

## EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

### Minutes of the Governing Body Meeting held on Tuesday 12 June 2018 at 9:45am At Blaby District Council, Council Offices, Desford Road, Narborough, Leicester, LE19 2EP

**Present:**

Dr Richard Palin	Chairman
Mr Clive Wood	Deputy Chair / Independent Lay Member
Mrs Karen English	Managing Director
Dr Andy Ker	Clinical Vice Chair
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Dr Graham Johnson	GP Locality Lead, Blaby and Lutterworth
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Girish Purohit	GP Locality Lead, Melton, Rutland and Harborough
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Warwick Kendrick	Independent Lay Member
Mr Alan Smith	Independent Lay Member
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Mr Simon Pizzey	Head of Planning and Strategic Commissioning (on behalf of Mr Paul Gibara)

**In Attendance:**

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications
Dr Hilary Fox	Senior Clinical Lead for Planned Care
Mrs Claire Middlebrook	Corporate Affairs Support Officer (minutes)

**Members of the public:** 3 member of the public seated in the public gallery.

ITEM	DISCUSSION	LEAD RESPONSIBLE
<b>B/18/91</b>	<p><b>Welcome and Introductions</b></p> <p>Dr Richard Palin welcomed members of the Governing Body and members of the public to the June 2018 meeting of the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Governing Body.</p>	
<b>B/18/92</b>	<p><b>Apologies for Absence:</b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Tabitha Randell, Secondary Care Clinician</li> <li>• Mr Paul Gibara, Chief Commissioning and Performance Officer</li> <li>• Dr Anuj Chahal, GP Locality Lead, Market Harborough</li> <li>• Dr Tim Daniel, Public Health</li> </ul>	
<b>B/18/93</b>	<p><b>Notification of Any Other Business</b></p> <p>The Chairman informed that he had received no items of additional business.</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/94	<p><b>Declarations of Interest on Agenda Topics</b></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. It was noted that no further action was required at this stage and that the Register of Interests is published on the CCG website.</p> <p>Specific declarations were raised by the members of the Executive Management Team: Ms Karen English, Ms Donna Enoux, Mrs Tracy Burton, Mr Tim Sacks, and Mr Simon Pizzey in respect of Paper J, Recruitment of Single Accountable Officer and Single Management Team. It was agreed that members of the Executive Management Team would not participate in the discussion or the decision relating to this item, and would remain in the meeting room.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the declarations made.</li> </ul>	
B/18/97	<p><b>To Receive Questions from the Public in relation to items on the agenda</b></p> <p>Dr Palin welcomed the members of the public and invited questions from the members of public relating to items on the agenda. There were no questions raised on the agenda items.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> that no questions were raised on agenda items from the public.</li> </ul>	
B/18/95	<p><b>Minutes of the Meeting Held on Tuesday 8 May 2018 (Paper A)</b></p> <p>The following amendments were noted for the minutes of the Governing Body meeting held on 8 May 2018:</p> <ul style="list-style-type: none"> <li>• <b>Page 12, Locality Chairs report</b> – in the Oadby and Wigston section, Dr Girish Purohit to be changed to Dr Vivek Varakantam.</li> <li>• <b>Page 10, fifth paragraph</b> - the sentence 'presently the CCG does not have the tools to enforce UHL to improve.' to be changed to 'the CCG needs to work with UHL to encourage them to improve'</li> <li>• <b>Page 15, fourth paragraph</b> - a typing error to be corrected to ensure EMAS is correctly named.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• <b>TASL update</b> - Mr Clive Wood suggested that an addendum be added to the action note involving Ms Sarah Iverson, to note that she has now left Healthwatch Rutland and the action be closed. It was noted that there may not be a representative present at the Governing Body from Healthwatch Leicestershire and Healthwatch Rutland until they have confirmed their internal structures. <b>Action closed.</b></li> <li>• <b>Page 11, second paragraph</b> – Dr Graham Johnson asked that the wording at the start of the paragraph be amended to ‘Dr Johnson expressed surprise that NHS Improvement believe ....’</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held on Tuesday 8 May 2018 <b>SUBJECT</b> to the amendments made.</li> </ul>	
