WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

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West Leicestershire Clinical Commissioning Group
Minutes of the Public Board Meeting
Tuesday 09 May 2017, 13.30 – 15.00
WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ

Present:

Professor Mayur Lakhani	Chair (Chair)
Mr Toby Sanders	Managing Director
Dr Chris Trzcinski	Deputy Chair
Mr Steve Churton	Lay Member
Ms Gillian Adams	Lay Member
Mr Ray Harding	Lay Member
Mrs Angela Bright	Chief Operating Officer
Dr Nick Pulman	Locality Lead, North West Leicestershire
Dr Nick Willmott	Locality Lead, Hinckley and Bosworth
Dr Y B Shah	Locality Lead, South Charnwood
Dr Geoff Hanlon	Locality Lead, North Charnwood
Dr Nil Sanganee	Locality Lead, North West Leicestershire
Mr Spencer Gay	Chief Finance Officer
Mr Ket Chudasama	Assistant Director Corporate Affairs
Mr John Baker	Healthwatch Representative
Dr Mike McHugh	Public Health Consultant
Dr Peter Cannon	Locality Lead, North Charnwood
Mrs Caroline Trevithick	Chief Nurse and Quality Lead
Mr Paul Hanlon	Practice Manager Representative
Ms Tamsin Hooton	Director of Urgent Care

In Attendance:

Mrs Tracy Burton	Deputy Chief Nurse (observing)
Mrs Ruth Brutnall	Head of Corporate Governance
Mrs Michele Morton	Senior Committee Clerk (minutes)

Action

WL/17/088 Welcome and Apologies for Absence

Professor Lakhani welcomed all to the public Board meeting including 5 members of the public. He also welcomed Mrs Tracy Burton the new WLCCG Deputy Chief Nurse. Apologies for absence were received from Dr Chris Barlow

Professor Lakhani confirmed the Board meeting was quorate with 14 voting members present.

WL/17/089 Declarations of Interest on Agenda Topics

The following declarations of interest were recorded:

WL/17/095 – West Leicestershire Integrated Urgent Care Service – All GPs, declaration only.

WL/17/090 To receive questions from the public

There were no questions from the public.

WL/17/091 Minutes of the meeting held on 11 April 2017

The minutes of the meeting held on 11 April 2017 were approved and accepted as an accurate record, with the exception of:
WL/17/068 – Chairman's Announcements – last line, the word March should read May.
WL/17/071 – Finance Report – Month 11 – first bullet point should read …..
'The year to date position showed a £4.0m surplus delivered in the 11 months to 28th February 2017, compared to the Plan of £3.9m. When the 1% fund (which the CCG's had been instructed not to spend) was taken into account the variance to plan would be £4m – this adverse variance was expected to be recovered in month 12'.
Last paragraph should read …Dr Pulman asked if there was any advantage in involving practices more in auditing activity figures. In the past this had produced a clearer insight and provided more detail to challenge the accuracy of activity data.

WL/17/092 Actions Arising from the meeting held on 11 April 2017

Members noted that all actions were either completed, or ongoing, and an updated action sheet would be appended to the minutes.

WL/17/093 Chairman's Announcements

Professor Lakhani reported that the public Board agenda for May was different to usual due to the election period. There were still however a number of important items for discussion. The majority of his work had been focused on the STP and the creation of an out of hospital system, increased use of community services and the development of primary and community care services.

Some interest had been shown in the Hinckley and Bosworth Board role and this was currently being progressed.

It was RESOLVED to:

- **RECEIVE** the above update.

WL/17/094 Managing Director's Communication

Mr Sanders said there were limited items to report on during the election period and his issues would be covered as part of the main agenda.

It was RESOLVED to:

- **RECEIVE** the update from the Managing Director.

WL/17/095 West Leicestershire Integrated Urgent Care Services

All GPs declared an interest in the West Leicestershire Integrated Urgent Care Services.

