West Leicestershire Clinical Commissioning Group
Minutes of the Planning and Delivery Sub Group meeting
Held on Tuesday 22 September 2015, 14.00 – 15.40
Board Room, Woodgate, Loughborough

Paper M

Present:

Professor Mayur Lakhani, Chairman (Chair)
Dr Nick Willmott (for items PDSG/15/103 to PDSG/15/110 only)
Dr YB Shah, GP Clinical Lead
Dr Chris Barlow, GP Clinical Lead
Dr Darren Jackson, GP Clinical Lead
Dr Geoff Hanlon, GP Clinical Lead
Dr Mike McHugh, Public Health Specialist
Mr Ray Harding, Lay Member
Mr Ket Chudasama, Assistant Director Corporate Affairs
Mrs Caroline Trevithick, Chief Nurse and Quality Lead (for item PDSG/15/103 to PDSG/15/108 only)
Mr Spencer Gay, Chief Finance Officer (for items PDSG/15/103 to PDSG/15/110 only)

In Attendance:

Mrs Gill Killbery, Deputy Chief Finance Officer
Mr Ian Potter, Head of GP Delivery (deputising for Mrs Angela Bright)
Ms Sam Kirton, Programme Manager
Mrs Laura Rodman, Assistant Corporate Affairs Officer (minutes)
Mr Sandeep Chohan, PMO Project Support Officer
Mr Leon Charikar, CAMHS Commissioning Manger (for item PDSG/15/109 only)
Mr Jon Wilson, Director of Adults and Communities, Leicestershire County Council (for item PDSG/15/110 only)
Ms Jennie Caukwell, Delivery Manager (for item PDSG/15/111 only)

Action

PDSG/15/103 Welcome and Apologies for Absence

Apologies for absence were received from Mr Toby Sanders, Mr Evan Rees, Mrs Angela Bright, Dr Peter Cannon, Dr Chris Trzcinski, Dr Liz Hepplewhite, Dr Nick Pulman, Mrs Caron Williams and Mrs Cheryl Davenport.

Mr Chudasama advised that the meeting would be quorate whilst Mrs Trevithick and Mr Gay were in attendance, however following their early departure it would only be possible to approve items by consensus.
Mr Chudasama confirmed that if a vote was required, it would be necessary to defer a decision until the following month.

PDSG/15/104 Declarations of Interest on Agenda Items

On behalf of members present, Professor Lakhani declared an interest in the following items:

PDSG/15/108: Co-design of Hinckley Community Services: the locality leads for Hinckley and Bosworth: Dr Jackson and Dr Willmott

PDSG/15/122: WLCCG Community Services Model: all GPs present

PDSG/15/110: Draft Adult Social Care Strategy: all GPs present

PDSG/15/111: Anticoagulation Service: all GPs present due to the recommendation to commission an expanded community based service on a federated model.

PDSG/15/112: Loughborough Urgent Care Centre Business Case: all GPs present.

PDSG/15/114: Derby Road Extra Care Proposal: the locality leads for North Charnwood: Dr Hanlon

PDSG/15/115: Double running cost application approval process – all GPs present due to the link to supporting innovation in general practice.

PDSG/15/105 Minutes of the Meeting held on 25 August 2015

The minutes of the meeting held on 25 August 2015 were approved and accepted as an accurate record.

PDSG/15/106 Actions arising from the Meeting held on 25 August 2015

Voluntary Sector Contract – Home Start Charnwood: a substantive update would be received from Mr Billson at the next meeting of the sub group.

Framework for Voluntary Sector Funding: the outputs of a review of the Mental Health voluntary sector contracts was to be received at the CCB meeting in September, with a further update to be received at the next meeting of the sub group.

Integrated Support Service – Locality Footprint: assurances on the locality footprint were being sought, with a further update to be received at the next meeting of the sub group.

PMO Update – RAG ratings: an update on all of the RAG ratings on the PMO Dashboard would be provided at the next meeting.

Members noted that all other actions were completed and an updated action sheet would be appended to the minutes.

PDSG/15/107 Review of Planning and Delivery Sub Group – Terms of Reference

Paper C, presented by Mr Chudasama, outlined the proposed changes to the Terms of Reference for the sub group, which had been made in line with the CCG's annual governance review.

