

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**11 December 2018**

<b>REPORT TITLE:</b>	Highlight Report from the <u>Public</u> Commissioning Collaborative Board (CCB) – November 2018
<b>REPORT BY:</b>	Jayshree Raval Commissioning Collaborative Support Officer ELR CCG
<b>PRESENTED BY:</b>	C Trevithick, Interim Accountable Officer

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

<b>Equality Act 2010 – positive general duties:</b>
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> <li>• Section 5.2.4: Act with a view to securing continuing improvement to the quality of services</li> <li>• Section 6.6.1(f): Monitoring Performance Against Plan</li> </ul>
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 November 2018
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:**

West Leicestershire Clinical Commissioning Group Board is requested to:

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

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
11 December 2018**

**Highlight Report from the Public Commissioning Collaborative Board (CCB) –  
November 2018**

**Introduction**

1. The purpose of this report is for Commissioning Collaborative Board (CCB) to provide the Governing Body with an update of 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; and
  - Provide onward assurance to the respective Governing Bodies.
3. Key areas of discussion and outcomes from the November 2018 meeting are summarised below.
4. **Progress on LLR Programme Management Office (PMO) and Finance QIPP Report:** CCB received an update which indicated that at month 7 the LLR CCGs are forecasting under delivery on the QIPP plan for 2018/19 of £2.767m, which is an adverse movement of £2.243m from Month 6. CCB noted that Leicester City (LC) CCG reported an over delivery against the plan, whereas East Leicestershire and Rutland (ELR) and West Leicestershire (WL) CCGs reported under delivery against the plan. The QIPP programme across LLR is over delivering to date by £4.963m, however forecasting a shortfall of £2.767m. A QIPP recovery plan is being developed with the aim of ensuring full delivery of the total QIPP plan is achieved.
5. CCB noted that the main adverse movement across LLR relates to the Pathway Redesign scheme within Planned Care. The original forecast of £1.3m has been reduced to £0.350m following a review of the progress in reducing follow ups and contractual negotiations. Furthermore some major adverse movements are specific to ELR CCG, relating to primary care, prescribing and some unidentified QIPP schemes.
6. The report detailed a full list of LLR QIPP schemes, their current levels of delivery and RAG rating against each one of them in terms of delivery. In addition CCB noted that business cases and PIDs are being designed in readiness for next year's planning round.
7. CCB noted progress to date and acknowledged that further work is required to develop the 2019/20 QIPP programme through the planning and contract process. It was reported that further update will be provided at the December 2018 meeting.
8. **Progress on End of Life (EoL) Programme of Work:** It was reported that the 2017 EoL business case set out to define the LLR approach to the key issues with regards to the delivery of EoL care identified from the LLR wide Health Needs assessment undertaken in 2016. This assessment was mapped with National and local Ambitions for the delivery of quality EoL care to patients.

9. The CCGs agreed via the business case in 2017 to commission a 24/7 LLR wide Integrated Community Palliative Care service. This meant that patients with complex EoL care needs would have access to rapid response community based care. It was agreed that this need would be realised through re-designing of the existing services, commissioning service gaps and investing in the new service.
10. The new model is co-designed, defined and have agreed the delivery model via the Single Point of Access (SPA) for both referring clinician and patient carer, with an integrated team assessing and triaging patients in the community and delivering co-ordinated care according to individualised need to patients across LLR.
11. It was reported that whilst there remains co-operation across providers and an understanding to deliver a more integrated service from April 2019, significant challenges have been encountered during the mobilisation period. In main the challenges have been in respect to operational issues and the model of care. CCB noted that work has taken place in collaboration to combat some of these challenges and progress has been made towards testing a model of integrated triage and co-ordination hub.
12. It was reported that clinical leadership in the service is currently being provided by a community based Palliative Care Consultant, funded with additional investment agreed as part of the 2017 business case. It was however noted that the clinical leadership for integrated palliative care services needs to be reviewed which addresses the clinical management of the triage hub, hospice at home model and the specialist palliative care teams. CCB requested some clarity around the further development towards the integrated EoL triage and co-ordination hub as it was not made explicit.
13. The paper recommended noting progress made towards developing an integrated EoL care pathway. In addition there was also a recommendation to agree; that the work to be aligned to the Community Services Redesign in order to ensure that access points to EoL and use of core nursing are clearly specified and commissioned to meet patient needs.
14. CCB noted the progress made towards developing an integrated EoL care pathway, supported further work towards developing an integrated EoL triage and co-ordination hub however with clarification on integration method. It was pragmatic to align the work to the Community Services Redesign in order to ensure that access points to EoL and use of core nursing are clearly specified and commissioned to meet patient needs.

## **RECOMMENDATIONS**

West Leicestershire CCG Governing Body is requested to:

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