Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Meeting Title	**Commissioning Collaborative Board (Joint Committee) - Meeting in Public**	**Date**	**Thursday 19 April 2018**
Meeting no.	**4**	**Time**	**1:00pm – 2:30pm**
Chair	**Dr Richard Palin (Chairman) – East Leicestershire and Rutland CCG**	**Venue / Location**	**Conference Room, 8th Floor, Leicester City Clinical Commissioning Group, St John's House, 30 East Street, Leicester, LE1 6NB**

	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
CCBP/18/18	Welcome and Introductions		Dr Richard Palin		1:00pm
CCBP/18/19	Apologies for Absence: • Mr Clive Wood, Independent Lay Member, East Leicestershire and Rutland CCG	To receive	Dr Richard Palin	**verbal**	1:00pm
CCBP/18/20	Notification of Any Other Business	To receive	All	**verbal**	1:00pm
CCBP/18/21	Declarations of Interest on Agenda Topics	To receive	Dr Richard Palin	**Verbal**	1:00pm
CCBP/18/22	To receive questions from the Public in relation to items on the agenda only	To receive	Dr Richard Palin	**Verbal**	1:05pm
GOVERNANCE ARRANGEMENTS					
CCBP/18/23	Commissioning Collaborative Board - Terms of Reference	To receive	Dr Richard Palin	**A**	1:15pm
CCBP/18/24	Work Programme for 2018/19	To discuss	Dr Richard Palin	**B**	1:20pm
CCBP/18/25	Schedule of meetings 2018/19	To receive	Dr Richard Palin	**C**	1:25pm
CCBP/18/26	Minutes of the meeting held on 22 March 2018	To approve	Dr Richard Palin	**D**	1:30pm
CCBP/18/27	Matters Arising: Update on actions from the meeting held on 22 March 2018	To receive	Dr Richard Palin	**E**	1:35pm
ITEMS FOR DECISION, ACTION AND ESCALATION					
CCBP/18/28	Medicines Optimisation in Care Homes	To approve	Lesley Gant	**F**	1:40pm
CCBP/18/29	NHS 111 online service Briefing	To receive	Tamsin Hooton	**G**	1:50pm
CCBP/18/30	Community services redesign	To receive	Karen English	**H**	2:00pm
CCBP/18/31	Collaborative working arrangements update	To receive	Managing Directors	**Verbal**	2:10pm
DATE OF NEXT MEETING					

	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
The next meeting of the Commissioning Collaborative Board will take place on **Thursday 17 May 2018, Conference Room, 8th Floor, Leicester City CCG, St John's House, 30 East Street, Leicester, LE1 6NB**			Dr Richard Palin		

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Leicester City Clinical Commissioning Group
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COMMISSIONING COLLABORATIVE BOARD MEETING

Paper A

Title of the report:	Commissioning Collaborative Board (joint committee) Terms of Reference
Report to:	Collaborative Commissioning Board
Section:	PUBLIC
Date of the meeting:	19 April 2018
Report by:	Daljit K. Bains, Head of Corporate Governance and Legal Affairs, ELR CCG
Sponsoring Director:	LLR CCGs' Managing Directors
Presented by:	Dr Richard Palin, Chair ELR CCG

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				
Manager	**X**	**X**	**X**	

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to:

- **RECEIVE** the terms of reference for the joint committee as approved by the Governing Bodies of the respective CCGs.

Commissioning Collaborative Board (joint committee) terms of reference

1. In November 2017, the Commissioning Collaborative Board (CCB) was re-constituted as a joint committee of the three CCGs to enable and support joint decision making. The Committee has specific areas of responsibility for collaborative activities delegated to it by the Governing Bodies of the respective CCGs.

2. It is not intended that the CCB will usurp the statutory accountability of individual CCGs, though it may undertake certain duties which are formally delegated to it on behalf of the three CCGs. Individual organisations will retain responsibility for the local application of collaborative plans as well as organisations' own operational plans, financial planning and reporting, and taking decisions on the outcomes of consultations.

3. Committee members will recall that it was agreed that the Commissioning Collaborative Board would convene meetings in its new form from January 2018, with its first formal meeting held in public in April 2018. This was to enable appropriate governance arrangements to be established ahead of April.

4. The terms of reference for the Committee are as at Appendix 1.

5. In addition, a work programme has been compiled for the CCB which will assist with planning for CCB meetings in line with its terms of reference. This is to be reviewed annually and will require an initial review and discussion. A draft work programme is for discussion as a separate agenda item on the agenda for 19 April 2018 meeting.

6. The Committee is asked to note respective CCG Constitutions are in the process of being updated to reflect the new governance arrangements ahead of submission to NHS England for approval of the Constitutions.

Recommendation

The Commissioning Collaborative Board is asked to:

- **RECEIVE** the terms of reference for the joint committee as approved by the Governing Bodies of the respective CCGs.

Leicester City Clinical Commissioning Group
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APPENDIX 1

TERMS OF REFERENCE
COMMISSIONING COLLABORATIVE BOARD ("CCB")
November 2017

Purpose

1. Following changes to the legislation governing Clinical Commissioning Groups ("CCGs"), CCGs are now able to form formal joint committees, which can exercise decision making authority which has been formally delegated from individual statutory governing bodies.

2. The Commissioning Collaborative Board ("CCB") has been established as a joint committee of NHS Leicester City Clinical Commissioning Group, NHS West Leicestershire Clinical Commissioning Group and NHS East Leicestershire and Rutland Clinical Commissioning Group, collectively referred to as the Leicester, Leicestershire and Rutland Clinical Commissioning Groups ("LLR CCGs"). The CCB will support joint decision making on those matters delegated to it where the Governing Bodies of the CCGs have agreed to undertake collective strategic decision making. The Scheme of Reservation and Delegation sets out those areas where authority has been delegated to the CCB by the three CCGs.

3. The principles of this collaboration are set out in a Memorandum of Understanding, which is attached to these terms of reference as Appendix B.

Context

4. There is an increased focus from regulatory bodies and policy makers on bringing together health organisations with partners in local authorities to integrate services. NHS England has provided a clear mandate to CCGs to 'integrate and work across a larger geographical footprint'

5. The LLR CCGs recognise the importance of collaboration in supporting more effective commissioning, and the need to establish a joint decision making forum to set the governance of this collaboration on a formal and more professional footing.

6. This collaboration builds on the work which has already been undertaken to share specific aspects of commissioning through hosted teams and shared arrangements for assurance regarding provider performance, and supports the aims of the LLR STP.

7. The purpose of the CCB will be to:
    - support CCGs to create a financial sustainable health system in LLR, working beyond organisational boundaries to make best use of the "LLR Pound"
    - ensure clinically led co-design of service models for health services within LLR which are safe, effective and efficient;

- provide a forum where commissioners can agree and align priorities and identify opportunities for further collaboration and consistency.