Mr Chudasama advised that the main changes were:

- A provision for the appointment of suitably qualified and duly nominated deputies
- A section had been added related to the management of conflicts of interest, which replicated the arrangements at Board level.

Mr Chudasama advised that the arrangements for the management of conflicts of interest were conditional upon approval from NHS England and confirmed that the revised Terms of Reference for the Board and sub groups would be presented for approval at the next Board meeting.

Mr Chudasama explained that due to the rigidity of the sub groups quoracy levels, legal advice had been sought on whether the voting rights of management representatives could be delegated to a nominated deputy. Following receipt of the

legal advice the proposed changes on page one of the Terms of Reference had been made. Mr Chudasama confirmed that the deputy arrangements would be replicated across all of the CCG's sub groups.

Dr Jackson questioned whether the deputy arrangements would mean that there was less of an onus on management representatives attending the meeting. In response, Mr Chudasama confirmed that governance matters was a standing agenda item for the CMT meetings whereby it was clarified which attendees would be required at the sub groups.

Professor Lakhani asked whether a named deputy should be included within the Terms of Reference, with Mr Chudasama clarifying that CMT members had one nominated deputy and it was therefore not required.

A discussion took place regarding the practicalities of the Conflicts of Interest Screening Panel and the Procurement and Investment Committee (PIC), with Mr Chudasama suggesting that the Board should be sighted on the matters delegated to the PIC by the sub-group for at least the first six months to ensure it was being appropriately utilised.

Dr Shah asked whether another locality lead would be able to deputise for him, with Mr Chudasama clarifying that the provision for the appointment of deputies related to management representatives only.

It was RESOLVED:

- To **DISCUSS** the appended Terms of Reference
- To **AGREE** that the current iteration of the Terms of Reference should be presented to the Board for approval.

PDSG/15/108 Co-design of Hinckley Community Services

Mrs Trevithick introduced the above item by providing members with a summary of the work that had taken place over the summer to develop the range of options for both urgent and planned care in Hinckley. Mrs Trevithick explained that during this time a wide range of feedback had been received from the public which had been considered alongside public health data, financial planning information etc. Mrs Trevithick confirmed that ultimately the range of possibilities in relation to community services within Hinckley was vast, however the level of information required to support that decision making had previously been lacking.

Members were advised that it had been necessary to also consider the BCT principles regarding public consultation, with decisions required in relation to what issues to formally consult with the public on.

Mrs Trevithick advised that in advance of the October Board meeting, the intention was to present the options at a high level during the current meeting before a testing, and subsequent elimination, of the options, took place at the Hinckley Project Board meeting that afternoon. Mrs Trevithick confirmed that two public engagement events were planned in Hinckley on 5 October 2015, which would provide the opportunity to further test the options with the wider public and our stakeholders prior to the discussion at the Board meeting on 13 October 2015. Following the discussion at the Board meeting the approved options would be formulated into the formal consultation document.

Mrs Trevithick explained the level of patient engagement in Hinckley had been particularly intensive over the last eighteen months, with Experience Led Commissioning (ELC) providing feedback on what it currently felt like to receive care as a patient in Hinckley.

Mrs Trevithick drew members' attention to the displayed slides which detailed the wide ranging changes that had already been implemented within Hinckley. Mrs Trevithick advised that there were main areas that were planned to be developed:

- Focus on prevention
- Support in a crisis
- Community based wherever possible
- Integrated and co-ordinated support

A further slide was displayed which referenced the range of assessment criteria that would be applied as part of the appraisal process, including the case for change, financial appraisal and the project board to confirm their preferred options for consultation.

Mr Gay presented a 'Scenarios at a glance' slide, which confirmed that the main area of consultation would relate to planned care, and more specifically whether it was delivered within, or outside, of the boundaries of Hinckley and Bosworth. Mr Gay advised that approximately two-thirds of the scenarios could result in the close of Hinckley and District Hospital, with consideration also required for Hinckley Health Centre, from which the majority of outpatient services were provided. Mr Gay clarified that a decision had been taken to separate out Endoscopy from other day cases due to the different facilities required and the differing level of patient need. Mr Gay reiterated Mrs Trevithick's earlier point, that the eleven scenarios would be discussed with both the Hinckley Project Board and members of the public before the options were confirmed.

