West Leicestershire Clinical Commissioning Group
Minutes of the Planning and Delivery Sub Group meeting
Held on Tuesday 25 August 2015, 14.00 – 15.35
Board Room, Woodgate, Loughborough

N

Present:

Professor Mayur Lakhani, Chairman (Chair)
Dr Chris Trzcinski, GP Clinical Lead
Dr Liz Hepplewhite, GP Clinical Lead
Dr Peter Cannon, GP Clinical Lead
Dr YB Shah, GP Clinical Lead
Dr Chris Barlow, GP Clinical Lead
Dr Darren Jackson, GP Clinical Lead
Dr Nick Pulman, GP Clinical Lead
Dr Mike McHugh, Public Health Specialist
Mr Evan Rees, Lay Member
Mrs Angela Bright, Chief Operating Officer
Mr Spencer Gay, Chief Finance Officer
Mrs Cheryl Davenport, Director of Health and Care Integration

In Attendance:

Ms Sam Kirton, Programme Manager
Mr Ian Potter, Head of GP Deliver (present from item PDSG/15/92 onwards)
Mrs Cathrina Tierney-Reed, Head of Project Delivery (for item PDSG/15/91 only)
Mr Brian Jopling, Leicestershire County Council (for item PDSG/15/91 only)
Ms Donna Brewer, Planning Manager (for item PDSG/15/94 only)
Ms Jennie Caukwell, Delivery Manager (for item PDSG/15/93 only)
Mrs Laura Rodman, Assistant Corporate Affairs Officer (minutes)
Mr Sandeep Chohan, PMO Project Support Officer

Action

PDSG/15/87 Welcome and Apologies for Absence

Apologies for absence were received from Dr Nick Willmott, Dr Geoff Hanlon, Mr Toby Sanders, Mr Ket Chudasama, Mrs Caron Williams and Mrs Caroline Trevithick.

PDSG/15/88 Declarations of Interest on Agenda Items

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

PDSG/15/91: Integrated Support Service and **PDSG/15/92: Supporting Leicestershire Families** – Dr Mike McHugh as an employee of Leicestershire County Council.

PDSG/15/93: Anticoagulation Service – all GPs present due to the recommendation to commission an expanded community based service on a federated model.

PDSG/15/96: One Pager: Cancer Survivorship – all GPs present.

PDSG/15/97: 75 Croft Way, Markfield, Leicester – Dr Trzcinski as a Markfield based GP, and other GPs from the North West Leicestershire locality (Dr Hepplewhite and Dr Pulman).

PDSG/15/99: Double running cost application approval process – all GPs present due to the link to supporting innovation in general practice.

PDSG/15/89 Minutes of the Meeting held on 28 July 2015

The minutes of the meeting held on 28 July 2015 were approved and accepted as an accurate record.

PDSG/15/90 Actions arising from the Meeting held on 28 July 2015

Framework for Voluntary Sector funding – it was resolved to defer the update to the next meeting in Mr Chudasama's absence.

Voluntary Sector Contract – Home Start Charnwood – Professor Lakhani advised that a full explanation had been requested from Mrs Thwaites, Assistant Director Children and Families, as agreed at the last meeting however an explanation had not yet been received.

Strategy for Communities and Wellbeing Service - Mrs Davenport advised that lead officers from Leicestershire County Council would attend the next meeting on 22 September to present the details of the strategy for the Communities and Wellbeing Service.

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

PDSG/15/91 One local 'integrated support service' for our joint team caseload

Mr Brian Jopling, Transformation Lead for Health and Social Care Integration, gave a presentation: 'One local '*integrated support service*' for our joint team caseload'. Main points:

- Our Joint Vision – to deliver integrated, co-ordinated care placing the service user and carer(s) at the centre, beginning with better co-ordinated locality teamwork across health and social care that is 'centred around the person'
- The Joint Locality Model: Planned, Urgent and Crisis
- Integrated hospital discharge – locality manager, team senior, social worker, community hospital ward manager, nurses and therapists working closely together on identified cases
- Frequent re-admissions – early identification and action on a case by case basis
- Community 'early intervention' MDT meetings
- Contact Directory – produce and circulate a joint directory of contact names, roles and phone numbers
- Shared success principles – one version of things, understood by all.