Authority

8. The CCB is a formal joint committee of the LLR CCGs and shall have the authority to make decisions which are binding upon the CCGs in relation to those matters delegated to it as set out in the Scheme of Reservation and Delegation set out in Appendix A to these Terms of Reference. These areas of authority shall also be reflected in the constitutions of each of the LLR CCGs.

Role & Duties

9. The duties of the CCB will include the following:

Strategy and Planning

- To discuss and agree the principles for commissioning intentions each year, to inform consideration and approval by individual governing bodies.
- To consider and approve LLR wide commissioner plans, informed by deliberations by individual governing bodies and, if relevant, the System Leadership Team
- Ensure appropriate public engagement and, where necessary, consultation is undertaken and that the views of patients and other stakeholders is appropriately considered and used to inform proposals
- Agree strategy for key enablers, such as IM&T and estates
- Informing LLR engagement with LLR NHS England on Specialised Commissioning

Commissioning

- Considering options appraisals for services or pathway changes.
- To approve system level service and pathway changes
- Where taking decision ensure these are informed by relevant equality and quality impact assessments.
- Agreement of service specifications for procurement of healthcare services to be procured collaborative across LLR
- To approve business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £2,000,000 over the period of the contract (or three years if the investment is not time limited) for an individual CCG.
- To consider business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value of £2,000,000 over the period of the contract (or three

years if the investment is not time limited) or more for an individual CCG and provide comments to inform the considerations of individual governing bodies.

- To approve business cases for services to be developed or delivered across LLR commissioning or decommissioning and/or investment or disinvestment) with a financial value of £2,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG where all three CCG governing bodies agree to delegate this decision to CCB.

Procurement

- Following approval of the model or specification for each health care service (as above), consider options for the procurement process through which the provider(s) will be selected. Receive reports from the Competition and Procurement Committee (CPC) as necessary. Acting in accordance with the recommendations of CPC, develop final proposals for the procurement process and approve these proposals.
- Through reports from the CPC as necessary, monitor progress of procurement processes for health care services within the remit of the CCB and provide assurance to the CCGs' Governing Bodies.
- Subject to the Scheme of Reservation and Delegation, make a recommendation to the CCGs' Governing Bodies on the outcome of the procurement evaluation or approve the award of contracts to the preferred bidder, if within the level of authority delegated to them.
- Keep under review the progress made with commissioning and procurement activity, particularly in response to information received from PPAG and other activity which should inform commissioning plans. Where necessary, report to the CCGs' Governing Bodies any such information which they should be aware of, particularly where it suggests that plans should be amended.

Policies

- For each policy, clinical and/or commissioning, within the remit of the CCB, develop proposals and present them for discussion by the CCGs' Governing Bodies. Acting in accordance with the outcomes of those discussions, develop final drafts for the policies and either approve these or, where required by the Scheme of Reservation and Delegation, present them for approval by the CCGs' Governing bodies.
- Consider the work programme of the East Midlands Affiliated Commissioning Committee.

Finance

- Consider and approve the use of non-recurrent funding provided nationally to the LLR system outside of core allocation, in line with the level of financial delegation.

Commissioning Support

- Agreement of the service specification for Commissioning Support services to be procured by the CCGs, in line with the budget set by each CCG Governing Body.

- Oversee the procurement process for any commissioning support service and approve outcome.

- Keep under review the commissioning support arrangements provided to the CCGs, providing the CCGs' Governing Bodies with assurance in respect of the quality of the services.

- Agree any changes to services (in line with the financial envelope agreed by individual governing bodies).

Hosted Functions

- Oversee the hosted functions which support the CCGs' collaboration, as defined in the Memorandum of Understanding but also to include information management and technology. Ensure that the services are appropriately specified, structured and resourced, and that the services meet the needs of the CCGs.

Provider Contract Management

- In accordance with the Scheme of Reservation and Delegation receive reports (on provider performance).

- Where required, approve any variation to contracts for LLR wide services, including any changes funding arrangements, with a value of up to £499,999 for an individual CCG.

- Within the scheme of reservation and delegation receive reports and escalation of issues from PPAG and determine what action may be required.

- Within the scheme of reservation and delegation, receive proposals and agree and variations to contracts which may be required.

10. The CCB shall discharge these duties in line with the authority delegated to it by the three CCGs, as set out in the scheme of reservation and delegation at Appendix A.

11. The CCGs will remain independent statutory bodies, and maintain their statutory responsibilities. The following matters will be reserved to the governing body of each CCG:
    - The approval of annual operational plan

- The approval of annual report and accounts
- Approval of s75 agreements
- Budgets and operational plans for individual organisations
- Local consultation
- Primary Care Commissioning (as delegated by NHS England)
- Statutory responsibilities for the quality and safety of services

Membership

12. The CCB shall consist of a total of 18 members, with membership being balanced across each CCG. Each CCG shall be represented by 5 core members. The following roles will be represented for each CCG:
    - Manging Director
    - Clinical Chair
    - Vice Clinical Chair (or assistant clinical chair, depending on local practice)
    - Independent Lay Member
    - Chief Finance Officer

13. In addition to the five roles set out at paragraph 12 above a further three members shall be appointed to the committee to act as 'functional leads'. These members represent their professional function on behalf of the three CCGs. The roles to be represented are:
    - Chief Nurse
    - Director of Strategy (or equivalent)
    - Director of Urgent Care

14. Each CCG shall provide a representative to fill one of the functions, ensuring membership remains balanced with each CCG being represented by 6 members. However, in the event of a functional representative being unable to attend, they may ask a counterpart from another CCG to deputise for them (for example the Chief Nurse of one of the other CCGs). In this instance the membership will not be balanced numerically between CCGs, though the deputy will be representing their function, rather than their organisation.

15. Where a member cannot attend, they can send a suitably and duly nominated deputy may attend in their absence and be considered within the quorum. In the circumstance where a deputy attends for a functional role, that person represents their function, rather than their organisation.

Quoracy

16. For decision making purposes, a quorum shall be 10 members. The following roles must be present from each CCG for the meeting to be quorate: Managing Director (or deputy) and Clinical Chair (or deputy)GP. In addition to these two roles the Chief

Nurse representative (on behalf of the three CCGs), one Chief Finance Officer and two lay members must also be present.

Role of members

17. With the exception of the functional representatives, members of the CCB represent their organisations, and the views of their governing body. It is expected that, where necessary, members shall ensure that recommendations to be presented to the CCB for decision are considered by the appropriate body within their own organisation, to establish the shared view of the organisation which they represent when attending CCB.

18. Members shall also provide visibility within their own organisations of the considerations of the CCB, and ensure that issues and proposed solutions are discussed by the appropriate bodies within member organisations.

