

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Governing Body Meeting held on Tuesday 9 April 2019 at 9.30am In the Council Chambers, County Hall, Leicester LE3 8TB

Present:

Dr Ursula Montgomery	Chair
Dr Andy Ker	Clinical Vice Chair
Mrs Paula Vaughan	Deputy Chief Operating Officer (on behalf of Mr Tim Sacks)
Ms Donna Enoux	Chief Finance Officer
Mr Paul Gibara	Chief Commissioning and Performance Officer
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Mr Warwick Kendrick	Independent Lay Member
Mr Clive Wood	Deputy Chair and Independent Lay Member
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Dr Nick Glover	GP Locality Lead, South Blaby and Lutterworth
Dr Anuj Chahal	GP Locality Lead, Harborough
Dr Simon Vincent	GP Locality Lead, North Blaby
Dr Hilary Fox	GP Locality Lead, Rutland
Dr Girish Purohit	GP Locality Lead, Syston, Long Clawson and Melton

In Attendance:

Dr Tim Daniel	Public Health Consultant
Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications and Public Affairs
Dr Janet Underwood	Healthwatch Rutland Chair
Mr Simon Pizzey	Head of Planning and Strategic Commissioning (for item B/19/30 only)
Mrs Claire Middlebrook	Corporate Affairs Support Officer (minutes)

Members of the public: Four members of the public were seated in the public gallery.

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/19/19	<p>Welcome and Introductions</p> <p>Dr Ursula Montgomery welcomed members of the Governing Body and members of the public to the Governing Body meeting.</p>	
B/19/20	<p>Apologies for Absences</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Karen English, Managing Director • Mr Alan Smith, Independent Lay Member • Mr Tim Sacks, Chief Operating Officer 	
B/19/21	<p>Notification of Any Other Business</p>	

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	Dr Montgomery informed that she had received no additional items of business.	
B/19/22	<p>Declarations of Interest on Agenda Topics</p> <p>All GP members declared an interest in items relating to primary care where a potential conflict may arise and also where there are any items concerning the Leicester, Leicestershire and Rutland Provider Arm where GP members' are minor shareholders. The conflict was noted and will be managed during the discussions as required, it was also noted that the Register of Interests is published on the CCG website detailing declarations made by Governing Body members.</p> <p>No specific declarations on agenda items were recorded.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the declarations of interest and NOTE the actions being taken. 	
B/19/23	<p>Minutes of the meeting held on 12 February 2019</p> <p>The following amendments were noted for the minutes of the Governing Body meeting held on 12 February 2019:</p> <ul style="list-style-type: none"> • Page 5, Finance report – Ms Enoux asked that the wording in the penultimate paragraph be amended to read <i>'therefore the CCG is currently reporting a break even position which contains some risk'</i> • Page 9 second bullet point – Dr Simon Vincent noted that a 'discussion took place about having Advanced Nurse Practitioners working across the locality' and asked that the wording be amended appropriately. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held on Tuesday 12 February 2019 subject to the amendments made. 	
B/19/24	<p>Matters Arising: Update on actions from the meeting held on 12 February 2019 (Paper B)</p> <p>The action log (Paper B) was received and it was noted that there were no outstanding actions.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update. 	

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B/19/25	<p>To receive questions from the Public in relation to items on the agenda only</p> <p>Dr Montgomery invited questions from the members of the public relating to items on the agenda. There were no questions raised on agenda items.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE that no questions were raised on agenda items from the public. 	
B/19/26	<p>Chair's Report (Paper C)</p> <p>Dr Montgomery noted the CCG Secondary Care Clinician, Dr Tabitha Randell left the organisation on 31 March 2019, following six years working for the CCG. Dr Montgomery formally thanked Dr Randell for her contributions to the CCG and her dedication and commitment to the children and young people workstream and wished her well for the future.</p> <p>On 14 February, Dr Montgomery attended the quarterly assurance meeting with NHS England and the next meeting is due to take place on Thursday 11 April 2019.</p> <p>Dr Montgomery continues to attend regular meetings, such as the Commissioning Collaborative Board (CCB) and System Leaders.</p> <p>On 25 February 2019, Dr Montgomery attended the Women's Leaders' Engagement Event, facilitated by the East Midlands Leadership Academy; alongside Mrs Karen English and Ms Donna Enoux. This was a useful event, with lots of discussion on how women leaders can support their colleagues in their career etc.</p> <p>Dr Montgomery recently attended a CCG Protected Learning Time event; which focussed on the development of Primary Care Networks. Practices were engaged with the discussions.</p> <p>Dr Montgomery also attended the Wigston health summit, which took place on 28 February 2019; which focussed on health inequalities in the area.</p> <p>Interviews for the new post of Chief Executive were held on 26 March 2019 and a preferred candidate has been identified; who is external to the system. The appointment is subject to various local and national processes and as such no further information can be provided at this time.</p> <p>It was RESOLVED to:</p>	