B/18/96	<p><b>Matters Arising: Update on Actions from the Meeting held on Tuesday 8 May 2018 (Paper B)</b></p> <ul style="list-style-type: none"> <li>• <b>B/18/85 Update on Thames Ambulance Service Limited, eligibility criteria, Case Study</b> – This will be discussed at a future Governing Body meeting. <b>Action ongoing.</b></li> <li>• <b>B/18/81 Corporate Performance Assurance Report, reporting of SIs</b> – Mrs Tracy Burton updated the members that this item related to the grouping of trolley breeches, which had taken place up until March 2018. No further trolley breaches had been reported since this date. Mrs Burton stated that it was helpful for members to understand the current policy and what constitutes a Serious Incident. UHL are currently reporting against the policy. Currently UHL are working with NHS Improvement and are on single oversight, quarterly reporting is also through to NHS England Quality Surveillance Group meetings. Work is ongoing with NHS England and NHS Improvement to look learning from incidence. <b>ACTION CLOSED.</b></li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the update on the actions.</li> </ul>	
B/18/98	<p><b>Chairman’s Report (Paper C)</b></p> <p>Dr Palin presented the report, which provided an overview and update on some of the key constitutional and strategic areas that affect the Governing Body, including meetings attend by Dr Palin since his last report in May 2018.</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Chairman's Report</li> </ul>	
B/18/99	<p><b>Accountable Officer's Corporate Report (Paper D)</b></p> <p>Mrs English drew attention to the following key items from the report:</p> <p><b>Annual Report and Accounts</b> – The annual report and accounts are due to be published by the end of this week.</p> <p><b>Female Genital Mutilation (FGM)</b> – Mrs English noted that the CCG is very supportive of the work University Hospitals of Leicester NHS Trust (UHL) have been doing in this area.</p> <p><b>Changes to NHS England / Improvement Management</b> - NHS England and NHS Improvement are due to merge into one organisation; this will include having one governing body. This will mean that there will be single regulator going forward; the changes have implications for ELR, in that the team that provides assurance will also oversee UHL and Leicestershire Partnership Trust (LPT) as part of the West Midlands area. This will mean that ELR will need to build new relationships with the new team.</p> <p>Dr Nick Glover offered congratulations to Ms Donna Enoux and the finance team for completing the annual accounts and welcomed the changes in the FGM service, as this will improve access for patients. Dr Glover asked that appropriate communication for practices with regards to the changes to the walk-in service is circulated.</p> <p>Dr Glover asked that an early meeting is arranged with the new team from NHS England / Improvement and that the check-point meetings are looked at to check the format, going forward. Mrs English confirmed that once the new regional Director is in post; which is likely to be September 2018, she will endeavour to arrange a meeting with them.</p> <p>Dr Graham Johnson spoke about section eight of the report in relation to the winter pressures at UHL and the need for more capacity. Mrs English noted that even though UHL have limited capacity, they are still required to achieve Referral To Treatment (RTT) standards. Greater access is hoped to be available through the Alliance and the independent sector. Ms Enoux confirmed that the financial model includes £3.5m for additional capacity and conversations have taken place with UHL regarding transferring patients to the independent sector. No figures are available as yet, due to the time delays with reporting etc. Mrs Sarah Shuttlewood is overseeing this area of activity.</p>	