Dr Jackson asked whether all of the scenarios were considered to be viable. In response, Mr Gay clarified that the role of both the Project Board and the public engagement events would be to eliminate any scenarios that were not considered to be viable. Mr Gay confirmed that financial planning would be required for each scenario, with the Project Board also being asked to score each scenario against an agreed set of non-financial criteria.

Mr Gay advised that the Financial Appraisal detailed within the slides had been prepared based on estimates, which had subsequently been reviewed by colleagues in Estates who had provided assurances that they appeared to be reasonable. Mr Gay added that to determine the viability of the schemes it would be necessary to compare doing nothing against the level of financial investment required upfront, with further work required with Estates on this matter before the discussion at the Board meeting.

Professor Lakhani sought clarification on the input currently required from members. In response, Mrs Trevithick acknowledged that the timescales leading up to the discussion at the Board meeting were tight, but welcomed members views on the range of scenarios presented and the financial appraisal process. Dr Willmott added that assurance from members with regards to the appropriateness of the methodology used, and the proposed assessment criteria, would be welcomed.

Dr Hanlon asked whether the issue of out of hours care had been factored into the scenarios. In response, Mr Gay advised that the review had focused on consultation issues related to Hinckley only, with out of hours services more generally being a wider West Leicestershire issue that was also linked to the vanguard bid submission.

Dr Jackson commented that the implications of each scenario could be made more explicit, e.g. which services would no longer be delivered locally as a result. Mr Gay acknowledged that currently there were too many scenarios which made it difficult to comprehend the implications of each fully and therefore the Hinckley

Project Board would be working through each scenario later that afternoon.

Mrs Trevithick reiterated that any specific comments from members on the scenarios would be welcomed.

It was RESOLVED:

- To **RECEIVE** the above update.

PDSG/15/109 Community Services Model

Mr Potter explained that unfortunately it had not been possible to circulate an iteration of the draft Community Services Model document in advance of the meeting, due to the ever changing and evolving format of the document. Mr Potter tabled a number of copies of the current iteration, with the caveat that the content would change prior to its presentation at the Board meeting in October.

Mr Potter provided a verbal update on the recent developments for the Community Services Model. Main points:

- Clinical discussions related to the model had progressed, with a discussion with LPT at the Locality Development resulting in a cohesive approach towards inpatient wards at the community hospitals
- The structure of the document had been further progressed, and as its format was aligned with the CCG's other strategic documents it would form a cohesive part of the CCG's strategy
- The CCG's development over the past four years would be outlined in the 'our journey so far' section, with the Case for Change being developed to incorporate both national and local drivers
- The following sections within the document were currently being developed: Ambition, Assessment Criteria and Enablers
- The plans for the Community Services Model would be shared at the AGM, and allow the opportunity for further communication on the model with our stakeholders
- The model would be received at the Board meeting in October, with further engagement with our wider stakeholders to take place during October before it was brought together with the BCT timelines.

Dr Jackson commended the work undertaken to develop the model and commented that reading the document alongside the Operational Plan and the Primary Medical Care Plan would set out the whole picture for WLCCG.

Mr Potter confirmed that members' views on the clarity of the model were welcomed, particularly with regard to whether the model reflected what patients needed.

It was RESOLVED:

- To **RECEIVE** the above update.

Mrs Trevithick left the meeting at this point.

PDSG/15/109 Transformational Action Plan for the Mental Health and Wellbeing of Children and Young People

Mr Charikar entered the meeting at this point.

Paper E, presented by Mr Charikar, provided details of the LLR Transformational Plan for Mental Health and Wellbeing for Children and Young People (2015-2020). Mr Charikar advised that the LLR CCGs would receive additional funding from

2015/16 specifically to transform mental health and wellbeing services for young people however the release of the funds would be dependent upon the approval of a Transformational Plan, which would outline the main local priorities and initial action plan. Mr Charikar confirmed that the approved plan would be submitted to NHS England by 16 October 2015, and had been developed through the BCT framework.