Mrs Bright requested clarification regarding the 'locality footprint' and Mr Jopling's reference to six localities and whether this related to four localities in West Leicestershire and two in East Leicestershire and Rutland. Mrs Davenport confirmed that the locality footprint used was consistent with that used by the community health services currently. Mrs Bright added that the current direction of travel was for consistent and co-located localities and requested further confirmation that the localities to be used were consistent with those used by the CCG currently. **BJ/CD**

Mrs Bright advised that currently the CCG was working with LPT to redefine the role of the Clinical Co-ordinators for the Virtual Wards and therefore there was a

need to consider the role of the integrated support service alongside that review. Mr Jopling added that the Clinical Co-ordinators were seen as playing a key role in the MDT meetings, alongside District Nurses, OT leads etc.

Mr Jopling advised that the purpose of the Contact Directory would be to develop a culture of transparency and availability across organisations and ensure that 'shared customers' were not managed through SPA but through talking directly to members of the team involved in the management of their care.

Professor Lakhani stated that this was a very welcome presentation and one which clearly demonstrated that a great deal of work was currently taking place in terms of health and social care integration, with the focus in the next phase to be on how to further strengthen relationships with primary care. Dr Cannon added that it would be necessary to link in with the CCG's Locality Leads when communicating the integration developments with the wider GP population.

Dr Shah explained that a number of WLCCG practices were located on the edge of Leicester City and therefore as some patients had addresses within the Leicester City area the service availability should not be based solely on a patient's address.

Dr Pulman commended the work undertaken to date to develop an integrated support service and suggested that a link with Care Homes should also be considered, particularly related to the CCG's work in relation to 'One Practice, One Home'.

Mr Rees asked whether as the service was being rolled out as a pilot it would involve a degree of learning and evaluation. In response, Mr Jopling clarified that the pilot had actually taken place in Melton and had finished in February 2015, with the learning from the pilot then taking forward into the wider service roll out. Mr Rees asked whether the CCG had been given the opportunity to contribute to the evaluation of the pilot, with Mr Jopling confirming that this had not yet taken place.

Mrs Tierney-Reed reiterated that the integrated support service should be considered alongside the current review of the role of the Clinical Co-ordinators, and that a key area for resolution was related to the sharing of care plans and the associated issues of confidentiality.

Professor Lakhani suggested that a meeting should take place to discuss the alignment of the integrated support service and the CCG's Out of Hospital Programme Board and the development of further joint initiatives. Mrs Bright confirmed that an update on the integrated support service would be received at the October round of Locality meetings. **AB**

It was RESOLVED:

- To **RECEIVE** the above update
- To **AGREE** to arrange a meeting to discuss the alignment of the integrated support service and the Out of Hospital Programme Board
- To **AGREE** to receive an update on the integrated support service at the October round of locality meetings.

Mr Jopling left the meeting at this point.

PDSG/15/92 Supporting Leicestershire Families

Mrs Davenport reported that an evaluation of Supporting Leicestershire Families, a collaborative case management support programme to which the CCG was a partner, was currently taking place. Mrs Davenport confirmed that a report would subsequently be received which provided the outcomes of the programme along

with a business case outlining the options for the continuation of the case management approach. Mrs Davenport explained that currently Supporting Leicestershire Families was funded by a range of financial partners, with the options for future investment to be presented to the sub group shortly.

Professor Lakhani suggested that it would be beneficial if the clinical leads were able to consider cases where the programme had been particularly successful and had an impact on local families.

Dr Jackson sought clarification on how Supporting Leicestershire Families linked with the Local Area Co-ordinators (LAC). In response, Mrs Davenport confirmed that the LACs were one level below a case management approach, with Supporting Leicestershire Families having a defined set of identified criteria that led on to a case management approach.

Dr Pulman commented that it would be helpful if GPs had input into the MDTs, with a greater degree of information sharing amongst partners of Supporting Leicestershire Families. In response, Mrs Davenport confirmed that the intention was to arrange for a multi-agency data set for the programme.

In response to a question from Dr Jackson regarding the end date of the current service, Mrs Davenport confirmed that the current programme was due to end on 31 March 2015. Mrs Davenport further added that the programme would be in a different position financially in the coming financial year.

Mrs Davenport concluded by explaining that the business case would outline how to fully utilise the existing funding available nationally, KPIs and future partners to be involved with the programme. Mr Gay questioned whether the Supporting Leicestershire Families programme was considered to be financially viable going forward and confirmed that this issue would be considered as part of the business case.

It was RESOLVED:

- To **RECEIVE** the above update.

PDSG/15/93 Anticoagulation Service

Ms Caukwell entered the meeting at this point.

