the meeting from May – August 2018 Inclusive.</p>		

APPROVED