Mr Charikar confirmed that the main components of the plan were as follows:

- *Health promotion* – a campaign to promote mental health and resilience for children and families
- *Early Help* – establish an easy access route to low intensity early help services which would provide initial risk assessments and low-level support
- *Access to specialist help* – a single gateway to additional help for those with enduring difficulties or at risk of significant harm to self or others
- *Intensive/crisis support* – an intensive multi-agency offer of 'out of hours' and home treatment services for those experiencing acute difficulties and at risk of serious harm to self or others.

Mr Charikar welcomed members' comments on the content of the plan, and confirmed that it was being discussed and reviewed at a series of CCG/BCT meetings.

Professor Lakhani commented on the level of funding available (£1.87 million) and clarified that this was recurrent funding. In response, Mr Charikar confirmed that the funding would be available recurrently, with Mr Gay adding that the recurrent funding was available as long as you had a transformational plan that was delivering as promised. On that point, Mr Gay went on to question whether the plan was truly transformational, or whether it was just the addition of a number of services, and how was it intended to measure the scale of improvement within the plan as there were no outcome measures outlined within it.

Dr Jackson stated that it was a good paper, but suggested that the issues caused by the current 'patchwork' provision of services should be more clearly articulated.

Mr Potter commented that the plan was very well put together, but the complexities associated with implementing such a plan should not be overlooked. Mr Potter further asked whether any consideration had been given to how the funding from NHS England would be allocated across LLR.

Mr Charikar responded to the points raised by confirming that a section related to outcome measures would be included within the plan, which would seek to also demonstrate the extent to which the plan was transformational. Mr Charikar further confirmed that the funding allocation across LLR had not yet been considered, but it would entail a review of the existing services and the priorities within the plan across each area. Mr Charikar advised, however, that a total of £440k had already been allocated for the development of the Eating Disorders Service.

Dr Jackson suggested that self-referral routes should be considered for the early help services.

Mr Chudasama asked who was responsible for driving forward the implementation and development of the plan, and further questioned whether there was a sense of joint commitment to the plan across LLR. In response, Mr Charikar confirmed that the plan was being managed through BCT, with links to both the mental health and urgent care workstreams, with two senior Directors jointly responsible for leading the plan. Mr Chudasama further asked whether the plan was supported by adequate staffing resources, with Mr Charikar confirming that project management costs would need to be factored into the plan.

Professor Lakhani confirmed that the plan had been particularly well received by BCT colleagues and at the Health and Wellbeing Board, and was an innovative way of supporting young people.

It was RESOLVED:

- To **DISCUSS** the draft transformational plan.

Mr Charikar left the meeting at this point.

PDSG/15/110 Adult Social Care Strategy

Mr Wilson entered the meeting at this point.

Mr Wilson was welcomed to the meeting and confirmed that he had recently replaced Mr Mick Connell as the Director of Adults and Communities at Leicestershire County Council.

Mr Wilson advised that the Adults and Communities Department had identified that changes needed to be made to allow for the health and social care system to work more effectively in the immediate future and to ensure compliance with the requirements of the Care Act 2014. Therefore, Leicestershire's Adult Social Care Strategy was the proposed plan for the next four years which sought to implement a new, more cost-effective, approach to delivering adult social care, to support the financial position, and to help the County Council to work together with their partners to provide more integrated health and social care services. Mr Wilson advised that a consultation exercise on the content of the strategy had been launched the previous week and encouraged members to provide their comments and views on the strategy before 20 November 2015.

Mr Wilson explained that in order to meet their obligations under the Care Act 2014, a model had been developed which identified four domains which were designed to ensure that people could get the right level and type of support, at the right time to prevent delay or reduce the need for ongoing support and to maximise people's independence. The four domains were: prevent need, reduce need, delay need and meet need. Mr Wilson advised that whilst the four domains took the County Council into a different territory to previously, it was also in many ways and extension of the work that was currently taking place.

Mr Wilson provided further information in relation to each of the domains as follows:

- *Prevent need*: the department would work with partners to ensure that preventative services were well aligned and maximised the opportunities to obviate the need for social care support in the future, through the development of a unified prevent offer
- *Reduce need*: the department would identify people that may require social care at some point in their lives, but seek to reduce that level of need through small scale, low level, interventions, e.g. Assistive Technology
- *Delay need*: the department would work with partners to deliver effective recovery, rehabilitation and reablement services, whilst adopting a problem solving approach before offering formal support
- *Meet need*: the department would assist people to increase their independence by providing just enough support to prevent higher levels of need, which can adapt to fluctuating needs.

