

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10th September 2019

Title of the report:	Summary Report from the Public Commissioning Collaborative Board (CCB) – August 2019
Report by:	Jayshree Raval, Commissioning Collaborative Support Officer, ELR CCG
Presented by:	Professor Mayur Lakhani, Chairman

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> Section 5.2.4: Act with a view to securing continuing improvement to the quality of services Section 6.6.1(f): Monitoring Performance Against Plan
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To inform the Board on joint decision making, including collective strategic decisions
Discussed by	Clinical Commissioning Board Meeting in August 2019
Alignment with other strategies	STP, 2017/2019 Operational Plan
Environmental Implications	None identified
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

EXECUTIVE SUMMARY:

This report is from the Commissioning Collaborative Board (CCB); which is a joint committee of NHS East Leicestershire and Rutland CCG, NHS West Leicestershire CCG and NHS Leicester City CCG. The CCB supports joint decision making and undertakes collective strategic decisions on those areas where authority has been delegated by the respective CCG Governing Bodies.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group Board is requested to:

- **RECEIVE** the Commissioning Collaborative Board report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

BOARD MEETING

10th September 2019

Highlight Report from the Public Commissioning Collaborative Board (CCB) – August 2019

Introduction

1. The purpose of this report is for Commissioning Collaborative Board (CCB) to provide the Governing Body with an update on decisions made and escalate risks and issues identified.
2. CCB is a joint committee of NHS East Leicestershire and Rutland CCG, NHS West Leicestershire CCG and NHS Leicester City CCG. CCB's role is to:
 - Support CCGs to create a financial sustainable health system in Leicester, Leicestershire and Rutland (LLR).
 - Ensure clinically led co-design of service models for health services within LLR are safe, effective and efficient.
 - Provide a forum where commissioners can agree and align priorities and identify opportunities for further collaboration and consistency.
 - Provide onward assurance to the respective Governing Bodies.
3. The key areas of discussion and outcomes from the CCB meeting held on 22 August 2019 are summarised below.
4. **2019/20 QIPP Schemes Position:** CCB received an update from the LLR Programme Management Office (PMO) on the Finance QIPP position. It was reported that LLR CCGs are forecasting an under delivery of the QIPP plan for 2019/20 of £15.045m, of which £10.989m is attributed to unidentified QIPP. It was highlighted that East Leicestershire and Rutland CCG and West Leicestershire CCG have unidentified QIPP which is amounting to £6.166m and £4.823m respectively.
5. It was reported that the Senior Responsible Officers (SROs) are forecasting QIPP delivery of £50.918m which is reported formally on a monthly basis. The LLR PMO undertakes a monthly assurance exercise reviewing workbook submissions alongside their knowledge of schemes to RAG rate delivery across a number of categories. The PMO have provided an assured value which represents the amount of QIPP savings that will be delivered at month 4 and the assured value for LLR QIPP delivery is predicted at £42.967m.
6. CCB noted that the shortfall in QIPP Delivery against requirement is clearly going to have a detrimental impact on the CCG's ability to achieve their financial targets within 2019/20. It was reported that work has been undertaken to identify further efficiency opportunities which have been incorporated into a System Financial Recovery Plan (FRP) to ensure achievement of financial targets. The FRP was submitted to NHS England and NHS Improvement on 31st July 2019 outlining the size of the financial gap across the system and how the system intends to manage the risk. It was noted that the estimated financial gap across LLR is £28.9m and will be managed by implementation of further efficiency schemes.
7. In terms of next steps, the PMO workshops will take place towards the end of August 2019 and will concentrate on Project Finances and QIPP. Planning Workshops are proposed for early autumn to support the development of our local response to the NHS

Long Term Plan, with further details to be released closer to the time. CCB noted the concerns raised and the actions taken to mitigate the financial gaps.

8. **Rituximab in treatment of secondary Autoimmune Haemolytic Anaemia (AIHA):** CCB received a policy which defined LLR CCGs' commissioning position on Rituximab as part of the treatment pathway for adult patients with secondary AIHA. It was reported that AIHA is a rare condition caused by autoantibodies directed against a person's own red blood cells. Approximately half of AIHA cases are primary and half are secondary to other conditions. CCGs only have commissioning responsibility for the secondary AIHA cases in adults.
9. CCB noted that Rituximab is not licensed for this indication but is widely used in the UK. Furthermore the British Society for Haematology recommends the use of rituximab as a second line treatment for the treatment of warm AIHA, mixed AIHA and paroxysmal cold haemoglobinuria after first line corticosteroids. These recommendations have now been adopted by a number of CCGs in England. It was reported that the cost of a single four-week course of treatment is estimated at circa £4400, but this is offset by a reduced need for transfusions and other second line treatments such as immunoglobulins or a splenectomy. Rituximab is an excluded high cost drug and approving a commissioning policy for its use as described by this policy commits the LLR CCGs to additional recurrent spend on an annual basis.
10. It was highlighted that the Head of Haematology at UHL has signed off this policy and UHL has been funding the cost of Rituximab internally to date for secondary AIHA, however CCGs elsewhere are now introducing commissioning policies based on the evidence and the recommendations from the British Society for Haematology, hence the recommendation for LLR CCGs to approve the Rituximab AIHA policy for the LLR population.
11. CCB questioned if the policy had been through the Leicestershire Medicines Strategy Group (LMSG) and if the policy should be approved by them. It was informed that LMSG do not have decision making power and therefore approval would need to take place at CCB or any other appropriate committees within the CCGs. CCB did not approve the policy and suggested that the policy is taken through to LMSG to confirm they are happy with the contents within the policy. If LMSG are happy with the policy then it would not require coming back to CCB for approval.
12. **Leicester, Leicestershire and Rutland (LLR) Falls Programme:** The report provided a summary of the LLR Falls Programme and requests that two of the five projects within it are commissioned recurrently. Recurrent funding was requested for the following two programmes.
 - **Postural Stability and Exercise:** This is a 24-week exercise programme comprising of tailored seated and standing exercises. The report requested that funding for this component of the Falls Programme is made recurrent and the service to proceed as usual in 2020/21, without further annual business cases.
 - **Therapy Triage Service:** This service has been live for two years for the County CCG patients, which aims to triage referrals in a timely manner to ensure intervention(s) by an appropriate clinician, removing inappropriate acute first outpatient referrals. The service lead is now working with the LHIS PRISM team to develop a PRISM electronic referral form for cascade across LLR GP practices. This will ensure that the patient is referred to the right place, first time and remove any unnecessary delays in patient waiting times. Once again the paper requested that the funding for this component of the Falls Programme is made recurrent and the service to proceed as usual in 2020/21.

