

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING**

08 May 2018

<b>REPORT TITLE:</b>	<b>Highlight Report from the <u>Public</u> Commissioning Collaborative Board (CCB) – April 2018</b>
<b>REPORT BY:</b>	<b>Jayshree Raval Commissioning Collaborative Support Officer ELR CCG</b>
<b>PRESENTER:</b>	<b>Dr Chris Trzcinski, Clinical Vice-chair of CCB</b>

**PURPOSE OF THE REPORT:**

This report is from the Commissioning Collaborative Board (CCB); which has been recently established as a joint committee of NHS East Leicestershire and Rutland CCG, NHS West Leicestershire CCG and NHS Leicester City CCG. The CCB will support joint decision making and undertake collective strategic decisions on those areas where authority has been delegated by the respective CCG Governing Bodies.

**RECOMMENDATIONS:**

The WLCCG Governing Body is requested to:

- **RECEIVE** the first report from CCB

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

**Introduction**

1. The purpose of this report is for Commissioning Collaborative Board (CCB) to provide the Governing Body with a summary on the joint strategic decision making on those areas where authority has been delegated by the respective CCG Governing Bodies.
2. CCB is a recently established 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.
  - Provide onward assurance to the respective Governing Bodies.
3. This report provides an overview and update on key areas of discussions from CCB to the Governing Body.

The key areas of discussion and outcomes from the April meeting are summarised as follows:

4. **The revised Terms of Reference for CCB:** these were received by CCB member which have been agreed by the respective Governing Bodies for the three LLR CCGs. In addition a draft work programme was presented which would assist with planning of the CCB meetings in line with the terms of reference going forward. Feedback on the work programme was provided by the CCB members. It was noted that the work programme will be reviewed annually to ensure it is in line with the terms of reference.
5. **Collaborative working arrangements update:** a verbal update was provided to CCB in regards to the first steps towards the collaborative working arrangements. It was highlighted that the first Joint Management Team meeting took place on 16 April 2018 where all executive members from the three CCGs came together. At the meeting principles around moving towards more collaborative working was discussed.
6. **Medicines Optimisation in Care Homes:** This paper reported on the programme focusing on care home residents across all care home settings with the aim to deploy a dedicated pharmacy team that will:
  - Provide care home residents with equity of access to a clinical pharmacist (working towards or already qualified as an independent prescriber) to work as a member of a multidisciplinary team
  - Provide care home residents with access to pharmacy technicians that will ensure efficient supply and management of medicines within the care home, supporting staff and residents to achieve better outcomes

The paper requested support and agreement to the following recommendations:

- The submission of a joint application for the funds available to the LLR Sustainability and Transformation Partnerships (STP) by the 20 April 2018.
- Agree a lead CCG to submit the application on behalf of all three CCGs.

- Head of Medicines Optimisation Agree to take the work forward on behalf of the STP medicines optimisation medicines value programme.
  - 50% funding requirement in Year 2
7. Some concerns were shared around the 50% funding requirement in year 2, given the current financial climate for the three CCGs; however it was noted that the programme focuses on care home residents where a dedicated pharmacy team could be deployed. In addition it is in line with the next steps of the five year forward view where allocation of funding to all STPs and Integrated Care Systems (ICS) across England to be provided to improve medicines management within Care Homes and optimise medicines for their individual residents. CCB supported the submission of a joint application for the funds available to the LLR STP by the 20 April 2018.
  8. CCB received a briefing on **NHS 111 online service** which indicated that the Next Steps in the Five Year Forward View (March 2017) requires all NHS 111 services to have an online service in place by December 2018. It was noted that NHS England has asked the CCGs to offer NHS 111 online service in their areas on an accelerated timeframe. The delivery date has been brought forward from December to July 2018. A single provider is mandated in regards to pathways, which is been developed by NHS Digital.
  9. NHS Digital has set the go live date in the East Midlands for 6 June 2018. It was indicated that the NHS 111 online service will be rolled out in three phases with each phase adding more functions for users.
  10. CCB members were informed that to enable the service to roll out nationally in the accelerated timeframe, NHS England have asked that all clinical contact is managed through NHS 111 via a call back queue. It was reported that in LLR Urgent & Emergency Care Group have indicated the preference to begin the service with clinical contact managed via NHS 111 and then to evaluate options once there is a useful amount of activity coming through the service.
  11. It was highlighted that currently there are no plans for a national or regional promotion campaign. The LLR Urgent and Emergency Group have agreed to a soft launch in June 2018. A working group will be established to agree the target audiences and then develop a communications plan.
  12. **Community Services Redesign:** Following discussions at the CCB in March 2018, it was agreed to undertake a comprehensive review with the aim of redesigning the community services. The redesign is expected to include as a minimum Community Hospital Inpatient Services, Intensive Community Services (ICS) and Community Nursing.
  13. It was noted that the proposed service redesign has been communicated to the current provider who is Leicestershire Partnership Trust (LPT) and has been formally noted in a contract variation for 2018/19. It was indicated that the review of the services will be completed by September 2018. The redesign team will include GPs, Chief Nursing Officer, Finance Officer, Contracting Lead, Urgent Care Lead and Integrated Locality Teams. The work will be carried out in two phases and monthly progress updates will be presented at CCB.

## RECOMMENDATIONS

WLCCG Governing Body is requested to:

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