Mr Wilson explained that the strategy also entailed a shift in the way services were operated and managed, creating a more flexible workforce that could intervene in a more timely way through, for example, open customer portals and supported self assessments.

Dr Jackson asked whether any open and transparent conversations had taken place with the public in relation to an ever increasing population, the difficult financial situation and the need to keep people independent for longer. Mr Wilson acknowledged that this was a dilemma that they had been working through, and that following discussions with various staff groups across the county clear feedback had been received that 'austerity' was not a good message and yet there was a clear need to be open and honest with people.

Mr Wilson confirmed that the County Council was seeking to develop community capacity and resilience and being more proactive as a local authority in developing the right services for people, and were therefore working with the voluntary sector to review the possible options. Previously, however, some voluntary sector services had had the opposite effect and had actually drawn people into become users of adult social care; for example it had been found that providing meals on wheels did not promote independence and that people should be encouraged to prepare their own meals where possible.

Mr Gay and Dr Willmott left the meeting at this point.

Mr Chudasama requested clarification as to what the strategy would mean for both the CCG's localities and for local services, adding that a discussion had taken place regarding voluntary sector services, and the reduction of such, at a CCG Board meeting and there had been very mixed views on the proposal. In response, Mr Wilson confirmed that a consequence of the strategy could be that more people opted for Direct Payments, particularly as the LA could have a smaller contracted service offer and consequently people chose to pay for alternative services from their individual budget. Furthermore, once Help to Live at Home was launched, people could chose to retain their existing domiciliary care provider through Direct Payments.

Mr Potter commented on the workforce implications associated with a smaller number of providers through the HTLAH programme. In response, Mr Wilson advised that a particular issue faced by adult social care was in relation to people not perceiving a domiciliary care provider as a worthwhile career path and therefore it was hoped that having a smaller number of providers would allow for the development of more strategic relationships with those providers and conversations regarding the development of their workforce.

Mr Wilson concluded by requesting that members provide their views as part of the consultation process, as the County Council were seeking to understand the views of CCG and primary care colleagues.

It was RESOLVED:

- To **RECEIVE** the content of the report
- To **SUBMIT** comments to Adult Social Care as part of the consultation process commencing from 21 September 2015 to 20 November 2015

Mr Wilson left the meeting at this point.

PDSG/15/111 Anticoagulation – Five Page Business Case

Ms Caukwell entered the meeting at this point.

Paper G, presented by Ms Caukwell, provided a five page business case for the proposed service model for the Anticoagulation Service. Ms Caukwell advised that the business case had been developed following the discussion at the previous meeting of the sub group and reiterated that the principal recommendation within the business case was to provide care in the most appropriate setting, with

federations providing initiation and management of both stable and unstable patients within the community, whilst revising the acute model to a more specialist service. Ms Caukwell advised that further work was required on the financial requirements of the business case.

Professor Lakhani asked whether initiation of NOACs had been included within the business case, with Ms Caukwell confirming that the proposed service had been expanded to include NOACs.

Dr Hanlon commented that the proposed service model appeared to be very good, and went on to ask whether the District Nursing service would continue to take patients' bloods. In response, Ms Caukwell advised that the District Nursing service had been contracted to provide care for housebound patients, which would include taking their bloods.

Dr Jackson asked whether further clarity would be provided regarding which patients would not be considered suitable for the new service model. In response, Ms Caukwell confirmed that further clarity would be provided within the service specification regarding which patients should, and should not, be managed within primary care. Ms Caukwell confirmed that the Federations would be asked to take on the management of patients within their own locality, with telephone support provided if required.

Mr Potter extended his thanks to Ms Caukwell on the development of the business case and reiterated that further work on the financial modelling would be required going forward. Mr Chudasama added that following the further financial modelling, the business case would again be received at the sub group prior to its discussion at the Procurement and Investment Committee.

Professor Lakhani asked when the proposed service would commence. Ms Caukwell responded by confirming that the current contract with UHL ran until 31 March 2016, with the current plan being that the service would start on 1 April 2016 however a contingency would be put in place to account for any delays.

