**LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs COMMISSIONING COLLABORATIVE BOARD**

**Minutes of the Public Commissioning Collaborative Board held on Thursday 18 October 2018 at 1:00pm in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB**

**PRESENT:**

| | |
|---|---|
| Dr Andy Ker | Vice Clinical Chair, East Leicestershire and Rutland CCG (Chairman) |
| Dr Nick Pulman | Deputy Clinical Chair, West Leicestershire CCG |
| Dr Rajesh Kapur | Deputy Clinical Chair, Leicester City CCG |
| Mr Toby Sanders | Managing Director, West Leicestershire CCG |
| Ms Sue Lock | Managing Director, Leicester City CCG |
| Mr Spencer Gay | Chief Finance Officer, WL CCG |
| Mrs Karen English | Managing Director, East Leicestershire and Rutland CCG |
| Mr Nick Carter | Independent Lay Member, Leicester City CCG |
| Mr Michael Ryan | Interim Director of Urgent and Emergency Care, West Leicestershire CCG |
| Ms Tamsin Hooton | Director Lead for Community Services Redesign |
| Mr Alan Smith | Independent Lay Member, East Leicestershire and Rutland CCG |
| Mrs Caroline Trevithick | Chief Nurse and Quality Lead West Leicestershire CCG |
| Ms Sarah Prema | Director of Strategy and Implementation, Leicester City CCG |
| **IN ATTENDANCE** | |
| Mr Richard Morris | Director of Corporate Affairs **(CCBP/18/84)** |
| Mrs Jayshree Raval | Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG **(minutes)** |

| ITEM | DISCUSSION | LEAD RESPONSIBLE |
|---|---|---|
| **CCBP/18/77** | **Welcome and Introduction**<br>Dr Ker welcomed members of the Commissioning Collaborative Board (CCB) members to the joint meeting of CCB in public. It was noted that there were no members of the public present at the meeting in the Public Gallery. | |
| **CCBP/18/78** | **Apologies received**<br>The following apologies were noted:<br>- Professor Mayur Lakhani, Clinical Chair, West Leicestershire CCG<br>- Mr Zuffar Haq, Independent Lay Member, Leicester City CCG<br>- Dr Richard Palin, Clinical Chair, East Leicestershire and Rutland CCG<br>- Professor Azhar Farooqi, Clinical Chair, Leicester City CCG<br>- Ms Gillian Adams, Independent Lay Member, West Leicestershire CCG<br>- Mr Clive Wood, Independent Lay Member, East Leicestershire and Rutland CCG<br>- Mrs Michelle Iliffe, Director of Finance, Leicester City CCG<br>- Dr Avi Prasad, Co-Chair, Leicester City CCG<br>- Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG | |

| | | |
|---|---|---|
| **CCBP/18/79** | **Notification of Any Other Business**<br><br>The Chairman had not received notification of any additional items of business. | |
| **CCBP/18/80** | **Declarations of Interest on Agenda Items**<br><br>The Chairman reminded members of their obligation to declare any interest they may have on any business arising at committee meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG. | |
| **CCBP/18/81** | To **RECEIVE** questions from the Public in relation to items on the agenda only.<br><br>A question from Healthwatch Rutland had been sent to the Head of Corporate Governance and Legal Affairs at East Leicestershire and Rutland CCG on the "Consolidation of level 3 ICU and dependent service moves within Leicester's hospitals".<br><br>**Question:** Having agreed that they did not adhere to the Gunning Principles at the outset on the re-provision of ICU beds at UHL, can the committee now give Healthwatch Rutland and Rutland people a public assurance that this will not be repeated and that there will be full public engagement and formal consultation on **any** other future changes affecting service provision?<br><br>Response to the question was provided during presentation of the report. | |
| **CCBP/18/82** | To **APPROVE** the minutes of the Public Commissioning Collaborative Board meeting held on 16 August 2018 **(Paper A)**<br><br>The minutes of the Public Commissioning Collaborative Board meeting held in August 2018 were approved as an accurate record of the meeting.<br><br>It was **RESOLVED** to:<br>- **APPROVE** the minutes of the last meeting. | |
| **CCBP/18/83** | To **RECEIVE** the Matters Arising: actions from Commissioning Collaborative Board held on 16 August 2018 **(Paper B)**<br><br>The matters arising following the meeting held on 16 August 2018 were received:<br><br>There were no updates to be provided this month's meeting.<br><br>**"Approved Referral Pathway Policy"**<br>This short report was presented at CCB under matters arising as it was for information only.<br><br>The report provided CCB with an update on the development of the Leicester, Leicestershire and Rutland (LLR) Approved Referral Pathway Policy (ARP). It highlighted:<br>- Feedback from the public and clinical engagement undertaken in August and September 2018.<br>- The next steps in respect of the implementation of the ARP. | |