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	<p>Mr Alan Smith asked how the CCG was going to ensure that the independent sector was not overspent. Mrs English confirmed that this area is demand driven and the new process gives the CCG more control over UHLs activity and therefore the CCG can stop further activity if required, at a point in time.</p> <p>Dr Hilary Fox expressed concern that if UHL move activity into the independent sector then there will be less control on outpatient appointment slots being available for direct booking. Mrs English confirmed that the revised referral pathway will give the CCG more control as it is demand management led. Mr Simon Pizzey reported that the team are aware that we have community and primary care assets which are currently underutilised and therefore this should be the first point of call.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Accountable Officer's Corporate Report.</li> </ul>	
B/18/100	<p><b>Finance Report: Month 1 update (Paper E)</b></p> <p>Ms Donna Enoux took the paper as read and highlighted the following items from the report:</p> <p>The annual accounts for 2017/18 have been submitted and the CCG has met its cash, capital and Better Payment Practice Code (BPPC) targets.</p> <p>Due to a late change to the rules, which was only communicated to CCGs on 23 April 2018; this meant that the CCG was not allowed to include any brought forward allocations. This was a national issue and meant that ELR were overspent by £5.5m. This meant that the CCGs final accounts received a qualified audit opinion; West Leicestershire CCG (WL) also received a qualified opinion. The external auditors were then required to make a Section 30 referral to the Secretary of State. The auditors queried the value for money of the CCG; however, Ms Enoux pushed back on this and the auditors changed their opinion to unqualified.</p> <p>Ms Enoux noted that nothing has changed in the 2018/19 plan and at month two the CCG is reporting break-even; this is mainly due to the fact that not much data is available at this time and some contractual elements are yet to be agreed. Ms Enoux confirmed that these are due to be agreed before the end of month three sign off.</p> <p>BPPC is currently at 100% and there has been no capital allocation, or spend, at this time. There are no issues with the performance of the Commissioning Support Units' performance for month one.</p>	

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	<p>Dr Johnson asked if there would be any consequences for the CCG as a result of the section 30 letter. Ms Enoux has discussed this with Mr Chris Ford and there will be no changes to the CCGs financial situation or reporting at this time. Mrs English confirmed that she has received an acknowledgement of the letter and no sanctions are noted in the response.</p> <p>Mr Warwick Kendrick asked that his formal thanks were noted to Ms Enoux and the finance team for their hard work and for their discussions with the Auditors regarding the unqualified opinion on value for money. The Audit Committee are fully supportive of the push back, as they did not want to accept the original decision.</p> <p>Dr Glover noted the recent good example of the Quality team pushing back on the CQC guidance and suggested that the Finance team were in a similar position, which has now been resolved in the CCGs favour.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the finance report, month 1 update</li> </ul>	
B/18/101	<p><b>Corporate Performance Assurance Report (Paper F)</b></p> <p>Mr Pizzey presented the report and highlighted the following items:</p> <p>Three out of eight cancer targets have been achieved in March; these were: 62 day 1st time definitive treatment; 2 week wait for breast symptoms and 31 day wait for surgery.</p> <p>The Emergency Department continues to be challenged and RTT for March was at 85% which is still not acceptable. The CCG will not achieve its 2017/18 quality premium targets.</p> <p>Dr Varakantam noted that whilst the 62 day screening target has been achieved, the overall target has not been achieved; in fact the overall situation has declined. Some of this is due to the way RTT for cancer is managed differently and this has been discussed at the RTT / Cancer Board meeting.</p> <p>The East Midlands Radiology Consortium (EMRAD) Radiology system is good news for patients and has increased data capacity and it is hoped that further improvement should be seen moving forward. NHS Improvement has been speaking to Care Management Groups individually regarding the changes.</p> <p>Dr Johnson spoke about the data shown on pages 8 and 24 relating to cancelled operations. The number of last minute cancellations is very high, in fact is the worst in the Country and re-booking within 28</p>	

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	<p>days is poor. Within the report presented to the Provider Performance Assurance Group (PPAG) meeting, UHL is measured against peer Trusts and this shows how poor UHL are performing.</p> <p>Mr Wood noted that the CCG needs to know how we can change things and where we progress concerns. <b>Dr Varakantam confirmed that he was happy to formally write to Ms Chris West at Leicester City CCG (LC) to highlight the concerns on the impact on patients.</b> Dr Varakantam and Mr Pizzey will also liaise outside of the meeting to ensure appropriate representation at the RTT/Cancer Board going forward.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Corporate Performance Assurance Report</li> </ul>	Vivek Varakantam
B/18/102	<p><b>Summary Report from the Provider Performance Assurance Group (PPAG) meeting (May 2018) (Paper G)</b></p> <p>Mr Kendrick took the paper as read and highlighted the following from the report:</p> <p><b>Review of EMAS</b> – paragraphs 6-12 of the report highlight the Ambulance Response Programme (ARP) and the fact that the target has now moved to April 2019. EMAS are not achieving the target at present and PPAG noted that this was not acceptable.</p> <p><b>Child and Adolescent Mental Health Service (CAMHS)</b> – PPAG expressed concern over the national shortage of suitable consultants for this service.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary Report from the Provider Performance Assurance Group meeting (April 2018)</li> </ul>	
B/18/103	<p><b>Summary report from the Integrated Governance Committee meeting in June 2018 (Paper H)</b></p> <p>Mr Kendrick took the paper as read and no questions or queries were noted.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary report from the Integrated Governance Committee meeting in May 2018</li> </ul>	