Chair

19. The Chair of the CCB shall be one of the clinical chairs of the CCGs. Each Clinical Chair shall serve as chair for four months; the order of rotation shall be determined by CCB.

20. Where the Chair is unable to attend the meeting, the meeting shall be chaired by one of the other Clinical Chairs present.

Conduct of Business

21. The CCB shall meet on the third Thursday of every month. Where an additional meeting is required outside of the established meeting pattern it shall be for the Chair to convene the meeting, with the agreement of the Chairs and Managing Directors of all of the three CCGs.

22. Papers will be circulated one week in advance, to enable organisations to consider the implications for their own organisations in advance of the meeting. Where this is not possible, any later circulation must be agreed with the Chair in advance.

23. Meetings of the CCB shall be held in public, subject to paragraph 26.

24. The CCB may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

25. Where during the discussion of a matter in public, any member feels that the discussion is addressing matters of a confidential nature, he or she may request that the Chair adjourn the discussion of that item.

26. The conduct of confidential business shall warrant a closed meeting, or closed session of a meeting held in public, and the chair shall require only members of the governing body and any person(s) invited for the purpose of discussing the confidential matter(s) to be present. The reasons for undertaking a discussion in confidential session shall be documented.

27. Where any member of the CCB has concerns about the way in which the CCB is addressing a matter, or where he/she disagrees with a decision of the CCB, he/she may at any time refer that matter to the Governing Body of the CCG which he/she represents. In such cases the CCGs' will refer to the dispute resolution procedure in the Memorandum of Understanding with the aim of resolving the matter.

28. The CCB shall be supported by a secretary to the committee. The secretary shall advise the Chair of the CCB on the CCB's compliance with these terms of reference and with other relevant governance requirements, and shall generally provide support to the CCB as required.

Decision making

29. When taking decisions members of the CCB will work constructively and pragmatically to reach a consensus position where all agree; voting arrangements will not apply to the decision making of the CCB.

30. Where members don't feel they are in a position to support a decision, either individually or as a professional group, they reserve the right to refer the issue back to the governing body of their organisation for further consideration before the issue comes back to the CCB to take a decision. Members should clearly state their position, and ask that it be recorded in the minutes of the meeting. No decision shall be made by majority. If a consensus cannot be reached, no decision shall be made.

31. Decision making member organisations shall ensure that their own constitutions and schemes of reservation and delegation provide members of CCB with sufficient authority to take decisions on matters presented to the CCB on behalf of their organisations.

32. Where a decision has been made by the CCB, it shall be binding upon the CCGs. All decisions made shall be reported to the governing body of each of the CCGs.

Conflicts of Interest

33. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes, and

where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

34. A Conflict of Interest Screening Panel, attended by the corporate affairs leads of each CCG and one or more of the Conflict of Interest Guardians of the three CCGs will review the agendas and papers in advance of the meeting. The panel will be an advisory body to the CCB

35. The Panel (Chair or Member) will make its recommendation to the CCB Chair regarding the management of each conflict in advance of the meeting. Such recommendations are to be approved by the CCB and such recommendations and approvals shall be recorded in the meeting minutes.

36. It shall be the responsibility of the CoI Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

37. Where GP members are conflicted, the CCB has the ability to temporarily amend its quoracy for the duration of the relevant agenda item only. The process for exclusion will be managed under the leadership of the nominated Lay member with responsibility for governance who will also ensure that appropriate clinical advice has been taken to allow for robust decision making. In this circumstance all of the Clinical Nurses and/or a non-conflicted GP will be invited to attend to provide clinical advice.

38. In the circumstance outlined in paragraph 37, should the Chair of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by one of the Lay Members present.

Accountability

39. The CCB does not usurp or replace any existing statutory accountabilities of member organisations. Individual member organisations retain their statutory accountabilities to their respective regulatory and oversight bodies.

40. The CCB will be accountable to both the governing bodies of its members. The minutes of CCB shall be circulated to the governing bodies of the three CCGs.

To be reviewed October 2018

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NHS East Leicestershire and Rutland CCG
NHS Leicester City CCG
NHS West Leicestershire CCG

v2 April 2018

Commissioning Collaborative Board (CCB) - Joint Committee Work Programme: meeting in PUBLIC	**2018/19**											
AGENDA ITEMS	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Welcome and Introductions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Apologies for Absences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Notification of Any Other Business	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest on Agenda Topics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting - To approve	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising: Update on actions from the meeting held on …	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
To receive questions from the Public in relation to items on the agenda?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
COMMITTEE GOVERNANCE ARRANGEMENTS												
Review Committee terms of reference for onward approval to the Governing Bodies (at least annually)	✓						✓					
Review Committee work programme (at least annually)	✓											
Review Committee effectiveness (annually)												✓
STRATEGY AND PLANNING												
To review and agree principles for commissioning intentions each year, to inform consideration and approval by individual governing bodies.						✓	✓					
To consider and approve LLR wide commissioner plans (as required), informed by deliberations by individual governing bodies.								✓	✓			
Agree strategy for key enablers, such as IM&T and estates (as required)												
COMMISSIONING												
Consider Options Appraisals for services or pathway changes (as required)												
To approve system level service and pathway changes (as required)												
To approve business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £2,000,000 over the period of the contract (or three years if the investment is not time limited) for an individual CCG (as required).												
To consider business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value of £2,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG and provide comments to inform the considerations of individual governing bodies (as requried).												
To approve business cases for services to be developed or delivered across LLR commissioning or decommissioning and/or investment or disinvestment) with a financial value of £2,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG where all three CCG governing bodies agree to delegate this decision to CCB.												
PROCUREMENT												
Provide an update following the outcome of a procurement process once contract awarded.												
Outline Business cases for services to be developed or delivered across LLR - To consider/approval (in line with delegated authority)												
POLICIES												
For each policy, clinical and/or commissioning, within the remit of the CCB, develop proposals and present them for discussion by the CCGs' Governing Bodies.												
Develop final drafts for the policies and either approve these or, where required by the Scheme of Reservation and Delegation, present them for approval by the CCGs' Governing bodies.												
Consider the work programme of the East Midlands Affiliated Commissioning Committee.												
FINANCE												
Consider and/ or approve the use of non-recurrent funded provided nationally to LLR												
COMMISSIONING SUPPORT UNIT												
Keep under review the commissioning support arrangements provided to the CCGs, providing the CCGs' Governing Bodies with assurance in respect of the quality of the services.												
Agree any changes to services (in line with the financial envelope agreed by individual governing bodies).												