Ms Caukwell introduced the item and advised that the appended one page document on Anticoagulation service provision provided an overview of the Anticoagulation services currently commissioned by the CCG, the quality of those services and the options available to commission a revised service from 1 April 2016. Ms Caukwell confirmed that the recommendation within the paper was to commission an expanded community based service, on a federated model, and reduce the UHL service through the negotiation route.

Dr Pulman referenced the options outlined within the paper and requested clarification regarding the 'negotiation process' referenced in option 4; in response, Ms Caukwell confirmed that the option would not involve an open procurement process, with the service specification and payment structure circulated to the federations for negotiation. Ms Caukwell added that further negotiations with UHL would then take place regarding a reduced model offering specialist advice to support the management of complex patients.

Dr Jackson confirmed that a gap in the current service provision related to 'unstable' patients who were housebound. In response, Ms Caukwell confirmed that this issue would be addressed as part of the plans for commissioning a revised

service from April 2016 and asked that Dr Jackson directly alerted her to any such cases in the interim.

Mr Rees requested clarification on the key project risks outlined within the paper, particularly in relation to lack of support from the Competition and Procurement Committee (CPC), and commented that the procurement timeline within the paper appeared to have already slipped. Ms Caukwell went on to explain that it was possible that the CPC would not support the preferred commissioning route and would suggest an open procurement process should be followed. With regards to the procurement timeline, Ms Caukwell advised that the timelines has slipped slightly and this was partly due to the delay in the paper being received by the Planning and Delivery sub group.

Mr Potter confirmed that this was a very important area for development and linked to the necessary review of community based services whilst further developing the role of Federations as providers.

Mr Gay asked whether there would be any further benefits to the preferred option other than the alignment with the development of federations and UHL's wish to no longer provide the service. Mr Gay confirmed that an aspiration of the review should be to make financial savings where possible. In response, Professor Lakhani confirmed that the clinical case for universal coverage was very strong, with Dr Cannon reiterating that there was currently an unmet need in relation to housebound patients. Dr Pulman explained that the appended paper did not fully outline the issues experienced with the current clinical service.

Mr Potter explained that the current paper, as presented to members, was the one page document with further work to be done to develop the five page business case and therefore members support for the direction of travel only was required at present.

It was RESOLVED:

- To **SUPPORT** the recommendation within the paper to commission an expanded community based service (federated model) and reduce the UHL service through the negotiation route
- To **RECEIVE** updates on the progress made with the service redesign and procurement process.
- To **RECEIVE** the five page business case for the Anticoagulation Service at the September Planning and Delivery sub group. **JC**

PDSG/15/94 Non-Weight Bearing Pathway – Short Term Solution Business Case

Ms Brewer entered the meeting at this point.

Ms Brewer introduced the item and reminded members of the detail of the one page business case received at the June meeting and the approval granted for the CCG to work with the other LLR CCGs to commit funding towards increasing resources for the LLR Non Weight Bearing Pathway (NWB). Ms Brewer explained that since April 2014 the number of patients on the pathway had increased which had resulted in extended length of stays, delayed transfers of care and the deconditioning of patients.

A task and finish group had been established to identify a proposed way forward to meet the current level of need, and subsequently funding has been identified from both BCF and Discharge to Assess monies to allow the CCG to contribute towards a short term NWB pathway for county patients. Ms Brewer confirmed that the proposed pathway would consist of a rolling case load of fifteen patients jointly managed by health and social care managers.

Ms Brewer circulated to members a diagram illustrating the different pathways within the Non Weight Bearing Pathway and advised that the appended business case requested the CCG's approval to provide funding for the above interim solution whilst an integrated pathway solution was developed.

Professor Lakhani requested clarification as to the cohort of patients accessing the pathway, with Ms Brewer confirming that the pathway was for patients who were temporarily non weight bearing, due to fractures etc., and therefore required some form of therapy to prevent deconditioning. Dr Jackson subsequently questioned why a specific pathway for such patients was required. In response, Ms Brewer confirmed that they did represent a specialist cohort of patients. Dr Hepplewhite added that such patients had traditionally been transferred to community hospitals whilst they were non weight bearing and had often therefore deconditioned further. Ms Brewer confirmed that the optimum option was to discharge non weight bearing patients to their homes with a package of care in place.

Professor Lakhani asked whether the pathway had an age criterion, with Ms Brewer confirming that the pathway was for frail and elderly patients.