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B/18/04	<p><b>Locality Chairs' Report: (Paper I)</b></p> <p><b>Oadby and Wigston</b>  Dr Varakantam confirmed that the Oadby and Wigston locality expressed concern over the suggested move to a single accountable officer and what this would mean to the financial promises made to practices. Assurance was requested that money already committed would not be reallocated elsewhere.</p> <p><b>Melton, Rutland and Harborough</b>  Dr Purohit noted that there was good engagement from practices in discussions around the LPT District Nurse service and it was noted that this is not highlighted in poor quality care reports and therefore LPT cannot address the problems as they are not aware of them.</p> <p><i>Mrs Casteleijn left the meeting.</i></p> <p>Mrs Jude Smith, Head of Nursing for LPT was at the meeting and noted the concerns raised over lack of attendance at Multi-Disciplinary Team meetings and the wound care pathway and will ensure that these are appropriately taken forward with LPT. Mrs Smith also gave members her direct contact details. The group felt more assured following the responses given by Mrs Smith.</p> <p>Dr Fox spoke about end of life care and the fact that the district nurse provision is the only available provision to provide pain relief and often staff are not able to attend a patient in a timely manner; due to the size of the patch. This service is only available for patients who require specialist end of life care. These incidents should be recorded via SPA, however, are currently not adequately dealt with. Dr Purohit reported that this issue was raised at the meeting with LPT and the gap in service provision was noted. Ms Smith asked that specifics of cases / incidents were shared with her and then she can try and make a case to change the system for these patients.</p> <p><i>Mrs Casteleijn re-joined the meeting.</i></p> <p><b>Blaby and Lutterworth</b>  Dr Glover reported that the meeting felt that the ELR GP Federation had provided good peer review in relation to demand management.</p> <p>The lack of progress around the second blood collection was noted and with left-shift generating more Phlebotomy appointment needs this is now urgent. Mr Pizzey confirmed that a paper was being presented to the Commissioning Collaborative Board meeting on 21 June in order to get a consensus of the need for this service and to agree where the budget should sit.</p> <p>Dr Fox noted that some of the issues in relation to the overnight</p>	

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	<p>provision of pain relief; relate to not being able to recruit more Marie Curie nurses in the area.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Locality Chairs' Report</li> </ul>	
<b>B/18/105</b>	<p><b>Recruitment of Single Accountable Officer (paper J)</b></p> <p>Dr Andy Ker presented the report, noting that this was an important issue and a change to the way the CCG will operate by the end of 2018. The paper is asking for the Governing Body to approve the move to a single Accountable Officer for the three CCGs across Leicester, Leicestershire and Rutland; this would be followed by the recruitment of a Chief Nurse and Chief Finance Officer and a move to a single management team. It was noted that the three CCGs would remain as separate statutory bodies.</p> <p>Since a meeting in April 2018, NHS England made it clear that the move to a single Accountable Officer was the direction of travel. Following this and papers presented at previous meetings, engagement has taken place with staff, providers and stakeholders. The response rate from member practices of ELR CCG is shown in paragraphs 33-38. The main suggestion from stakeholders was that the three CCGs should formally merge.</p> <p>Following a request by two member practices, a General Meeting of the members was convened on 7 June 2018, and representatives from 15 Member Practices attended and provided their comments around the proposal. No vote was taken at this meeting. Concern was raised around the loss of autonomy and the lack of governance arrangements described in terms of the process. The loss of locality focus and possible loss of financial control were also of concern to members. All members present agreed that they supported greater collaboration across the organisations as the benefits of this can be clearly articulated.</p> <p>Dr Ker also drew the Governing Body's attention to the changes taking place within NHS England's own organisation as described in the Accountable Officer's report earlier on the agenda.</p> <p>Dr Ker highlighted some of the risks identified, including: distraction from core business during the interim period; costs involved, including possible redundancy costs; voluntary relocations due to uncertainty and risks around the practicalities of how the new system will work in practice. The new Chief Finance Officer would also need to oversee three sets of accounts and new relationships would have to be built. If the three organisations remain as is, then there is also a risk that collaborative working is not enough given the current financial</p>	