Mr Potter advised that any clinical concerns regarding the proposed service model should be fed in at this point of the process.

It was RESOLVED:

- To **SUPPORT** the recommendations within this paper to commission an expanded community based service (federated model) and reduced UHL service through the negotiation route
- To **RECEIVE** updates on the progress made with the service redesign and procurement process.

Ms Caukwell left the meeting at this point.

PDSG/15/112 Loughborough Urgent Care Centre – Five Page Business Case

Paper H, presented by Mr Potter, outlined the intention to commission a team of doctors, with an enhanced set of skills and expertise, to manage complex cases at the Loughborough Urgent Care Centre (LUCC) until March 2016.

Mr Potter advised that a three month pilot had been undertaken at the LUCC in January 2015, as part of the 2014/15 Winter Initiative, which sought to develop new ambulatory care pathways that could be managed through the introduction of additional doctors with an interest in emergency medicine and cardiology. Mr Potter confirmed that the three month pilot had produced a range of positive outcomes, with the learning from the pilot used to influence the development of the

proposed service.

Mr Potter confirmed that the five page business case for this proposal had been presented to the Step Up/Step Down Board on 10 September to request funding through the Better Care Fund, with the proposal having subsequently been supported.

Dr Jackson commented that an issue frequently raised at the Out of Hospital Programme Board was in relation to EMAS' lack of confidence in handing over patients to the LUCC and therefore such a proposal should create a greater sense of confidence in the LUCC for their provider partners.

Dr Hanlon confirmed that there was a clear need for more doctors at the LUCC, but added that a target of 868 avoided emergency admissions was perhaps a little too optimistic. In response, Mr Potter confirmed that the figures had been based upon the pilot outcomes and advised that the LUCC could seek to prevent short term respiratory admissions for example.

Dr McHugh commented that currently the pathway into the service was not clear and suggested that the additional doctors should not be used to treat routine cases, with the possibility of specific referrals a way of safeguarding against such. In response, Dr Hanlon advised that the doctors would be required to treat any patients attending the LUCC. Dr McHugh further added that there was the possibility therefore that patients may choose not to access the out of hours GP service and instead opt to attend the LUCC instead due to the proposed hours of operation.

Dr Shah asked whether the CCG would have any input into the recruitment of the staff that would provide the service. In response, Mr Potter advised that the CCG was working closely with the clinical leads at CNCS, and had received assurances that they could deliver the service that the CCG wanted to commission.

Professor Lakhani commented that this was a very positive development and drew members' attention to the recommendation within the paper. It was subsequently RESOLVED by consensus:

- To **RECEIVE** the enhanced clinical service proposal, key performance indicators, funding stream and next steps
- To **APPROVE** the proposal and establishment of the service.

PDSG/15/113 2016 Procurement of the Diabetes Structured Patient Education Service

Paper I, presented by Mrs Killbery in Mrs Neville's absence, outlined the intention for a structured diabetes education programme that could replace the current provider, DESMOND, from 1 April 2016 for all patients across LLR.

Mrs Killbery advised that the current service provider was at the end of their contract period and therefore an LLR open procurement process had been approved by the CPC, which was to be led by LC CCG. Mrs Killbery confirmed that a market assessment had been undertaken which had identified a minimum of three potential providers and therefore the CCG's had been advised that there could be more interest in the market at the point of publishing the ITT. Mrs Killbery further added that a review of the service specification had been undertaken and copies were available should they be required.

Mr Chudasama asked whether the option of offering the service to the Federations had been considered and whether this therefore represented a conflict of interest for the clinical leads present. In response, Mrs Killbery confirmed that there certainly would not be any objections to the Federations submitting a bid through

the procurement process.

Dr Shah commented that the current service had a very high DNA rate and therefore suggested that a number of the educational sites should be located within the West Leicestershire area.

Professor Lakhani referenced Mr Chudasama's earlier point and confirmed his understanding was that whilst Federations would be able to offer such a service in the future they were not currently in a position to do so. Dr Jackson added that a provider was being sought to provide the service across the whole of LLR. Dr Jackson further asked whether UHL had indicated that they would bid for the contract again, with Mrs Killbery confirming her understanding was that UHL did not wish to bid for the contract again.