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	<ul style="list-style-type: none"> • RECEIVE the report and NOTE the update. 	
B/19/27	<p>Accountable Officer's Corporate Report (Paper D)</p> <p>Ms Donna Enoux highlighted the report and noted the following three items:</p> <ol style="list-style-type: none"> 1. Changes have been made to the Urgent Care provision in the area, which were introduced from 1 April 2019. These include a new site at Blaby and extended opening hours in Lutterworth; services are run by Derbyshire Health United (DHU) and the ELR GP Federation. 2. There are three more events planned as part of the Commissioning Capability Programme. 3. The two appendices to this report; are the Better Care Together Partnership Update and the proposal to establish a Partnership Group. Members are asked to provide feedback on Appendix 2. <p>Mrs Daljit Bains observed that a number of groups were being established in respect of the Better Care Together (BCT) programme and that it was becoming a little difficult to navigate through the BCT decision making and governance arrangements. Mrs Bains suggested that this is discussed at the Joint Management Team meeting to ascertain if this is an issue and identify a way forward. Ms Enoux confirmed that this was on the next meeting agenda and she will ensure that it is discussed. Dr Montgomery also noted that this can be discussed at the Commissioning Capability workshop taking place next week and she will ensure that this is highlighted.</p> <p>Dr Montgomery welcomed the Independent Chair Role on the proposed group as this will ensure that the meetings are robust and leads held to account.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report • CONSIDER the proposal to establish a partnership group as at Appendix 2 	
B/19/28	<p>Summary report from the Financial Turnaround Committee (February and March 2019) (Paper E)</p> <p>Dr Varakantam took the report as read and noted that the Committee received the draft financial plan; however, were unable to approve it,</p>	

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	<p>due to the number of queries raised and therefore it was suggested that it was brought back to the Extraordinary Confidential Governing Body meeting on 2 April 2019.</p> <p>It was noted that the CCG was reporting a break even position at Month 11.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Financial Turnaround Committee (February and March 2019) 	
B/19/29	<p>Finance Report: Month 11 update (Paper F)</p> <p>Ms Enoux presented Paper F and took the paper as read; highlighting the following items;</p> <p>Current ELR is still short £0.5m for the Quality Innovation Productivity and Prevention (QIPP) plan; which is a good result. At month 11, the CCG is reporting an adverse year to date amount of £1m; although still reporting a break even position for year end. Ms Enoux acknowledged the hard work of everyone involved.</p> <p>Appendix G gives the high level information on the 2019/20 financial plan, which has been submitted to NHS England and is awaiting feedback.</p> <p>Cash flow and Better Payment Practice Code are both on track.</p> <p>Mr Warwick Kendrick noted the risks shown in paragraph 36 and asked for some more information on these. Ms Enoux confirmed that the situation has changed since the paper was written and she is now confident that these risks have been closed down for 2018/19. Ms Enoux will provide additional information to Mr Kendrick outside the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE for information the contents of the report and the appendices attached. 	Donna Enoux
B/19/31	<p>Summary Report from the Audit Committee (March 2019) and draft Terms of Reference (Paper H)</p> <p>Mr Kendrick took the paper as read and noted the Audit Committee's recommendation to amend some of the Board Assurance Framework (BAF) scores, details of which can be seen in paragraph 8 of the report.</p>	