NHS East Leicestershire and Rutland CCG
NHS Leicester City CCG
NHS West Leicestershire CCG

v2 April 2018

Commissioning Collaborative Board (CCB) - Joint Committee Work Programme: CONFIDENTIAL meeting **(items for consideration in confidential where prejudicial to the public interest due to confidential nature of the business).**	**2018/19**											
AGENDA ITEMS	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Welcome and Introductions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Apologies for Absences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Notification of Any Other Business	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest on Agenda Topics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting - To approve	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising: Update on actions from the meeting held on …	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
COMMISSIONING												
Consider Options Appraisals for services or pathway changes (as required)												
Agreement of service specifications for procurement of healthcare services to be procured collaborative across LLR												
To approve business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £2,000,000 over the period of the contract (or three years if the investment is not time limited) for an individual CCG.												
To consider business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value of £2,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG and provide comments to inform the considerations of individual governing bodies.												
To approve business cases for services to be developed or delivered across LLR commissioning or decommissioning and/or investment or disinvestment) with a financial value of £2,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG where all three CCG governing bodies agree to delegate this decision to CCB.												
PROCUREMENT												
Approval of LLR service specification for procurement of services												
Following approval of the model or specification for each health care service (as above), consider options for the procurement process through which the provider(s) will be selected. Acting in accordance with the recommendations of CPC, develop final proposals for the procurement process and approve these proposals.												
Receive reports from the Competition and Procurement Committee (CPC) as necessary to monitor progress of procurement processes for health care services within the remit of the CCB and provide assurance to the CCGs' Governing Bodies.												
Subject to the Scheme of Reservation and Delegation, make a recommendation to the CCGs' Governing Bodies on the outcome of the procurement evaluation or approve the award of contracts to the preferred bidder, if within the level of authority delegated to them.												
Keep under review the progress made with commissioning and procurement activity, particularly in response to information received from PPAG and other activity which should inform commissioning plans.												
HOSTED FUNCTION												
Review the hosted functions which support the CCGs' collaboration, as defined in the Memorandum of Understanding. Ensure that the services are appropriately specified, structured and resourced, and that the services meet the needs of the CCGs.												
PROVIDER CONTRACT MANAGEMENT												
Receive reports in relation to provider performance in line with the Scheme of Reservation and Delegation, including any escalation of issues from PPAG (as												
Receive reports to approve contract variations for LLR wide services, including changes to funding arrangements, with a value of up to £499,999 for an individual CCG.												

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Commissioning Collaborative Board
Schedule of Meeting Dates for April 2018 - March 2019

Day	Date	Month	Year	Time	Venue	Room	Papers required	Papers to be uploaded on the websites	Papers to be sent out
Thursday	**19**	**Apr**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	05-Apr	12-Apr	12-Apr
Thursday	**17**	**May**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	03-May	10-May	10-May
Thursday	**21**	**June**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	07-Jun	14-Jun	14-Jun
Thursday	**19**	**July**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	05-Jul	12-Jul	12-Jul
Thursday	**16**	**Aug**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	02-Aug	09-Aug	09-Aug
Thursday	**20**	**Sept**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	06-Sep	13-Sep	13-Sep
Thursday	**18**	**Oct**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	04-Oct	11-Oct	11-Oct
Thursday	**22**	**Nov**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	08-Nov	15-Nov	15-Nov
Thursday	**20**	**Dec**	2018	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	06-Dec	13-Dec	13-Dec
Thursday	**17**	**Jan**	2019	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	03-Jan	10-Jan	10-Jan
Thursday	**21**	**Feb**	2019	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	07-Feb	14-Feb	14-Feb
Thursday	**21**	**Mar**	2019	13.00 to 16.00	LC CCG	St Johns House-Conference Room 8th Floor	07-Mar	14-Mar	14-Mar

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LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs COMMISSIONING COLLABORATIVE BOARD

Minutes of the Commissioning Collaborative Board held on Thursday 22 March 2018 at 1:00pm in the Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

PRESENT:

Dr Richard Palin	Clinical Chair, East Leicestershire and Rutland CCG (Chair)
Mrs Karen English	Managing Director, East Leicestershire and Rutland CCG
Mr Toby Sanders	Managing Director, West Leicestershire CCG
Ms Sue Lock	Managing Director, Leicester City CCG
Professor Mayur Lakhani	Clinical Chair, West Leicestershire CCG
Professor Azhar Farooqi	Clinical Chair, Leicester City CCG
Dr Avi Prasad	Co-Chair, Leicester City CCG
Ms Gillian Adams	Independent Lay Member, West Leicestershire CCG
Mr Zuffar Haq	Independent Lay Member, Leicester City CCG
Ms Donna Enoux	Chief Finance Officer, East Leicestershire and Rutland CCG
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Ms Tamsin Hooton	Director of Urgent and Emergency Care, West Leicestershire 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

Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG **(minutes)**

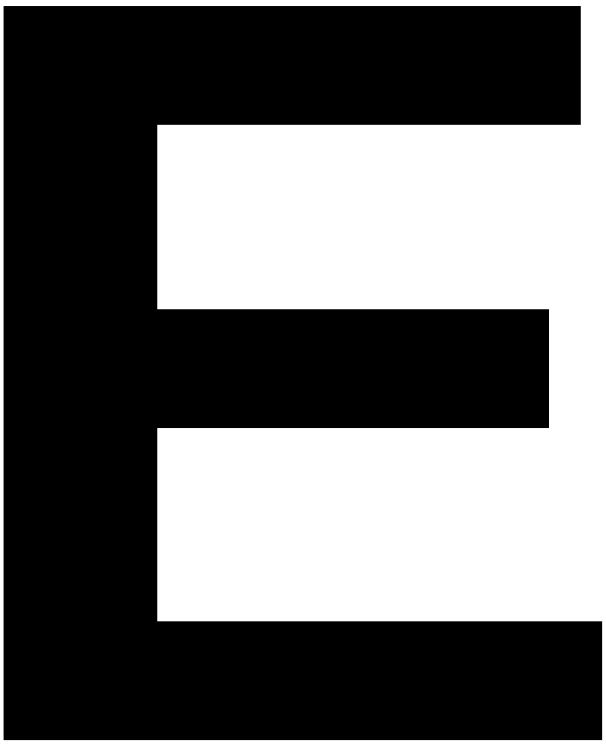
ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/18/13	**Apologies received** - Dr Andy Ker, Vice Clinical Chair, East Leicestershire and Rutland CCG - Mr Spencer Gay, Chief Finance Officer, WL CCG - Mr Clive Wood, Independent Lay Member, East Leicestershire and Rutland CCG - Dr Chris Trzcinski, Clinical Chair, West Leicestershire CCG	
CCBP/18/14	**Declarations of Interest on Agenda Items** There were no declarations of interest identified by members present as there were no reports on the public agenda apart from the draft minutes of the previous month and action log.	
CCBP/18/15	**To APPROVE the minutes of the Public Commissioning Collaborative Board meeting held on 15 February 2018 (Paper A)** The minutes of the Public Commissioning Collaborative Board meeting held in February 2018 were approved as an	