It was RESOLVED, by consensus:

- To **APPROVE** the procurement of a 3+2 contract on an annual contract value of approximately £43,000 for West Leicestershire CCG
- To **APPROVE** the service specification for Diabetes Structured Education.

PDSG/15/114 Derby Road Extra Care Proposal

Paper J, presented by Mr Chudasama, outlined the detail of a request received from Emh Homes to support an identified funding gap of £100k in their development of a site on Derby Road, Loughborough, which would provide 96 affordable homes, comprising of 62 Extra Care properties for older people. Mr Chudasama advised that there had been a significant cost increase for the scheme for a number of reasons, for example an increase in the land value, and therefore a decision had been made to approach the CCG.

Mr Chudasama confirmed that currently the impact of the development on the local GP practices and other health care services had not been clearly articulated and that secondly how residents would be allocated to the Extra Care properties was currently unclear. Mr Chudasama added that this was a top priority for Emh Homes and therefore if the CCG declined the request for £100k, they would be required to identify the funding themselves.

Mr Chudasama advised that he was not currently seeking members' approval for the £100k funding request due to the lack of pertinent information, and suggested that a further discussion could take place at the next meeting once further information had been provided.

Mr Harding commented that the funding request was akin to a donation to a good cause and questioned whether the CCG should be acting in this way unless there was a direct demonstrable health benefit.

Dr Hanlon confirmed that he personally had not been involved in the development of the scheme as an initial meeting had been cancelled, and added that currently it was unclear which type of patients would be residing in the Extra Care properties. Dr Hanlon advised that an increase in the number of dementia patients registered at the local practices could have serious revenue consequences.

Mrs Killbery advised that if the CCG were to offer the funding requested, it would be necessary to firstly fully understand the full impact for our localities.

To conclude the conversation, Professor Lakhani suggested that the request from Emh Homes should be politely refused as a clear articulation of the health benefits and the impact for our localities had not been provided. Mr Chudasama confirmed that he would contact Emh Homes and advise them of the CCG's **KC**

position.

It was RESOLVED, by consensus:

- To **DISCUSS** the proposal
- To **AGREE** that CCG was not able to provide the requested £100k without a clear articulation of the health benefits associated with the development.

PDSG/15/115 Double Running Costs

Mr Potter provided a verbal update on the progress made in implementing the Double Running Costs approval process. Main points:

- Ten schemes were approved in principle at the last Locality Development Meeting (LDM), with the next stage of the process being that the Federations would complete the CCG's business case template
- Feedback following the LDM would be provided to the relevant Federations shortly, along with an offer of support in completing the business case templates
- The schemes approved in principle had been very innovative, with a number of national firsts being proposed, with a range of good ideas for planned left shift put forward
- The CCG would further work with the Federations to ensure that all schemes were up and running as soon as possible.

Dr Jackson commented that there was only six months of the current financial year left and therefore when was it anticipated that the schemes would start. In response, Mr Potter advised that the schemes would be implemented once the CCG was assured that the schemes were clinically safe, with funding provided for a full twelve month period. Mr Potter further clarified that the funding would be allocated per Federation on a fair share basis.

It was RESOLVED:

- To **RECEIVE** the above update.

PDSG/15/116 PMO Update

Mr Chudasama advised that an updated PMO Dashboard had been received at the last meeting of the sub-group however a number of issues, such as the Management of Change process and the corresponding changes to the BCT workstreams, had meant that it had not been possible to present a further updated dashboard to the current meeting. Mr Chudasama confirmed that a fully updated dashboard, showing the current position, would be received at the next meeting.

It was RESOLVED:

- To **RECEIVE** the above update.

PDSG/15/117 LLR Community Stroke and Neurology Rehabilitation Business Case

Members received for information the business case for the Leicester, Leicestershire and Rutland (LLR) Community Stroke and Neurology Rehabilitation Business Case.

It was RESOLVED:

- To **RECEIVE** the content of the paper
- To **NOTE** as an LLR development, the Business Case will be subject to final approval of the Commissioning Collaborative Board in October 2015.

PDSG/15/118 Any Other Business

There was no other business to report.

PDSG/15/119 Date and Time of next meeting

Tuesday 27 October 2015, 14.00 – 16.00, Boardroom 1 & 2, Woodgate, Loughborough