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	<p>The revised Terms of Reference have been amended to reflect Dr Randell leaving the CCG and are attached as Appendix 1, for approval.</p> <p>Following a query from Dr Any Ker, Mr Kendrick confirmed that whilst the Committee felt it helpful to have the Secondary Care Clinician as part of the membership, there is no specific requirement to have a clinician on the Committee. It was noted that GPs would essentially be conflicted, and hence why the Secondary Care Clinician was invited to join the Committee.</p> <p>Dr Montgomery asked if the risk associated with the EU Exit needs to be revised. Mr Kendrick confirmed that this risk is reviewed by the executive team and a further update will be presented at the next meeting of the Committee.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary Report from the Audit Committee (March 2019) • APPROVE the Terms of Reference as at Appendix 1. 	
B/19/32	<p>Board Assurance Framework 2018/19 (Paper I)</p> <p>Mrs Bains presented the Board Assurance Framework (BAF) and noted that the Governing Body is required to approve the BAF as at 31 March 2019. This paper has already been discussed at the Audit Committee and the Executive Management Team also regularly reviews the document.</p> <p>Paragraph 9 highlighted the ongoing collaborative work between the three Leicester, Leicestershire and Rutland CCGs.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Board Assurance Framework 2018/19 as at appendix 1 for 2018/19 year end and for the starting point for 2019/20 	
B/19/33	<p>Register of Interests and Register of Gifts and Hospitality (Paper J)</p> <p>Mrs Bains noted that approval of the Register of Interests and Register of Gifts and Hospitality are required as part of the end of year governance requirements. The registers have been regularly reviewed throughout the year.</p>	

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	<p><i>Mr Simon Pizzey joined the meeting.</i></p> <p>Dr Ker noted a minor discrepancy with his conflict, in relation to his wife, who is no longer a partner at Oakham Medical Practice, as she has retired. Mrs Bains will ensure this is corrected, prior to publication.</p> <p>Dr Nick Glover noted that the Register of Interests will need careful managing in future with the introduction of Primary Care Networks.</p> <p>Dr Montgomery confirmed that as part of the Governing Body development session in May, conflicts of interest and governance arrangements is due to be a topic of discussion. This will cover the role of the Governing Body member in relation to conflicts and standards of behaviours expected. The current plan is this is included as part of the May sessions, if suitable external facilitators can be found.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and APPROVE the Register of Interests as at appendix 1 and the Register of Gifts and Hospitality at appendix 2 ahead of publishing these versions as at 31 March 2019, NOTING the amendment to be made as highlighted above. 	<p>Daljit Bains</p>
<p>B/19/30</p>	<p>LLR System Operational Plan 2019/20 (Paper G)</p> <p>Mr Pizzey confirmed that the draft ELR Operation Plan is due to be submitted today; which is a vision of how the CCG will achieve its constitutional plan. The LLR plan is due to be submitted on Thursday; which is plan on how the three Leicester CCG plan to achieve its constitutional standards, along with Integrated Care Systems (ICS).</p> <p>This is a one year holding plan, as a long term plan is due to be submitted in September; which will include Better Care Together and a next steps document to ensure sustainability.</p> <p>Mrs Paula Vaughan noted that the section on Primary Care Networks (PCNs) needs updating to reflect the current locality structure. Mrs Vaughan has already provided the correct information to Mr Pizzey for inclusion / updating.</p> <p>Mr Kendrick noted some typographical errors, which he will provide to Mr Pizzey outside of the meeting.</p> <p>Mr Paul Gibara noted the constitutional targets and discussions that have taken place on the seven trajectories with providers.</p>	

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	<p>Dr Glover spoke about section 4; the key priorities for Primary Care and investment strategies. Dr Glover would like to see some more detail behind the actions to be taken to achieve the current clinical model.</p> <p>A query was raised by Dr Vivek Varakantam regarding what will happen if the three CCGs cannot resolve the problems with providers and are not able to work collaboratively enough to get the system over the line. Mr Pizzey acknowledged this point and confirmed that enablers are in place and this area will be monitored through a system sustainability group, which is due to be set up. Sub groups will also help to provide the vehicle to work more collaboratively.</p> <p>Mr Gibara stated that whilst this was an LLR plan individual CCGs would have individual local priorities driven by the health need of their population and further work would have to be undertaken in the context of integrated care systems.</p> <p>Following a query, Mr Gibara confirmed that ELR host this plan and even though ELRs part is clear, there is still dialog to take place with the hosted teams, in relation to PCNs and clinical quality elements.</p> <p>Dr Montgomery noted that this was a draft plan and that some sections need better articulation of patient outcomes and benefits, prior to submission.</p> <p>Mr Pizzey confirmed that the plan is due to be submitted on Thursday and feedback will then be received from NHS England. This feedback will be circulated to members for information.</p> <p>Dr Montgomery asked that specific ELR actions are made clear and a clear message if given out.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the LLR System Operational Plan 2019/20, noting the amendments to be made prior to submission. 	
B/19/34	<p>Quality Strategy (Paper K)</p> <p>Mrs Burton presented the Quality Strategy and noted that this paper shows how the CCG will commission and procure services; aligned to the national quality commitments. The paper has previously been to the Integrated Governance Committee for comments.</p> <p>Dr Janet Underwood noted that Healthwatch Rutland and Healthwatch Leicester are currently surveying their members through focus groups; to allow for feedback from patients and their carers'.</p>	