Dr Saurabh Johri, GP member at Ibstock Surgery and Clinical Director for out of hours services for DHU within Leicestershire, and Dr Anu Rao, Chair of North Charnwood federation gave a presentation on the above that included:

- WLCCG primary and community urgent care pathway and 3 tiers plus referral

criteria.

- Live service from 1st April with successful mobilisation in a contracted timeframe (7 weeks).
- Not all aspects of the model had mobilised.
- Near patient testing.
- Ambulatory pathways and referral into services for:
    - Systemone practices
    - EMIS Web practices
- Next steps:
    - Recruitment and induction of lead clinicians
    - Exploration of direct booking into GP practices to re-divert patients back to primary care
    - Embed new ways of working
    - Increased volume of booked appointments
    - Refine ACP referral protocol to make with condition specific
    - Market ambulatory care pathways to increase uptake – reissue comms and utilise PRISM
- Activity and performance for Hinckley and Coalville and Loughborough Urgent Care Centre
- Structure of the 4 Fed partnership
- An integrated governance structure
- Benefits realisation and further developments

Dr Willmott asked if consideration had been given to reflecting patient follow up appointments back into GP appointment slots. He also queried whether training for the GPs had included co-training and working with established ED clinicians. Dr Rao acknowledged the importance of ensuring patients were in the right place and as integration existed between practices, receptions were able to exercise triage to make that happen. Work continued on testing out new models.

Dr Johri informed the Board recruitment was ongoing of GPs with special interest and expertise. GP skill sets were under consideration as was the role of the clinical lead to ensure continuity and appropriate support. Clinicians were also being encouraged to undertake the diploma in urgent care.

Mrs Bright thanked DHU and the 4feds and said positive feedback was being received from practices that the mobilisation had gone well. As part of the procurement journey a number of test beds had been worked on testing out pathways which had helped enormously and it would be important to consider something similar for future procurements and service specifications. The exercise had also helped the CCGs to move forward with the GP Forward View. As an example a situation had arisen where a GP practice required support at short notice and Dr Johri's team stepped in immediately to provide cover for a very short period of time. Such an arrangement helped to provide more options for the future.

Mrs Trevithick thanked Dr Johri and his team for such a positive start to the service and she was heartened to see the governance structure that reflected the view of WLCCG. She sought reassurance that support was available from the wider DHU organisation around safeguarding and other relevant issues and Dr Johri replied DHU had a corporate structure with named representatives and arrangements for feedback. Mrs Trevithick felt it would be helpful for WLCCG to have membership into the DHU quality meetings and Dr Johri agreed to arrange for an invitation. **CTrev/ SJ**

Mr Baker sought advice about communicating with members of the wider patient group over Coalville and Dr Johri explained patients were able to walk in but it was

preferable they called NHS 111 in the first instance where an initial assessment would take place as to their suitability for attending Coalville.

Mr Sanders said he felt over a span of 4 years an enormous amount had changed in service provision, especially in the last two years and this was very encouraging. In particular he referred to the 16 pathway areas and diagnostics in tier 3 and asked how much of that was new. He was also interested in the early experience of Coalville in respect of demand and appointment utilisation. In respect of the ambulatory care pathways Dr Rao said most of those had been influenced by carrying out the test beds. SUSS data had been scrutinised on patient flow into UHL and consideration given to what could be sent into the community. Many of the pathways had existed previously but were not formally listed and the PPG representative had done some testing out. A patient engagement exercise had been undertaken in urgent care around how patients felt and feedback collected on what worked and what worked less well, which helped build confidence for clinicians to use the pathways. In respect of Coalville Dr Johri said 80% of the available appointments had been taken up with some initial problems with IT, the majority of which had been resolved. Also the majority of the sessions were fielded by doctors from the North West Leicestershire area which helped with patient communication.

Mr Chudasama said he felt heartened to hear the real time concerns of patients had been reflected and it would be important for the Board to report back activity figures around services and how they triangulated to capacity reduction elsewhere such as UHL and some out of county providers. Achievements could then be identified instead of just the demonstration of providing additional capacity. Dr Rao replied this had been discussed at the mobilisation meeting, particularly the undertaking of audits and appropriate coding to make the situation more tangible that the right action was being taken.