| | | |
|---|---|---|
| | It was **RESOLVED:**<br>- **RECEIVE** the matters arising, and note the progress to date.<br>- **RECEIVE** the Approved Referral Pathway Policy for Information | |
| **CCBP/18/84** | To **RECEIVE** Consolidation of level 3 ICU and dependent service moves within Leicester's hospitals **(Paper C)**<br><br>Ms Lock presented the report which provided the background on the outcome reached for the consolidation of level 3 ICU. Ms Lock highlighted that in 2014/15 University Hospitals of Leicester (UHL) presented plans to consolidate level 3 ICU services to Leicester Royal Infirmary (LRI) and Glenfield General Hospital (GGH) facilities. She noted that this was on the basis that maintaining services across three sites was unsustainable and inefficient and more so the primary reason identified as lack of qualified clinicians to maintain safe service across the three sites.<br><br>Ms Lock stated that at the time, the plans were supported by the Commissioners and the Health Overview and Scrutiny Committees (HOSC). Leicester City and Leicestershire County were also consulted in early 2015 and support was provided to the proposed changes. UHL then commenced the process of securing capital to undertake the work; however work could not be taken forward due to a national shortfall in capital funding.<br><br>Ms Lock informed that capital funding was awarded in 2017 via the Sustainability and Transformation Capital Funding which made it possible for the plan to progress. Following securing funding the associated Outline Business Case (OBC) was approved by UHL's Governing Body which was also supported by the CCG's Governing Bodies in November 2017. A full Business Case was then approved by UHL and by the CCG Boards in the public part of their meetings in July 2018.<br><br>It was noted that following approval of the full business case in July 2018, the joint HOSC queried why no formal consultation had taken place. Ms Lock explained that this question was posed by the Joint HOSC based on the length of time that had passed since the original decisions had been made in 2015. The HOSC members questioned the previously presented clinical case for urgent action, bearing in mind the length of time that the ICU had been able to remain open. Some members argued that the removal of Level 3 ICU services from the Leicester General Hospital (LGH) effectively pre-judges future planned consultation of the wider reconfiguration of Leicester's acute hospital estate. The Joint HOSCs came together at the beginning of September 2018 where a number of councillors expressed a desire for a retrospective consultation to now take place.<br><br>Ms Lock informed CCB that the CCGs sought legal advice on the matter and the advice received was clear. It stated that carrying out a retrospective consultation would not be possible as the decision had been made and by consulting now, it would contravene the Gunning Principles as it was too late to influence the decision. | |

| | | |
|---|---|---|
| | Consultation should take place while proposals are still at a formative stage. Given that decisions were taken in 2015, 2017 and 2018, this would clearly not be the case.<br><br>Ms Lock stated that any elongation of the process would lead to a continuation of the current clinical risks, which remain as high in the present day as they were in 2015. Furthermore additional costs would also be incurred to the scheme build as a result of any delay, whilst there is uncertainty as to whether the national capital would continue to be available to LLR.<br><br>Ms Lock explained that despite all the information provided to the joint HOSC by the CCGs and UHL, they came to the view that they were not convinced that any of the reasons given preclude the ability to carry out consultation in relation to ITU specifically. As such, the joint HOSC recommended that the CCGs and UHL pause the implementation of the planned ICU changes and undertake public consultation before continuing with the ITU changes.<br><br>Ms Lock highlighted that paragraph 23 on page 4 of the report details a series of temporary actions that have been put in place by LGH since the issue had been raised in 2014. She noted that the clinical sustainability issues cannot be dismissed just because UHL has managed to mitigate the risk successfully up until this point. The fact remains that the service is fundamentally as vulnerable today as it was then and to not take immediate steps to resolve these issues could be argued to be negligent on the part of both the CCGs and UHL, especially now that the capital is available.<br><br>Ms Lock informed that the CCGs and UHL recognise that opportunities have been missed to keep patients, the public and stakeholders aware of the issues and progress made in relation to the proposal to consolidate ICU services. For this they have publicly apologised. The only way to meet the Gunning principles and legal duties now would be to resile from earlier decisions. This may mean losing the capital funding, risk the destabilisation of the existing service, and increase scheme costs. It would also require a completely new process including re-making the decisions which would take at least 12 to 24 months.<br><br>In terms of next steps Ms Lock highlighted that it is believed that it would be appropriate to use the planned Better Care Together (BCT) Next Steps engagement events over the coming weeks to engage in broader discussions with patients and the public on the ICU proposals before contracts with the preferred provider are concluded. These events will provide the opportunity to discuss the implementation of the plans and explain the clinical need and urgency for the ICU changes to take place.<br><br>Lastly Ms Lock highlighted that the purpose of presenting the report is to confirm that the CCGs remain committed to the support provided for UHL's plan in 2014/15 and the formal decisions already made by each of the Governing Bodies in November 2017 and July 2018. Specifically, this included approving the outline business case in November 2017 and approving the full business case in July 2018. | |

The question from Healthwatch Rutland was reiterated again and response was provided as below **(CCBP/18/81)**

Mr Morris stated that the legal advice provided is clear around the public consultation and as commissioners the CCGs are committed to discharge those statutory duties in ensuring that public consultation takes place appropriately. On this occasion as highlighted during the presentation, the legal advice provided was clear that consultation must take place at the time the proposal is still at a formative stage. Furthermore he recapped on some of the reasons provided during the presentation.