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	<p>pressures which may remain.</p> <p>Four options were discussed in previous iterations of the report and these included remaining as three separate CCGs with separate management teams and Accountable Officers; and a possible full merger of the three CCGs was also discussed and although this was felt to have the greatest benefit to the overall system, it was considered to be a much longer process and would cause a lot of disruption but may be considered the longer term direction. The other two options that were discussed were a partial merger and a merger with the Local Authority, however these were not supported during the discussions that took place in the Steering Group.</p> <p>Paragraph 55 shows the proposed timeline for the change and the recruitment process. The appendices show the job description and the person specification for the new single accountable officer.</p> <p>Dr Palin thanked Dr Ker and following the declarations made at the start of the meeting, he opened the item for discussion by the non-conflicted members present.</p> <p>Mr Smith noted his unease with the proposal due to the lack of governance arrangements described in the report and the fear of losing localism as a single team across the three organisations may look to developing a single solution across the three organisations. There is still a query on whether the three CCGs will have three separate Governing Bodies and how the CCG would continue to be monitored against its statutory requirements. Mr Smith stated that he could not see any benefit for patients or practices described in the paper and could only see risk and therefore felt he still could not support the report.</p> <p>Mr Kendrick commented that the proposal is a major distraction for all concerned and echoed Mr Smith's comments that the report did not describe the benefits for patients and the governance arrangements that would be required to support the proposals. The three CCGs are already working collaboratively in many areas and this change could lead to losing good and dedicated staff.</p> <p>Dr Glover concurred with comments made about the lack of benefits for patients and noted that the current strengths of the ELR CCG Executive Management Team may be lost, which would be a substantial loss to the organisation. Dr Glover queried if there was a written expectation that this is a 'must do' from NHS England or has the recently announced changes at NHS England and NHS Improvement meant that this is not such a high priority at present. Dr Glover again expressed his concerns about the lack of detail in the report about how the proposal would benefit our patients, our member practices and our staff.</p>	

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	<p>Mr Wood noted that the proposal has been discussed for a few months and has worked in other parts of the country; however, accepted the points made over lack of detailed information being available at this time. The risk to the CCG, if the proposal is not approved, cannot be quantified at this time, although there is an existing risk in respect of delivery of the financial balance. If the CCG does not proceed this may have an effect on the relationships with the local CCGs.</p> <p>Dr Johnson concurred with comments made previously in relation to the lack of governance information and the lack of information how the proposals would benefit patients in ELR. Dr Johnson also queried paragraph 11 of the report, which noted strengthened commissioning and queried how this would be achieved by the proposals put forward whilst maintaining financial balance. Dr Johnson queried that the system of having a single Accountable Officer works elsewhere, as it may be that the CCGs involved are correctly funded, whereas LLR CCGs are underfunded and are significantly financially challenged.</p> <p>Dr Purohit informed that two of the member practices from within the Syston, Long Clawson and Melton Locality had requested that the General Meeting be convened. He concurred with the views made earlier and stated that the report does not make clear how the process will support Practices and the patients.</p> <p>Dr Ker understands the point made by Dr Johnson and noted that in Staffordshire, a single Accountable Officer is working well. Dr Ker confirmed that he has been supportive of the proposals since the beginning as he was concerned that the CCG will have the new system imposed on them by NHS England and this would mean that the CCG would not have control of the situation. However, on reflection was not sure given the changes taking place in NHS England and NHS Improvement whether NHS England would still enforce the proposal on the CCG.</p> <p>Dr Varakantam noted that this is a difficult situation and the conclusion is not clear, however, the timescales for sorting the governance and finances are too tight. NHS England has also not explained how having a single Accountable Officer will ensure that the performance of the main provider, University Hospitals of Leicester NHS Trust (UHL) will be improved. The paper presented does not provide enough assurance around these issues.</p> <p>Mr Kendrick stated that when the Primary Care Trusts (PCT) became CCGs there was a two year change over period and the change proposed in the report has only had months to be agreed and does not include the governance arrangements.</p>	