	accurate record of the meeting subject to the following amendments: **CCBP/18/11:** the third paragraph on page 3 of the minutes which states *" Ms Adams did not have a preference and was going to recommend Mr Wood in light of his experience"* The sentence to read as: *" Ms Adams was going to recommend Mr Wood in light of his experience"* and remove "did not have preference" The last paragraph on page of the minutes, where it states *"Ms Hooton confirmed it may be worthwhile to consider GP / Clinical representation at the Urgent Care Sub-delivery Board……" t*o read as *Ms Hooton confirmed that it would be worthwhile to stipulate GP clinical input to the Urgent Care Sub-delivery board"* It was **RESOLVED** to: - **APPROVE** the minutes of the last meeting.	
CCBP/18/16	**To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 15 February 2018 (Paper B)** The matters arising following the meeting held in February 2018 were received, with the following updates noted: **CCB/17/67: Emergency Preparedness Resilience and Response (EPRR) Core NHS Standards Review for 2017/18:** The action was for Ms Hooton to review the clinical representation and have discussions with some of the Board GPs. Ms Hooton provided an update at the meeting stating discussions have taken place with Dr Prasad and Dr Graham with regards to GP input at the Urgent and Emergency Care Board. **Action closed.** It was **RESOLVED:** - **RECEIVE** the matters arising, and note the progress to date.	
CCBP/18/17	**To RECEIVE Any Other Business** Dr Palin informed there was no other business noted for discussion. Meeting concluded at 1:15pm	

Date of Next Meeting

Thursday 19 April 2018, Leicester City CCG, Conference Room, 8th Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.

East Leicestershire and Rutland CCG to Chair the meeting from January – April 2018 Inclusive.



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Commissioning Collaborative Board (CCB)

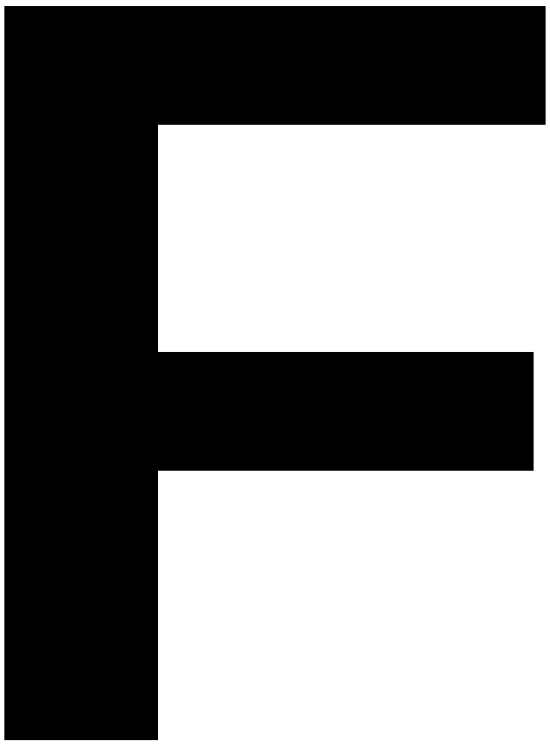
Public Action Notes

Key

Completed	On-Track	No progress made

Minute No	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 19 April 2018	Status

No actions to record from the March 2018 CCB meeting.



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Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

COMMISSIONING COLLABORATIVE BOARD MEETING

Paper F

Title of the report:	NHS England Pharmacy Integration Fund for Medicines Optimisation in Care Homes Programme
Report to:	Commissioning Collaborative Board (CCB)
Section:	PUBLIC
Date of the meeting:	19 April 2018
Report by:	Lesley Gant, Head of Medicines Optimisation Leicester City CCG
Sponsoring Director:	Caroline Trevithick, Chief Nurse & Quality Lead, Nursing & Quality, West Leicestershire CCG
Presented by:	Lesley Gant, Head of Medicines Optimisation Leicester City CCG

CCG Involvement to date:

	City	**East**	**West**	**Insert name of any other groups i.e. ECN**
Clinician	Paul Danaher	Anuj Chahal	Chris Barlow	STP Medicines Value subgroup
Manager	Lesley Gant/ Sarah Prema	Shazia Patel/ Tim Sacks	Gill Stead/ Caroline Trevithick	Care Home Group

Formally signed off by CCG (sub-group or equivalent) prior to CCB:

City	**East**	**West**

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to **Support** and **Agree:**

- The submission of a joint light touch application for the funds available to the LLR STP by the 20th April 2018
- Agree a lead CCG to submit the application for all three CCGs.
- Agree to an operational lead or group to take this forward (Heads of Medicines Optimisation on behalf of the STP Medicines Optimisation Medicines Value programme)
- The 50% funding requirement in Year 2 detailed in Table 1
- Funding, sustaining and spread beyond year 2 is planned for the values indicated in year 1.

SUMMARY:

1. The Medicines Optimisation in Care Homes component of the Pharmacy Integration Fund is now mobilised and was circulated to CCGs on 19 March 2018 with a 4 week turnaround by the 13 April 2018. As this coincided with Easter holidays and was outside of the timeframe for CCG governance meetings NHSE have granted the LLR CCG's an extension to 20 April 2018.

2. This programme focuses 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
    - Provider 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

3. The programme is aligned to the Framework for Enhanced Health in Care Homes and the STP/ICS plans for Medicines Optimisation and Care Homes.

4. The programme will deliver nationally:
    - Funding for 240 new posts for Pharmacists (band 8a)and Pharmacy Technicians (band 5-6) for two years
        - 100% funded in year 1
        - 50% funded in year 2.
    - 600 places on a bespoke funded training pathway (including pharmacist independent prescribing) that will also be open to existing pharmacy teams working in care homes. (300 places in each year).

5. To release funds, a lead CCG for the three LLR CCG's will need to submit a light touch plan online by the extension date 20th April 2018 as an STP footprint to describe how we intend to use the money and to commit to:
    - the submission of a joint light touch application for the funds available to the LLR STP
    - agree a lead CCG to submit the application for all three CCGs.
    - agree an operational lead or group to take this forward
    - the 50% funding requirement in Year 2 detailed in Table 1
    - funding, sustaining and spread beyond year 2 is planned for the values indicated in year 1.

Table 1

CCG	Indicative Care Home Population	Proportion for 1st year	Proportion for 2nd year
NHS East Leicestershire and Rutland CCG	1740	£84,355	£42,177
NHS Leicester City CCG	1363	£66,078	£33,039
NHS West Leicestershire CCG	1713	£83,046	£41,523
STP Total	**4816**	**£233,501**	**£116,750**

6. Heads of Medicines Optimisation from the three CCGs to take forward the plans for implementation building on existing arrangements to take the programme forward for LLR within the tight NHSE timelines, producing a service specification and to ensure that all potential providers will meet the criteria listed in Annex 1 of the NHSE briefing document included as Appendix 1 to this document.