Furthermore Mr Morris highlighted that it is believed that it would be appropriate to use the planned Better Care Together (BCT) Next Steps engagement events over the coming weeks to engage in broader discussions with patients and the public on plans for the reconfiguration of the City's hospitals and maternity services, including the ICU proposals.

Dr Ker stated that it is important to note that a blank assurance cannot be provided that there will always be consultation prior to any service change. He however provided assurances to Rutland Healthwatch, that each service that may require change/s in the future would be reviewed on the basis of clinical case and as commissioners; the CCGs will act in the patients' best interest. This means that in some instances, an immediate action may be required to ensure patient safety.

Some of the CCB members highlighted the following points that:

- The fact remains that the service remains fundamentally as vulnerable today as it was then.
- The service has been managing by putting in place a series of temporary measures.
- Not taking immediate steps to resolve the issues could be seen to be negligent on the part of both the CCGs and UHL.
- Prolonging or pausing the implementation of the plans may result in the national capital being withdrawn. Furthermore the pause will incur additional costs and a delayed process.
- CCGs are committed to involving patients, public and stakeholders in proposed changes, especially those that are likely to result in significant changes in regards to service delivery.
- It is recognised that opportunities have been missed to keep patients, the public and stakeholders aware of the issues and progress made in relation to the proposal to consolidate ICU services and for that, both UHL and CCGs have publicly apologised.
- The joint HOSC requested that decisions on future service changes should not only be based on the clinical case but should be balanced with social and economic factors as well. This point has been taken on board.

Mr Sanders highlighted the HOSC's question regarding the length of time that had passed since the original proposals were put forward and approved in 2014/15. They felt that the situation was

| | | |
|---|---|---|
| | not as clinically urgent as they had been originally led to believe. Mr Sanders felt that it was crucial to explain the timelines. He stated that since 2015, it has taken over 19 months to receive the national funding in order to take the plans to the next stage. Once funding was received an outline business case was approved by the UHL Governing Bodies towards the end of 2017 and a full business case was then approved by the CCGs Governing Bodies in July 2018.<br><br>Dr Ker summarised the discussions, highlighting that the CCGs remain committed to supporting UHL to proceed with the plans.<br><br>CCB members suggested that Mr Morris obtains some case studies at the coming engagement events for the benefit of patients, the public and stakeholders, to provide a better understanding of the changes about to take place. It was agreed that having UHL clinicians at the events to present a clinical view would be valuable.<br><br>It was **RESOLVED** to:<br>- **RECEIVE** the report and support the recommendations provided within the report.<br><br>Mr Morris left the meeting. | |
| **CCBP/18/85** | To **RECEIVE** Progress Update on QIPP Schemes **(Paper D)**<br><br>Mr Gay presented the paper which outlined progress since the last meeting. He noted that at month 6 the LLR CCGs are forecasting under-delivery on the QIPP plan for 2018/19 of £0.525m. CCB noted that a QIPP recovery plan is being developed with the aim of ensuring full delivery of the total QIPP plan.<br><br>Mr Gay stated that Senior Responsible Officers (SROs) have submitted workbooks for QIPP schemes, including risk adjusted forecasts of the likely financial delivery for the year. These workbooks have been reviewed and their contents analysed by the LLR Programme Management Office (PMO)<br><br>Mr Gay explained that the forecast out-turn of £58m across LLR has moved adversely from month 5 by £1.7m. The major reason for this is non/reduced delivery of recently identified QIPP recovery schemes. The forecast out-turn in relation to the mitigation schemes deteriorated by £2.273m during the month. There have also been movements in original QIPP scheme forecasts during the month, both adversely and favourably, resulting in an overall favourable movement of £0.573m.<br><br>Mr Gay highlighted that Leicester City (LC) CCG is reporting an over delivery against plan of £0.944m, East Leicestershire and Rutland (ELR) CCG is reporting full delivery and West Leicestershire (WL) CCG an under delivery of £1.468m. Mr Gay stated that it is worth noting that ELR CCG's full delivery includes a forecast delivery of £590k for schemes which are yet to be identified.<br><br>Furthermore it was noted that on a positive note NHS England have now de-escalated the LLR CCGs QIPP plans which were | |

| | | |
|---|---|---|
| | previously under close scrutiny since August 2018. Mr Sanders highlighted that although NHS England have de-escalated the CCGs in regards to the QIPP plan, it is vital to ensure that direction of travel and the speed at which the work is being taken forward is not lost.<br><br>CCB requested that a further update be provided at the November 2018 CCB, to include information on the wider spend across the different areas.<br><br>It was **RESOLVED** to:<br>- **RECEIVE** and **NOTE** the report.<br><br>*Meeting concluded at 1:47pm*. | |

**Date of Next Meeting**

Thursday 22 November 2018, in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

**Leicestershire CCG to Chair the meeting from September – December 2018 Inclusive.**