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	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the ELR CCG Quality Strategy 2019-21 	
B/19/35	<p>Summary report from the Provider Performance Assurance Group meeting (February 2019) (Paper L)</p> <p>Mr Kendrick took the report as read and highlighted the following:</p> <p>Paragraphs 6-10 relate to University Hospitals of Leicester NHS Trust (UHL); a deep dive has been undertaken by Leicester City CCG, at the request of the Provider Performance Assurance Group (PPAG) members. A board to board meeting is due to be arranged to discuss the concerns raised and to agree a way forward.</p> <p>Paragraph 18 looks at Leicestershire Partnership Trust (LPT) and highlights the continuing staffing concerns with the Children and Adolescent Mental Health Service and the increased waiting times. It was noted that data quality has improved.</p> <p>Dr Montgomery noted that is hoped that the board to board meeting will take place in June 2019.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Provider Performance Assurance Group meeting (February 2019). 	
B/19/36	<p>Summary report from the Integrated Governance Committee meeting (5 March 2019) (Paper L)</p> <p>Mr Kendrick took the paper as read and noted the following from the report:</p> <p>ELR CCG is currently second highest for mandatory training, in relation to peer CCGs; at 92.76% compliance, against the national average of 81.29%, which is good news.</p> <p>Paragraph 12 highlights the patient safety report and the fact that UHL have failed to learn from 'never events'. NHS Improvement are providing support to UHL in this area.</p> <p>Dr Montgomery wished to note her thanks to the training leads for the CCG achieving its current level of mandatory training.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Integrated Governance 	

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	Committee meeting (5 March 2019)	
B/19/37	<p>Corporate Performance Assurance Report (Paper N)</p> <p>Mr Gibara took the report as read and highlighted the following:</p> <p>There is some confusion over how cancer targets are reported, either in month or year to date. There are two targets which remain a concern.</p> <p>There are ongoing concerns with 62 day waits, which have been highlighted at PPAG meetings.</p> <p>There is some good news, in that survival rates are up to 73%, which is a reasonable picture for ELR patients.</p> <p>Cancer performance targets are planned to be replaced by three new standard 28 day diagnosis, 62 day from referral to treatment and 31 days from diagnostic to treatment. This will simplify the approach to measuring achievement of cancer standards.</p> <p>Dr Hilary Fox queried the 1 year cancer survival rate compared to the national data; Mr Gibara did not have the data available to answer this query at the meeting, however, will report back to Dr Fox outside of the meeting.</p> <p>Dr Varakantam noted the national target of 75% and even though ELR is not quite at this level yet, within the local area ELR is doing well; this is felt to be as a result of screening encouragement within Primary Care. There is still work to be done with education etc.</p> <p>Dr Montgomery noted the red rating for antimicrobial (December 2018) and asked what ELR was doing to rectify this. Mr Gibara confirmed that he has already discussed this with the Medicines team and a programme of monitoring is due to take place. Mrs Vaughan stated that she will ensure that this is moved forward appropriately.</p> <p>Dr Montgomery queried the amount of Learning Disability (LD) training for practices due to take place in 2019/20, as only half of LD patients have had a check in 2018/19.</p> <p>Following a query from Dr Montgomery, Mr Gibara noted the out of date data (2016/17) for Neonatal mortality and will try and obtain more up to date data.</p> <p>Dr Girish Purohit noted the falls information, shown in page 14, which shows that the baseline is 1442 and indicates that although ELR have had a target to reduce falls since 2017/18, there has actually been a</p>	<p>Paul Gibara</p> <p>Paula Vaughan</p> <p>Paul Gibara</p>