13. It was noted that by making the funding recurrent, would support the programmes to continue on a rolling programme and at the same time retain workforce. There was some debate in regards to approving the funding on a recurrent basis as it was noted that funding was already made available via the BCF on an annual basis. Secondly it was argued that there was no evidence to highlight any specific benefits to the patients.
14. CCB therefore did not approve the recurrent funding for these two programmes, however approved the running of the pilot as indicated in the report and suggested that the report is represented at CCB again once there is evidence to support specific benefits to patients.
15. **Draft Leicester, Leicestershire and Rutland (LLR) Cancer Strategy:** It was reported that the strategy will aim to improve cancer outcomes, enhance and improve the experience of patients living with cancer. CCB noted that this will be a live strategy which will be adapted to reflect the ever-changing advances in cancer care. It was highlighted that the vision of the strategy in LLR is to support preventing people getting cancer, to ensure patients are diagnosed early and receive high quality and timely treatment and to ensure their cancer journey is a positive experience for those living with and beyond cancer. CCB noted that this will be achieved by delivery of the 4 key strategic aims with the priority being improving the experience of our patients. The 4 key strategic aims are:
 - **Focus on prevention**
 - **Improve early diagnosis**
 - **Ensure access to treatment of excellence**
 - **Deliver the personalised care agenda**
16. In order to support some of the innovative work within the Cancer Strategy; funding is being provided throughout 2019/20 from the East Midlands Cancer Alliance (EMCA) and LLR are receiving £1,038,862. This is in addition to the £947,334 received in 2018/19 which was allocated to the following areas:
 - Early Diagnosis
 - Colorectal Cancer Pathway Redesign
 - Lung Cancer Pathway Redesign
 - Prostate Cancer Pathway Redesign
 - Living With Cancer (LWC)
 - Recovery Package
 - Risk Stratified Follow Up
17. CCB highlighted that the section under health and equalities to be made explicit with regards to how integration and engagement with Primary Care Networks (PCNs) and localities will be carried out going forward.
18. CCB went through the recommendations and:
 - Agreed the principles of the cancer strategy for LLR recognising the extensive work with partners in the creation of the document and the further engagement to be undertaken.
 - Noted that the cancer strategy will need comments from the Senior Leadership Team (SLT), following which each organisation would need to approve it through respective governance arrangements. *It was agreed by CCB that the approval of the strategy could be taken via SLT and not through the respective governance arrangements as SLT is a more appropriate forum to approve the strategy.*
 - Noted the financial allocation received from the East Midlands Cancer Alliance and how the spend reflects the LLR Cancer Strategy.
19. **Emergency Preparedness, Resilience and Response – update on core standards:** It was reported that the NHS England Core Standards for emergency preparedness, resilience and response (EPRR) set out clearly the minimum EPRR standards which NHS Organisations and providers of NHS-funded care must meet. The Core Standards will also

enable agencies across the county to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance process.

20. The purpose of the EPRR Annual Assurance Process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards. It was noted that the CCGs undertook a self-assessment against the relevant individual core standards and rated their compliance. In addition to this CCGs were also required to undertake a self-assessment against this year's EPRR assurance deep dive standards which focused on Severe Weather. The self-assessment was undertaken by the Operational Resilience & Emergency Planning Officer in conjunction with leads from each CCG.
21. The Core Standards Declaration was presented at CCB and will be presented at the respective Governing Body meetings in September 2019, for approval and sign off for submission to NHS England. NHS England have agreed that the self-assessment can be submitted and sign off can be done retrospectively to meet the tight submission deadline of Friday 30th August 2019.
22. CCB informed that the EPRR core standards had been discussed via the appropriate Governance forums in each of the three CCGs and therefore agreed to **approve and sign-off** the CCG self-assessment against the 2019/20 NHS EPRR Core Standards and the CCG Major Incident Plan and ICC Plan.

RECOMMENDATIONS

West Leicestershire Clinical Commissioning Group is requested to:

- **RECEIVE** the Commissioning Collaborative Board report;