Dr McHugh asked what action would be taken for the patients who presented within GP hours for GP related problems. Dr Rao replied that the patients had an expectation to be seen and so triage was being introduced at the beginning of the process and as a result patients might be sent back to practices for the appropriate co-ordination of care. Dr McHugh said it would be important to develop a whole system approach for the management of those patients to avoid double payments.

Dr Pulman thanked Dr Rao and Dr Johri for their skill and dedication to make the new system work and he offered his support around anything that required using the PRISM system. Dr Rao said that would be most helpful.

Dr Sanganee referred to the plethora of different ambulatory care schemes and the difficulties for GPs to contain all of the information and different options and he asked if comparative services had been considered. Dr Johri replied active engagement was taking place with EMAS to take patients directory to Loughborough UCC instead of the LRI and Dr Rao said as part of the test beds it was acknowledged that further work was required with EMAS and GP practices around pathway referral.

Ms Hooton extended her thanks on the success of the mobilisation which had gone well and was a credit to co-working. In particular she was impressed by the positive sense of ownership of the pathway to enable it to be used to its maximum potential. She asked if a similar approach was being adopted around admission avoidance and whether the CCG might be able to offer support with that. Dr Rao replied if any further services were to be developed they would need to be supported financially. A number of good ideas were in circulation and some innovations were being trialled, though they would need to have the support of

clinicians.

Board members acknowledged the importance of focusing on the impact of the new OOH services and Dr Pulman added that this demonstrated what federations were capable of and the effectiveness of a group of practices. Dr Cannon said if patients liked the service and found it effective then change would be driven to shift the culture to a primary care focused system. A major communications exercise was still required for patients and practices in terms of what was available. Mrs Bright agreed but said services needed to be embedded deeper before any further engagement took place. She referred to the home visiting service that integrated with other services that enabled responses throughout the day.

Ms Hooton supported the idea of spreading innovation across the system and in particular work on the consultant connect model that would need profiling with a larger set of providers to embed processes across the system.

It was RESOLVED to:

- **RECEIVE** a presentation on West Leicestershire Integrated Urgent Care Services

WL/17/096 Finance Report – Month 12

Mr Gay presented paper C that summarised the financial position and associated risks of WLCCG as at 31 March 2017. In addition, the report highlighted the key in-year financial risks for the CCG and actions which were in place to mitigate those risks. Board members noted the following:

- The CCG achieved its required underspend for the financial year 2016/17. NHS England also requested that CCG's released (unspent) their 1% non-recurrent reserve in month 12 which took the CCG's final position to £8,844K underspend against a required position of £8,836K.
- WLCCG's BPPC position finished the year within national expectations with over 95% of both NHS and Non NHS invoices paid within 30 days
- WLCCG was expected to minimise its year end cash, the maximum acceptable balance was £376k. The actual year-end cash balance was £38k.
- The QIPP position at month 12 was an under delivery against a plan of £2.14m. Under delivery against original schemes had led to a number of non-recurrent mitigating schemes being implemented to help close the financial gap.
- Under delivery of recurrent QIPP schemes in 16/17 had led to a number of non-recurrent schemes being implemented. Those non-recurrent schemes would not be available again in 17/18 to support the position. Hosted team positions had been used to inform the outturn for both acute and non-acute positions. They included significant challenges against both UHL and out of county contracts. Disputed invoices had not been included within the final position and significant disputes were active with both UHL and LPT.

It was RESOLVED to:

- **RECEIVE** the Finance Report – Month 12.