It was RESOLVED:

- To **APPROVE** the way forward and allocation of funding for the pathway as part of a CCG partnership approach.

Ms Brewer left the meeting at this point.

PDSG/15/95 PMO Update

Mr Chohan presented an updated PMO Dashboard which highlighted the current RAG rating for the project plans and Metrics for each of the programme areas. Mr Chohan advised that further information on each the delivery metrics was provided in Appendix 3. Mr Chohan advised that the RAG ratings for each of the programmes had been agreed and developed in conjunction with the individual Programme Managers. Discussions followed for each red rated area for the individual programmes with the SROs and SRCs present providing a verbal update on each area.

Mrs Bright advised that the programmes three and five (community urgent care response and complex and multiple LTCs) should be combined on the dashboard as they both formed part of the Out of Hospital Programme Board. **SC** Mrs Bright further added that the RAG rating for Optimising alternatives to admission should be either amber or green and not red, as currently recorded, to reflect the range of work that had taken place related to EMAS diverts. **SC**

Dr Cannon confirmed that the RAG rating relating to CAMHS should be either amber or red, and not green, as currently recorded. Dr Cannon advised that he would review the RAG rating for CAMHS. **PC**

Members commended the updated format of the PMO Dashboard, and commented that it had been useful in directing discussion of the key areas.

It was RESOLVED:

- To **RECEIVE** the above update.

PDSG/15/96 One Pager – Cancer Survivorship

Ms Caukwell provided members with an overview of the Cancer Survivorship programme which aimed to improve the experiences and outcomes of patients living with, and beyond, cancer. Main points:

- Two health and wellbeing clinics would be held for patients and carers to provide support, advice and information
- An expansion of the exercise referral pathway would take place on a pilot basis within North West Leicestershire
- The primary care education programme, supporting by Macmillan, would continue (based on two lectures)
- A cancer decision support tool would be implemented for locally based practice training.

Dr Cannon explained that it would be necessary to ensure that the Cancer Survivorship programme was targeted at, and therefore benefited, the patients that most required the support, advice, exercise referrals etc.

Dr Hepplewhite asked which members of the practice team would be participating in the practice based training and upskilling programmes. Ms Caukwell confirmed that the intention was for Practice Nurses to be upskilled, to which Dr Hepplewhite confirmed that Practice Nurses within her own practice had very little, if any, contact with cancer patients or cancer survivors. Dr Pulman explained that a clear definition of 'cancer survivorship' should be established, particularly related to those patients who were at risk of admission.

Dr Hepplewhite further added that some patients who were cancer survivors would not wish to participate in a programme related to cancer survivorship, and therefore the individual knowledge of the patient's GP should be considered before a referral was made for example.

Dr Cannon left the meeting at this point, but the meeting remained quorate.

Mr Potter confirmed that the Cancer Survivorship Programme was being led by Dr Randev and suggested that a further discussion, at a Locality Development Meeting for example, would be beneficial to fully consider which member of the practice teams should be trained and upskilled etc. **IP/JC**

Dr Jackson sought clarification regarding the Diagnostic Centre pilot, with Ms Caukwell confirming that the pilot sought to reduce the wait for diagnostics than currently for two week wait patients.

It was RESOLVED:

- To **SUPPORT** the allocation of funding for the cancer survivorship programme.

Ms Caukwell left the meeting at this point.

PDSG/15/97 **75 Croft Way, Markfield, Leicester (Release of Legal Charge & Sale of the Property**

Mr Potter circulated a paper to members which confirmed the intention of NHS Property Services (NHSPS) to release the Legal Charge held by NHSPS in relation to 75 Croft Way, Markfield, Leicester. Mr Potter advised that NHSPS were seeking assurances from the CCG that there were no current, or future, service needs for the property, and added that the building in question had never previously been used for the provision of care.

All members present confirmed that they were not aware of any current, or future, service needs for the property.

It was RESOLVED:

- To **RECEIVE** the content of the report

- To **CONFIRM** that there were no current or future service needs for the property.

PDSG/15/98 Any Other Business

There was no other business to report.

PDSG/15/99 Double running cost application approval process – update

Members received a progress update on the Double Running Cost approval process and noted that any comments on the process should be provided directly to Mr Soyuz Shrestha.

It was RESOLVED:

- To **RECEIVE** the process for the Double Running Cost schemes.

PDSG/15/100 Date and Time of next meeting

Tuesday 22 September 2015, 14.00 – 16.00, Boardroom 1 & 2, Woodgate, Loughborough