7. Existing Models of Medicines Optimisation in care homes across the three CCGs are included in appendix 5 for information. It is anticipated that new arrangements will complement existing practice and evidence bases to develop the programme further.

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to **Support** and **Agree:**

- The submission of a joint light touch application for the funds available to the LLR STP by the 20th April 2018
- Agree a lead CCG to submit the application for all three CCGs.
- agree to an operational lead or group to take this forward (Heads of Medicines Optimisation on behalf of the STP Medicines Optimisation Medicines Value programme)
- the 50% funding requirement in Year 2 detailed in Table 1
- funding, sustaining and spread beyond year 2 is planned for the values indicated in year 1.

NHSE PHARMACY INTEGRATION FUND FOR MEDICINES OPTIMISATION IN CARE HOMES PROGRAMME.

INTRODUCTION

National position from Pharmacy integration fund

8. The Medicines Optimisation in Care Homes component of the Pharmacy Integration Fund is now mobilised and was circulated to CCGs on March 19th with a 4 week turnaround by the 13th April 2018. As this coincided with Easter holidays and was outside of the timeframe for CCG governance meetings NHSE have granted the LLR CCG's an extension to 20th April 2018.

9. NHS England, in line with the Next Steps of the Five Year Forward View is allocating funding to all STPs and Integrated Care Systems (ICS) across England to improve medicines management within care homes and optimise medicines for their individual residents.

10. This programme focuses 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
    - Provider 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

11. The programme is aligned to the Framework for Enhanced Health in Care Homes produced by Care Home Vanguard sites has shown that the integration of Medicines Optimisation and Management with the framework has been shown to:
    - Improve the quality of care through better medicines use
    - Reduce the risk of harm from medicines through medicines optimisation,safer medicines systems and staff training
    - Release resources through medicines optimisation and waste reduction (Vanguard site estimates £223 per year per patient) reduction in hospital admissions and release of care home nurse time.
    - Deliver all elements of Managing Medicines in Care homes NICE guidelines and quality standards
    - Ensure care home pharmacy professionals work as part of a multi-disciplinary team

- Improve care home residents health outcomes
- Increase the appropriated use of technology and data supporting medicines optimisation in care homes

12. This programme also aligns with STP/ICS plans for care homes and medicines optimisation and should be aligned with existing GPFV roll out of Clinical Pharmacists in General Practice and also be aligned with the Medicines Value Programme supported by the Regional Medicines Optimisation Committee work stream looking at Medicines Optimisation in care homes

13. The programme will deliver nationally:
    - Funding for 240 new posts for Pharmacists (band 8a)and Pharmacy Technicians (band 5-6) for two years
        - 100% funded in year 1
        - 50% funded in year 2.
    - 600 places on a bespoke funded training pathway (including pharmacist independent prescribing) that will also be open to existing pharmacy teams working in care homes.(300 places in each year)

14. Funding is expected to be used to fund new posts (excludes the funding of existing arrangements) and will also include bespoke training provided by The Centre for Post Graduate Pharmacy Education (CPPE) for pharmacists and technicians providing the programme. There is an expectation that the providing organisation will provide clinical supervision, educational supervision, mentorship and learning sets to further develop this new workforce.

15. Providers must be able to demonstrate that they are able to fulfil the criteria set out in appendix 1 of Medicines Optimisation in care homes Programme Overview included in this document as Appendix 1

16. Additional information issues by NHSE regarding this programme are included in Appendices 1 to 4 of this document

Funding availability for LLR STP

17. The indicative allocation for Leicester, Leicestershire and Rutland STP, based on the NHSE defined care home population of 4,815 is £233,501 (year 1) and £116,751 (year 2; 50%) to fund as a suggested example 3.2 WTE pharmacists and 1 WTE Pharmacy Technician with options for local variation. See Table 1 below

18. To release funds, a lead CCG for the three LLR CCG's will need to submit a light touch plan online by the extension date 20th April 2018 as an STP foot print to describe how we intend to use the money and to commit to:

- the submission of a joint light touch application for the funds available to the LLR STP
- agree a lead CCG to submit the application for all three CCGs.
- agree an operational lead or group to take this forward
- the 50% funding requirement in Year 2 detailed in Table 1
- funding, sustaining and spread beyond year 2 is planned for the values indicated in year 1.

Table 1

CCG	Indicative Care Home Population	Proportion for 1st year	Proportion for 2nd year
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NHS West Leicestershire CCG	1713	£83,046	£41,523
STP Total	**4816**	**£233,501**	**£116,750**

19. The LLR STP proposal is to be aligned to the following:
    - LLR Enhanced Health in Care Homes STP plan
    - LLR Medicines Optimisation STP plan currently included in the Medicines Value work stream of the Medicines Optimisation STP

20. We need to identify potential local providers to employ the additional pharmacy posts which will be spread across LLR to support develop and aligned to existing individual CCG focussed work
    Potential local providers are.
    - CCG working with other providers
    - Honorary contracts
    - GP Federations
    - Community Trusts
    - Mental Health Trusts
    - Acute Trusts
    - Private medicines optimisation providers
    - Private organisations
    - Social Care providers
    - Community pharmacy providers

21. Heads of Medicines Optimisation from the three CCGs to take forward the plans for implementation building on existing arrangements to take the programme forward for LLR within the tight NHSE timelines producing a service specification and to ensure that all potential providers will meet the criteria listed in Annex 1 of the NHSE briefing document included as Appendix 1 to this document

22. Existing Models of Medicines Optimisation in care homes across the three CCGs are included in appendix 5 for information. It is anticipated that new arrangements will complement existing practice and evidence bases to develop the programme further

23. The LLR proposed action plan detailing timelines milestones to be completed and is included in appendix 6

24. The online application form is included in appendix 7

What could this look like for LLR?

25. The three CCGs need to consider this programme being delivered by any of the providers listed above in paragraph 20building and learning on the existing arrangements for Medicines Optimisation in care homes .

26. The development of a service specification for this programme will be produced through the Medicines Optimisation STP Medicines Value sub group using the definition described in the NHSE programme overview in appendix 1 and the logic model for the programme to ensure we describe the requirements for the three CCGs for this programme

27. It would be desirable to have pharmacists and technicians with skill sets from different backgrounds and also to have access to pharmacist in acute settings with relevant specialist experience.

28. Access to peers delivering the same service is also essential to prevent professional isolation and promote shared learning clinical and professional supervision that is a requirement of the service for LLR. The Model used for the Clinical Pharmacists in General Practice could be an option to support this and also agree partnership working with secondary care pharmacy providers.