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	<p>slight increase. Mr Gibara confirmed that there had been recent investment in a falls programme and therefore he will take the comments back to see what actions have been taken to date.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Corporate Performance Assurance Report. 	
B/19/38	<p>Locality Chairs' Report: (Paper O)</p> <p>Oadby and Wigston Dr Varakantam highlighted the following for Oadby and Wigston:</p> <ul style="list-style-type: none"> • The main topic of conversation revolved around the Health Summit, which was well received and attended by members of the Council, voluntary sector, LPT, UHL etc. Oadby and Wigston Council representatives noted that this was a priority as part of their 'better high street' programme. Key actions / themes will be taken forward to the next meeting. • The development of PCNs was discussed and issues raised will be taken forward. • As part of a charitable scheme from the University of Leicester, a 'walking for health' programme is being introduced. <p>Dr Ker noted that Local Authorities are disconnected to health issues and this has been highlighted at Health and Wellbeing Board meetings.</p> <p>Syston, Long Clawson and Melton (SLAM) Dr Purohit highlighted the following for the SLAM Locality:</p> <ul style="list-style-type: none"> • Discussions around PCNs within the locality took place and there is significant variation of opinion. • Latham House Medical Centre could register as a stand-alone PCN, due to their size. • Practices will need support in the coming weeks, as the situation is clarified and more formal arrangements are put in place. • There was significant variation between practices on how the care coordinators would look; Latham House currently have good links already, however, Long Clawson noted that they do not know who their coordinators are. <p>Rutland Dr Fox highlighted the following for the Rutland Locality:</p> <ul style="list-style-type: none"> • Discussions took place around PCNs. • Concern was raised about the Acute Visiting Service, ran by DHU 	

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	<p>and if the service was equitable for Rutland patients, as they were currently being referred back to practices; logs are being kept as to the number of patients referred back.</p> <ul style="list-style-type: none"> • EMIS practices are also disadvantaged due to having to make long, detailed telephone calls to pass on patient information; a different referral method is being explored for EMIS practices. • MSK triage is also inequitable for Rutland patients, as they are often referred back to their practice. • A presentation was received on the digital assessment for the Staying Able, Being Able programme. • The Rutland Hub model on the intranet was commended, as it is kept updated by practices and provides a useful information database. <p>Dr Montgomery noted the concerns raised about the DHU Acute Visiting Service and suggested that these concerns are raised at the Provider Board meetings via West Leicestershire CCG who are the contract leads.</p> <p>Harborough Dr Anuj Chahal highlighted the following from the Harborough locality:</p> <ul style="list-style-type: none"> • Practices have agreed to continue to fund First Contract Physio from their own budgets, as they have found the service to be very useful and patients have provided positive feedback about the service. <p>North Blaby Dr Simon Vincent highlighted the following for the North Blaby locality:</p> <ul style="list-style-type: none"> • Discussions took place on PCNs and the locality members feel that the Locality is a suitable size for one PCN; although await guidance from the CCG regarding the appointment of the Accountable Clinical Officer. • A presentation was received on FeNO testing and the locality would like to progress the feasibility of having this service in the CCG. • The Blaby District Council (BDC) exercise referral scheme was noted to be very beneficial to patients. <p>Dr Montgomery noted the comments regarding the FeNO testing and suggested that this should form part of the respiratory business case presented to CCB and suggested that contact is made with Ms Louise Young from WL CCG, who is the lead in this area.</p> <p>South Blaby and Lutterworth Dr Glover highlighted the following from the South Blaby and Lutterworth Locality:</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • The issue of Falls in the over 65s was discussed and it was noted that BDC have a good falls programme; along with good information provided by Public Health colleagues and this is communicated to patients in a suitable way. • The attendance of Mr Mike Sandys at the GP Programme Board was noted to be very useful as the Councils often have different offers for health. <p>Dr Montgomery noted the overall themes in relation to Public Health issues and Local Authority support. Mr Gibara confirmed that conversations will take place with the Local Authority around the joint commissioning of LD and Falls services.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Locality Chairs' Report. 	
B/19/39	<p>Summary report from the Commissioning Collaborative Board (March 2019) (Paper P)</p> <p>Dr Ker took the paper as read and no questions or queries were raised.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Commissioning Collaborative Board (March 2019) 	
B/19/40	<p>System Leaders' Team meeting November 2018 and February 2019 (Paper Q)</p> <p>Dr Montgomery took the papers as read and no questions or queries were raised.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the System Leaders' Team meeting November 2018 and February 2019 	
B/19/41	<p>Date of next meeting</p> <p>The next meeting of the Governing Body of the East Leicestershire and Rutland CCG Governing Body will be take place on Tuesday 11 June 2019, Council Chamber, County Hall, Glenfield, Leicester, LE3 8TB.</p> <p>The meeting concluded at 10.30am.</p>	