

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

08th January 2019

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

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

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

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

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group Board is requested to:

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

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
08th January 2019

Highlight Report from the Public Commissioning Collaborative Board
(CCB) – December 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 December 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 8 position; a forecast QIPP saving of £55.8m achievement is expected by the end of the year against plans of £58.2m. It was reported that the LLR PMO undertakes a monthly assurance exercise on the forecasts to provide an 'assured value' which represents the amount of QIPP savings that the PMO is confident will be delivered. It was highlighted that the CCGs are forecasting an under delivery of the QIPP plan for 2018/19 of £2.3m and the level of risk against some of the QIPP schemes is decreasing.
5. CCB noted that the main adverse movement across LLR related to the End of Life scheme. The original forecast of a net saving of £0.338m has been reduced to a net cost of £0.290m following a review of the recent rapid cycle testing which indicated lower activity numbers and a large reduction in the assumed average price per fast track package from £3,814 to c£500. It was reported that the PMO are aware of the risks around this scheme and have assured themselves of the value which correlates to this reduction in forecast.
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 full year effect delivery. In addition CCB noted that business cases and PIDs are being designed in readiness for next year's planning round, along with the revised workbooks which will be used from next year.
7. CCB noted progress to date and suggested to link in with the work that Midlands

and Lancashire Commissioning Support Unit (ML CSU) are currently working on in respect of the Population Health to map next year's schemes against the health economy.

8. **Learning Lessons to Improve Care Clinical Quality Audit:** CCB received an update on the action plan following presentation of the first report in August 2018 when the LLR Quality Clinical Audit report was published. A comprehensive review with regards to the quality of care was undertaken across the local NHS. The findings of an independent audit committed to undertaking a similar audit in 2017 which identified the overall quality of care as adequate, good or excellent. There was however a small % of patients who received poor or very poor care. Both the 2014 audit and 2017 audit identified areas for improvement in respect of the care of the frail older person and particularly those patients at the end of life.
9. The Learning Lessons to Improve Clinical Care Clinical Task Force met in October 2018 to review the continued role of this group with regards to the monitoring of LLR progress to-date against action plan. It was felt by senior leaders that the role of the Task Force moving forward is to continue to review and support the implementation of the agreed actions across providers, ensuring alignment across the system and reporting progress against plan, both within organisations and across organisations.
10. The action plan highlighted progress to date and the continued engagement of the system to take forward the recommendations of the LLR Quality Clinical Audit. In terms of next steps further review of the action plan implementation will be undertaken to identify gaps in progress and define areas where there are system challenges and issues which need to be addressed. CCB noted the progress to date and requested that updates are provided at regular intervals.
11. **FreeStyle Libre® (FSL) Flash Glucose Monitoring System:** This device reduces the need for finger prick blood tests and it is a sophisticated way of monitoring and measuring glucose levels in patients with diabetes. The four nationally formed Regional Medicines Optimisation Committees (RMOC) convened in 2017 and completed an evaluation of FSL and published guidelines for local consideration at Joint area Prescribing Committees. As part of the review, the RMOC recommended that FSL should be used for people with Type 1 diabetes, aged four and above, attending specialist Type 1 care using multiple daily injections or insulin pump therapy, who have been assessed and are under the specialist clinician and deemed to meet one or more of the criteria set by them.
12. The recommendation from both LMSG and the LLR Diabetes Group is to support the use of FSL in LLR in line with the RMOC criteria and note the following :
 - It is more comfortable for patients especially children and young adults;
 - Ultimate cost effectiveness may improve as compliance with testing will improve and use of results can enhance the diabetic care provided;
 - That there will be cost pressure from implementing the criteria at 8 test strips per day for LLR;
 - The national decision on this technology next year is likely to lower the threshold for use;
13. The report requested approval for the use of Freestyle Libre for LLR patients in line with the RMOC criteria from January 2019. CCB members approved the recommendations; however they requested that the following to be included as part of the

recommendations:

- To provide a dedicated support telephone number and training for patients;
- To provide GPs with appropriate information for patients in cases where questions may be raised by patients;
- A process to be set up to undertake an audit for adherence/non-adherence to the RMOC criteria;
- To put processes in place to identify patients' eligibility;
- To put processes in place that will demonstrate the benefits for using the new device

West Leicestershire Clinical Commissioning Group Board is requested to:

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