RECOMMENDATIONS

The Commissioning Collaborative board is asked to **Support** and **Agree:**

- The submission of a joint light touch application for the funds available to the LLR STP by the 20th April 2018
- Agree a lead CCG to submit the application for all three CCGs.
- Agree to an operational lead or group to take this forward (Heads of Prescribing on behalf of the STP Medicines Optimisation Medicines Value programme)
- The 50% funding requirement in Year 2 detailed in Table 1
- Funding, sustaining and spread beyond year 2 is planned for the values indicated in year 1.

Appendices

1. Medicines Optimisation in care homes Programme Overview March 2018
2. Medicines Optimisation in care homes FAQ
3. Notification letter LLR STP
4. Logic Model for Pharmacy workforce in care homes
5. Existing LLR Models for Medicines Optimisation in Care
6. LLR action plan
7. LLR word version of Application form

Appendix 6 LLR implementation plan with NHSE timescales

NHSE offer	NHSE cut off date	LLR CCG actions
STEP 1: 1. Identify lead CCG (this work has already been done in some STPs) Allocated by NHSE to Leicester City 2. STP/Lead CCG have a named Operational Lead to manage programme (role will vary depending on local teams) 3. STP operational lead and Lead Commissioning CCG (including medicines optimisation lead) draft plan on how the funding and new pharmacy professionals will be deployed, using a short self-assessment template. Available on this secure site: https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8Zyl0umSq9Q55Ctv0HxODj8hNJNqZ57woWOIc5UM0VLTVFWV1FBTDVVSzNCUjQwSVBKRlRHOC4u	April 13th 2918 extended to April20th for LLR CCGs	1. 3 CCGs to agree through CCB to commit to • the application • the 50% funding in Year 2 • that funding to sustain beyond year 2 is planned 2. Funding is expected to fund new posts (excludes existing arrangements)and will also include bespoke training for service providers. 3. Proposal to be aligned to: • Enhanced Health in Care Homes STP plan • Medicines Optimisation STP plan (given there is no STP plan in place then only describe CCG provision at this stage which focusses on improving quality of care and cost savings). 4. Identify potential provider to employ the additional pharmacy posts which will be spread across LLR to support and aligned to existing CCG focussed work Identified providers are. • CCG working with other provider • Honorary contracts • GP Federations • Community Trusts • Mental Health Trusts • Acute Trusts • Private medicines optimisation providers • Private organisations • Social Care • Community pharmacy providers
STEP 2: 5. STP/ Lead CCGs agree plans with local stakeholders as appropriate (e.g. LGA, ADASS, care home provider representatives) 6. STP seek input/support from regional IndCS and Pharmacy Integration Leads as required 7. Finalise plan within 3 weeks Plans signed off by STP lead to go to Regional Moderation panel.		1. Consider options for provision of the service. (Seek procurement advice -clarify with NHSE and also Mids and Lancs CSU?). 2. Scope all interested and/or suitable providers 3. Confirm that Provider organisations will meet the criteria listed in Annex 1 of the briefing document. 4. Agree CCG lead and operational lead for the project

STEP 3: 8. Expectation is that regional moderation panels will be completed by end of April 2018	April 31st 2018	1. Submit final plans
STEP 4: 9. Lead CCGs informed, and local providers commissioned 10. MOU in place with lead CCG and NHS England Pharmacy Integration programme Standard NHS contract used with pharmacy provider 11. Funding transferred from PhIF to commissioning CCG quarterly 12. Progress monitored by lead CCG against CCG assurance guidance linked to Planning Guidance 13. Providers report activity against metrics directly to national Pharmacy integration team (planning online dashboard that can be accessed locally). If plans cannot be agreed by the end of June 2018 and/or no progress has been made to recruit and deploy pharmacy teams by the end of June 2018 then funding will be reallocated to other STP areas within the region that are progressing.	June 30th 2018	Lead CCG and operational team

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Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

COMMISSIONING COLLABORATIVE BOARD MEETING

Paper G

Title of the report:	NHS111 Online Briefing to CCB
Report to:	Commissioning Collaborative Board (CCB)
Section:	PUBLIC
Date of the meeting:	19 April 2018
Report by:	Elizabeth Amias, Urgent & Emergency Care Programme Manager, Urgent and Emergency Care, West Leicestershire CCG
Sponsoring Director:	Tamsin Hooton, Director of Urgent and Emergency Care, West Leicestershire CCG
Presented by:	Tamsin Hooton, Director of Urgent and Emergency Care, West Leicestershire CCG

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				**IUEC Group 3/4/18**
Manager	**X**	**X**	**X**	**IUEC Group 3/4/18**

Formally signed off by CCG (sub-group or equivalent) prior to CCB:

City	East	West

SUMMARY:

1. 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. NHSE has now asked Clinical Commissioning Groups (CCGs) to offer 111 Online in their areas on an accelerated timeframe – delivery brought forward from December to July 2018, with reduced requirements around interoperability in the short term. A single provider is mandated – Pathways, which is developed by NHS Digital.

2. Go live in the East Midlands region has been set by NHSD as 6th June 2018. There are risks around delivery but these are not currently expected to cause delay.

RECOMMENDATIONS:

- The Commissioning Collaborative Board is asked to **Receive** the report.

NHS111 Online Briefing

INTRODUCTION

1.1 The Next Steps in the Five Year Forward View (March 2017) required all NHS 111 services to have an online service in place by December 2018. The model requires access online or by mobile app 24/7 365 days. It is a patient facing service to enable the public to self-serve part - or all - of the clinical triage process delivered through NHS 111 telephony service. The service must be available to the whole population of LLR.

1.2 The Integrated Urgent Care Specification (Aug 2017) further describes and defines the introduction of NHS 111 Online to provide digital access to healthcare; to meet patient expectations and alleviate the rising cost and demand on the telephony service. Currently there is no national service specification for NHS 111 Online; however pilots of four providers have somewhat helped to understand the impact of digital access on urgent care services, however pilot timeframes were short and user groups were small in some cases. Uptake and utilisation varied across each pilot site, with an average of 6% uptake. Areas which had pre-existing higher internet usage rates experienced the greatest 'channel shift' from telephony to online services. NHSD now advise that around 5% channel shift from telephony to digital activity can be expected. Further work is needed in LLR to understand the impact that 111 Online could have on the UEC system including the 111 telephony service.

1.3 On 12th March 2018 Pauline Philip asked CCGs to offer 111 Online in their areas on an accelerated timeframe – delivery brought forward from December to July 2018, with reduced requirements around interoperability in the short term. Whereas CCGs have previously been asked to select from a limited number of providers which have been piloted nationally, NHSE have now mandated all CCGs to roll out with the Pathways Online solution, which is a web based only product developed and led by NHS Digital. A local draft options appraisal had identified Pathways as the best initial solution for 111 Online, due to lack of available evidence for selecting an alternative product and also because the Pathways product does not require cash investment by CCGs.