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	<p>Dr Purohit asked for clarity on the table under paragraph 33 of the report. Dr Palin confirmed that the number of responses were individual GP responses and not practice responses. This means that the level of response from GPs was poor, as there are over 200 ELR GPs. When the CCG changed from the PCT there was a clear process in place and a legislative process was in place to support the process.</p> <p>Dr Glover noted that the statistics show a low response rate from GPs and was not sure whether the survey could be completed twice by the same person. The survey was also sent out before the changes by NHS England were announced.</p> <p>Dr Varakantam asked if the paper had been shared with other stakeholders and what their views were and how the CCG would manage this.</p> <p>Mr Smith commented that the CCG existed in shadow form for two years, prior to officially becoming a separate organisation. Mr Smith acknowledged comments made by Dr Johnson around underfunding of the CCG and noted that this has affected the performance; the new structure does not appear to make changes that will help this situation to improve.</p> <p>Dr Palin informed that in his view it is significant that NHS England are not mentioned in the paper as the organisation that initiated this process. There are differing views from member practices, providers and local councillors feel that a full merger is the best action to take. He noted that the paper does not clearly articulate the benefits for patients; and that if there was a clear national policy and steer for the proposal supported by a robust governance process then he would be supportive of the process.</p> <p>Mr Wood concurred that NHS England are not mentioned in the paper, despite Mr Elliott Howard-Jones being supportive of the proposals.</p> <p>Dr Palin thanked the non-conflicted voting members for their comments and asked that they vote on the first recommendation presented in the report which was to appoint a single accountable officer for the LLR CCGs, subject to the outcome of the vote the Governing Body would vote on the remaining recommendations. Dr Palin advised that he would vote in the event of an equal vote for and against the recommendation.</p> <p>A vote was taken on approving the move to a single Accountable Officer for the three LLR CCGs, and one member voted for the recommendation, with seven members voting against the recommendation. The majority of the non-conflicted Governing Body</p>	

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	<p>members therefore did not support the proposal to approve a single accountable officer.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the outcome of engagement with member practices, staff and statutory partners.</li> <li>• <b>NOT APPROVE</b> the appointment of a Single Accountable Officer for the three LLR CCGs.</li> </ul>	
B/18/106	<p><b>Summary Report from the Commissioning Collaborative Board (Paper K)</b></p> <p>Dr Palin took the report as read and no questions or queries were raised.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary Report from the Commissioning Collaborative Board</li> </ul>	
B/18/107	<p><b>Summary report from Financial Turnaround Committee (May 2018) (Paper L)</b></p> <p>Mr Smith took the paper was taken as read and highlighted paragraph four, relating to the new rule, which was only communicated after year end and had the CCG been aware of this at an earlier date, could have taken appropriate action to try and meet its financial targets etc.</p> <p>Mr Smith thanked Ms Enoux and her team for all their hard work during the year.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary report from Financial Turnaround Committee (April 2018)</li> </ul>	
B/18/108	<p><b>Summary report from the Audit Committee Meeting (May 2018) (paper M)</b></p> <p>Mr Kendrick took the paper as read and highlighted paragraph 11, which confirms that the Audit Committee approved the annual report and accounts and formally thanked Ms Enoux and her team for their hard work.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the summary report from the Audit Committee Meeting.</li> </ul>	