WL/17/097 Report from Quality and Performance Committee

Ms Adams presented paper D which identified the key quality and patient safety

concerns from the Quality and Performance Committee. Main points included:

Hospital Discharge Report – Healthwatch - Healthwatch Leicestershire had recently published a report 'The Lived Experience of Hospital Discharge' which focused on capturing experiences on hospital discharge from patients, carers and staff with the aim to inform and improve the hospital discharge process. Healthwatch Leicestershire recommendations included:

1. Practical steps to speed up overall discharge, including urgently addressing the issue of timings for medication to take out (TTOs)
2. Training staff so the experience of hospital discharge should be the same whichever hospital setting the patient was coming from.
3. There needed to be a cultural shift leading to greater communication between staff teams, departments and partners working towards an effective pathway and process for discharge - There were many processes, people and procedures that were intertwined with hospital discharge.
4. Better information for carer on discharge processes, timing and care – Carers and family members often felt on the margins and left out when it came to the care of the patient.

Mrs Trevithick, agreed to raise the above issues with LCCCG and request a formal response via contractual routes. They would also form part of a Board to Board session with UHL.

Learning Disability Health Checks - The proportion of people with a learning disability on WLCCG general practice registers receiving an annual health check had dropped from 57% in 2014/15 to 31% in 2015/16. Influencing factors included the reduction of staff in learning disability primary care liaison nursing service, GP DES requirements and frequent DNA's. Identified action to improve uptake in 16/17 and 17&18 included:

1. Discussion on the lack of LD nurse cover with the LC&ELR CCG lead nurses prior to discussions with LPT.
2. Within the context of existing data collection issues, working with the Service Delivery Team on how practices could demonstrate work for LD health checks had been completed
3. Taking the promotion of LD health checks through the Transforming Care Board.

Draft Antimicrobial resistance (AMR) and infection prevention and control plan (IP&C) Leicester, Leicestershire and Rutland 2017-2021 - The LLR AMR plan outlined how health and social care organisations across LLR aimed to adopt a system wide approach to build on good practice and the wide range of local work currently being undertaken to tackle AMR and to prevent infections. The joint plan aimed to prioritise work across LLR and focus on four key areas:

1. Reducing inappropriate prescribing
2. Reviewing IP&C and AMR workforce planning and development
3. Continuing to raise public awareness of AMR
4. Strengthening data collection and surveillance

The Quality and Performance Committee approved the Draft Antimicrobial resistance and infection prevention and control plan, Leicester, Leicestershire and Rutland 2017-2021

Quality and Performance Terms of Reference - The Quality and Performance Terms of Reference (ToR) were reviewed and changes were agreed to:

- Membership and Attendees of the Sub-Committee

- Remove – 2 doctors (non-Board members)
- Remove – Communications, Engagement and Involvement Lead
- Include – Assistant Director Corporate Affairs/Equality and Diversity

- Meeting frequency
  - Reduce to 10 per annum

Equality and Diversity Annual Report - WLCCG had a corporate responsibility as a public sector organisation to comply with the Equality Act. In terms of due regard the CCG must demonstrate consideration had been given to the views of the local population, stakeholders and providers to ensure that services were delivered with the least possible impact.

Analysis had been carried out on CCG staffing numbers, and the following had been identified:

- 70% female to 30% male
- Senior roles – 74% held by women and 26% by men
- Percentage of BME staff – 20% last year compared with 16% in the current year that equated to a headcount of 3 leavers.
- A small number of staff has other protected characteristics but the number is small and it was not possible to report on without identifying staff.

Dr Pulman said he was pleased to see the discharge report and felt there were two issues for patient discharge, one was getting the patient safely back to a physical environment and a further aspect of ensuring that they had an appropriate medical management plan. Ms Adams said it might be helpful to hold a conversation with Mr Ivan Liburd, Healthwatch Leicestershire, on how that might be investigated. Professor Lakhani added that transition nurse positions existed who accompanied patients from hospital to home and also updated medical lists. These were highly specialised posts that offered patient support for a two week period following hospital discharge.

Mrs Bright reported that as part of a test bed in Charnwood the integrated locality teams were looking at the role of a care co-ordinator that would take on the kind of specialised role to assist with hospital discharge. They were also looking at how the role might be extended throughout LLR.