DELIVERY

2.1 111 Online will roll out services in three phases with each phase adding more functions for users. Delivery in the East Midlands will be in three phases:

Phase 1 April 2018: DoS profiled – Users of 111 Online will only receive information about the most appropriate service to call or visit for their disposition. No call backs or ITK functionality will be included in this phase

Phase 2: Go live 6th June 2018 - 111 Online connected to IUC – This phase includes all the features above, and users of 111 Online can also receive a call back from the IUC in their area.

Phase 3: (Date TBC) Phase 3 adds the capability for 111 Online users to send their details to other services that can accept online referrals, for example dentists. Usually 111 Online does this with an Interoperability Toolkit (ITK) message, but the product can also transmit referrals via email

2.2 To enable the service to roll out nationally in the accelerated timeframe NHSE have asked that all clinical contact is managed through 111 via a call back queue. This would mean that LLR must adopt this system until around October, however NHSD have indicated that it may be possible to link 111 Online to regional CAS services such as the LLR CNH as early as June. Some areas in the East Midlands region, in particular Lincolnshire, are keen to go live with links to their own CAS service as soon as possible. In LLR Urgent & Emergency Care Group have indicated the preference to begin the service with clinical contact managed via 111 and to evaluate options once there is a useful amount of activity coming through the service.
A decision is needed regarding which dispositions should receive clinical assessment. Currently this needs to take place at regional level but functionality to adopt local variations may emerge.

COMMUNICATIONS AND TARGET USERS

3.1 Currently there are no plans for a national or regional promotion campaign and NHSE have suggested that it would be beneficial to ensure functionality and allow the service to embed before undertaking local marketing. In LLR Urgent & Emergency Care Group have agreed to soft launch the service in June, with no significant marketing campaign planned. We will establish a working group comprised of DHU, CCG comms and UEC team members to agree the initial target audiences and develop a communications plan for providers and patients.

RISK

4.1 There is a risk around timely delivery of DoS configuration due to the planned absence of the LLR DoS lead during this period, other regional DoS resource gaps and significant DoS working taking place at the same time – NUMSAS roll out, ranking strategy changes and release of Pathways 15. However, the regional DoS lead is picking up the technical work of the LLR DoS lead with some support from the national DoS lead and backfill resource within the UEC team, and is currently expecting that the 111 Online work will deliver on time.

4.2 There is further risk that IG will delay implementation. The NHSD 111 Online lead is currently trying to establish whether IG templates developed by existing Pathways Online users can be adopted for the East Midlands region and elsewhere nationally.

4.3 There is also the risk that potential increased clinical assessment activity, which cannot currently be quantified, will impact on DHU performance for example on Category 3 clinical assessment. This risk has been discussed with DHU performance lead who does not consider that there will be a rise in activity but rather a shift from telephony to digital activity.

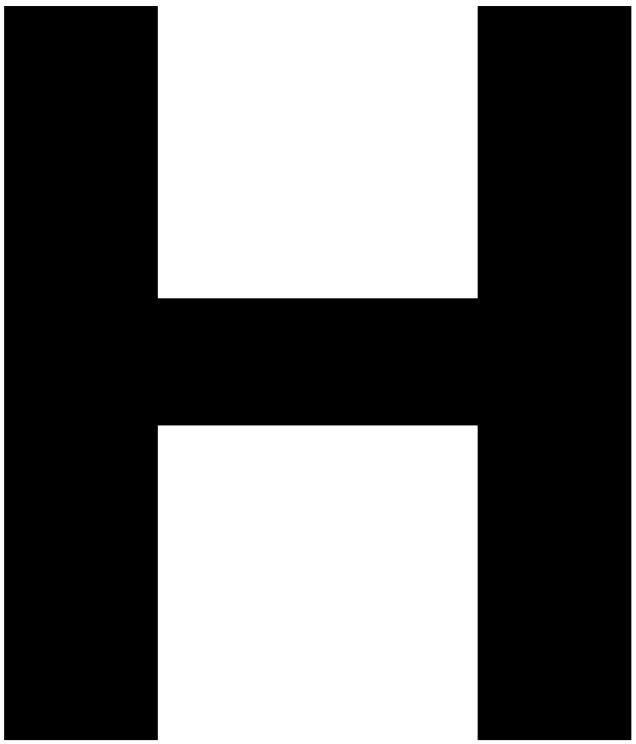
RESOURCE REQUIREMENT

5.1 The delivery of NHS111 Online via Pathways does not require cash investment by CCGs. However resource is required:

- A Clinical Lead
- Technical Lead
- Communications resource
- Project resource

RECOMMENDATIONS

- The Commissioning Collaborative Board is asked to **Receive** the report.



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Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

COMMISSIONING COLLABORATIVE BOARD MEETING

Paper H

Title of the report:	Community Services Redesign
Report to:	Collaborative Commissioning Board (CCB)
Section:	PUBLIC
Date of the meeting:	19 April 2018
Report by:	Karen English, Managing Director, East Leicestershire and Rutland CCB
Sponsoring Director:	
Presented by:	Karen English, Managing Director, East Leicestershire and Rutland CCB

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				
Manager	**X**	**X**	**X**	

RECOMMENDATIONS:

- Commissioning Collaborative Board (CCB) is asked to **Note** the progress to date and to accept updates at future meetings.

Community Services Redesign

As discussed at the March 2018 meeting of the Collaborative Commissioning Board agreement was reached to undertake a comprehensive review with the aim of redesigning community services. This redesign is expected to include as a minimum Community Hospital Inpatient Services, Intensive Community Services (ICS) and Community Nursing.

This proposed service change has been communicated to the current provider of the services i.e. Leicestershire Partnership NHS Trust (LPT) and has been formally noted in a contract variation for 2018/19.

The timescale attached to this work is that the scope of the work will have been completed by 30 April 2018 and the work will be completed by September 2018.

- The Accountable Officer lead will be Karen English, Managing Director, East Leicestershire and Rutland CCG.
- The Senior Responsible Officer (SRO) will be identified at the meeting.
- The Lead Director for LPT is Rachel Bilsborough, Divisional Director for Community Health Service.

The Redesign team will include input from GPs, Chief Nursing Officer alongside leads from finance, contracting, Urgent Care and Integrated Locality Teams.

This work is being treated as Phase 1. However, as one of the primary aims of this work is to ensure that there is a robust out of hospital service which keeps people healthy while independent at home, urgent hospital admissions and discharge delays need to be reduced. Therefore, Phase 2 of this redesign work will include Discharge Pathways incorporating work streams such as Discharge to Assess and Home First.

Conversations have been started with local authorities to include social care as part of the redesign. Discussions are currently taking place as to whether Phase 2 should be conflated into Phase 1.

Further updates of the progress of the redesign work will be provided at monthly CCB meetings.