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B/18/109	<p><b>Summary report from the Primary Care Commissioning Committee (June 2018) (paper N)</b></p> <p>Mr Wood took the paper as read and noted the request in the report to remove financial delegated authority from PCCC back to the Governing Body. Ms Enoux elaborated that the reason for this request to the members was due to the co-commissioning budget being overspent already due to no fault of the Committee but taking into account the percentage of mandated uplifts and minimal growth and therefore is already showing a £1m overspend.</p> <p>Dr Glover commented, that despite his conflict in this matter, would have concerns over PCCC not being able to make financial decisions. PCCC has representation from the finance team at the meeting and not having financial authority could result in substantial time delays, which could have detrimental effect on practices. Dr Glover felt that there is a lack of understanding of the impact on primary care and removing authority would have a detrimental effect on the system.</p> <p>Ms Enoux agreed that PCCC should still continue to discuss the financial implications of schemes etc and then send a recommendation to the Governing Body for approval. This would ensure that the Governing Body members are cognisant of all the costs pressures elsewhere in the budget.</p> <p>Dr Palin asked what the current financial limit for PCCC to approve is. It was confirmed that PCCC have approval of the whole of the Co-commissioning budget, which is £40m. Dr Palin expressed concern over taking away low level decisions from PCCC, as this could have major implications for the operational running the CCG. Dr Ker suggested a limit for PCCC approval of up to £10k.</p> <p>Mr Sacks, as the budget holder of the co-commissioning budget noted that PCCC needs to be able to make financial decisions and is concerned with over-burdening the Governing Body with decisions that PCCC could make. Mr Sacks suggested that day-to-day decisions need to be made by PCCC and larger decisions could be deferred to Governing Body meetings.</p> <p>Dr Glover noted that one percent of the Primary Care QIPP is £200k and proposed that this could be the limit.</p> <p>Mr Wood, as Chair of the PCCC feels that PCCC do have appropriate financial controls in place as Ms Enoux is one of the members of the Committee.</p> <p>Dr Palin suggested that at present PCCC retain control of the co-commissioning budget, however, suggested that a paper to be presented at the next Governing Body meeting with a proposal. <b>Ms</b></p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p><b>Enoux was happy with this approach and will table a paper for consideration.</b> Mr Sacks noted that if large financial decisions are taken away from PCCC then this could have knock-on effects elsewhere.</p> <p>Dr Glover asked for clarity on whether GPs could vote on this issue. Mrs Bains confirmed that GPs are not eligible to vote as they are conflicted.</p> <p>Mr Pizzey asked if NHS England have published their rationale for the supposed over-funding in primary care. Mr Sacks confirmed that there is a complicated algorithm in place that NHS England use and is very hard to understand. This has been challenged by other organisations.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary report from the Primary Care Commissioning Committee</li> <li>• <b>DEFER</b> the decision on removing delegated financial authority from PCCC to Governing Body, to the next meeting of Governing Body, when a proposal will be presented.</li> </ul>	<p><b>Donna Enoux</b></p>
<p><b>B/18/110</b></p>	<p><b>Update on Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership (STP) (Paper O)</b></p> <p>Mrs English confirmed that the paper had been emailed whilst the meeting had been taking place and therefore she would provide a verbal update to the members.</p> <p>The paper sets out the next steps for the Better Care Together in the local area, as part of the STP. Since November 2016 the STP has followed national policy, to review the next steps. Going forward a long-term plan and funding settlement for the NHS is being developed and a formal update is expected in July, including timetables to move the plan forward. CCG staff are unlikely to have sight of the plan; rather they will see the public facing document or statement.</p> <p>Dr Palin received the verbal update and noted that as the paper was not received in time it was not included as part of the public papers. <b>The report will be presented at the next meeting.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Update on Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership</li> </ul>	<p>Karen English</p>

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/111	<b>Date of next meeting</b>  The next meeting of the Governing Body of the East Leicestershire and Rutland CCG Governing Body will be take place on <b>Tuesday 10 July 2018, in the Council Chambers, County Hall, Glenfield, Leicester, LE3 8TB</b>	
	<b>The meeting concluded at 11.22am</b>	