It was resolved to:

- **RECEIVE** the report from the Quality and Performance Sub-Group.

WL/17/098 Assurance Report from Provider Performance Assurance Group (PPAG) Meeting on 27 April 2017

Mr Harding presented paper E, a report from the Provider Performance Assurance Group (PPAG), a meeting held in common of the 3 Leicester, Leicestershire and Rutland CCGs, providing Board members with assurance about the arrangements in place to collaboratively monitor the contracts and performance of our key providers. Main points of note were:

- In respect of quality at UHL, delays in sending clinical correspondence to primary care continued to be an area of concern and this was being discussed further with UHL.
- PPAG members were pleased to note that the new Emergency Department opened on 26 April following a smooth transition, though Mr Sanders urged caution until a clearer picture was known.

- Ambulance handover delays continued to improve in February 2017, however cancer standards and 18 week RTT continued to perform poorly.
- In terms of Continuing Healthcare the contracts team had highlighted a number of risks that continued to be reviewed following the departure of the previous provider. AGEM CSW had not provided month 12 data and this had been escalated to the Managing Directors of the 3 LLR CCGs.
- Mental health out of area placements continued to remain at zero for the last few weeks. A weekly update on out of area placement numbers would be circulated to the CCG executive teams.
- EMAS – performance and handover delays continued to be a challenge however, PPAG noted mitigating actions were in place and the latest activity data showed an overall improvement in performance.
- Arriva – PPAG members noted Arriva's performance in relation to their arrival and departure key performance indicators continued to be poor. Arriva continued to work thorough the issues in line with the Recovery Action Plan.

Board members noted a board to board meeting was planned with the IAPT service and Dr Cannon reported some positive work had taken place on the standard operating procedure between the IAPT service and LPT and as a result the trajectory had improved. Dr Graham Johnson would be representing the clinicians across the three CCGs at the board to board session.

It was RESOLVED to

- **RECEIVE the** Assurance Report from PPAG Meeting on 27 April 2017.

WL/17/099 Performance Report

Mr Chudasama presented paper F and explained that Board members currently received the monthly performance report for all WLCCG performance indicators and the PPAG summary report for performance across the collaborative contracts, and the respective providers' performance. The CCG met quarterly with NHS England to discuss the performance and recovery of those standards, which would have a significant impact upon the CCGs annual assurance statement (performance component).

The key constitutional standards and targets under risk of non-achievement included:

- IAPT (discussed by Q&P on 18th April and PPAG 27th April)
- Cancer waiting times (discussed at Q&P on 18th April, and PPAG 27th April)
- A&E 4 hour wait (discussed by Q&P on 18th April & PPAG 27th April)
- Ambulance response times and handovers (discussed by Q&P on 18th April & PPAG 27th April)

Mr Chudasama reported that the dementia target had been achieved and congratulations were extended to all those staff involved and their work across the practices.

It was RESOLVED to

- **RECEIVE** the performance report.

WL/17/100 Areas of Focus for Future Board Meetings

Professor Lakhani advised that any suggested areas of focus for future Board meetings should be directed to Mr Chudasama, with a draft iteration of the agenda

for the next circulated to members to review.

WL/17/102 Minutes of the Primary Care Commissioning Committee held on 16 March 2017

Members received for information, Paper G, the minutes of the Primary Care Commissioning Committee held on 16 March 2017.

WL/17/103 Minutes of the Quality and Performance Sub-group held on 21 March 2017

Members received for information, Paper P, the minutes of the Quality and Performance Sub-group held on 21 March 2017.

WL/17/104 Minutes of the Strategic Leadership Team meeting held on 16 March 2017

Members received for information, paper H, the minutes of the Strategic Leadership Team meeting held on 16 March 2017.

WL/17/105 Any Other Business

No other business.

WL/17/106 Date and Time of Next Meeting

The next meeting of the West Leicestershire Clinical Commissioning Group will be Held on Tuesday 13 June 2017, 13.30 at WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ.