

## EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

**Minutes of the Annual General Meeting and Governing Body Meeting held on  
Tuesday 11 September 2018 at 9.30am, in the Shearsby Room,  
Stamford Court, 18 Manor Road, Oadby, Leicester, LE2 2LH.**

**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
Mr Paul Gibara	Chief Commissioning and Performance Officer
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Mr Alan Smith	Independent Lay Member
Mr Warwick Kendrick	Independent Lay Member
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Anuj Chahal	GP Locality Lead, Melton, Rutland and Harborough
Dr Girish Purohit	GP Locality Lead, Melton, Rutland and Harborough
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Dr Graham Johnson	GP Locality Lead, Blaby and Lutterworth
Dr Tim Daniel	Public Health Consultant

**In Attendance:**

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications
Dr Katherine Packham	Public Health Consultant
Dr Hilary Fox	Senior Clinical Lead for Planned Care
Dr Janet Underwood	Healthwatch Rutland
Mrs Sarah Warmington	Associate Director of Commissioning
Mrs Janet Soo-Chung	Turnaround Director
Mrs Chris West	Director of Nursing and Quality (for item B/18/163 only)
Mrs Elaine Egan-Morris	CAMHS Commissioner and Transformational Lead (for item B/18/163 only)
Mrs Paula Vaughan	Deputy Chief Operating Officer (until item B/18/169)
Mrs Pragati Baddhan	Senior Communications and Engagement Manager (for AGM only)
Mr Mike Wood	Communications and Engagement Officer (for AGM only)
Mrs Claire Middlebrook	Corporate Affairs Support Officer (minutes)

**Members of the public:** Nine members of the public were seated in the public gallery for the Annual General Meeting and one for the Governing Body meeting.

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/154	<b>Welcome and Introductions</b>  Dr Richard Palin welcomed members of the Governing Body and	

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	members of the public to the meeting and informed that the Annual General Meeting of the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) will be taking place first followed by the Governing Body meeting.	
B/18/155	<p><b>ELR CCG Annual General Meeting</b></p> <p>Dr Richard Palin welcomed everyone to the East Leicestershire and Rutland Clinical Commissioning Group (CCG) Annual General Meeting. Dr Palin introduced the presentation informing that it provides an overview of the achievements and challenges the CCG faced during 2017/18; and describes how we have listened to our patients and the public. The presentation went on to cover the CCG's priorities for 2018/19 and highlighted the challenges faced going forward. Mrs Karen English then reported on proposed developments in 2018/19, including the Better Care Together 'Next Steps' document.</p> <p>Following the presentation Mr Clive Wood invited questions from members of the public. One question had been received in advance of the meeting from Mrs Mary Guppy.</p> <p><b>Question from Mrs Mary Guppy:</b> Mrs Guppy enquired about the plans for Feilding Palmer Hospital in Lutterworth. She alluded to a campaign underway to expand this hospital; and informed that there is huge local consternation about the future of this hospital. Mrs Guppy asked that the CCG consider the plans for the hospital in light of the current campaign and not to let the hospital go. She also suggested that Feilding Palmer Hospital was required to alleviate issues with bed blocking in other parts of the system.</p> <p><b>Response to question:</b> Mrs Karen English noted the concerns expressed and stated that the rights services need to be located in the right area. Mrs English stated that it was recognised that Feilding Palmer Hospital needs to change and informed that a community services review was underway to understand the needs and to examine the interface between acute and primary care services across Leicester, Leicestershire and Rutland (LLR). This piece of work will determine the levels of beds needed across LLR. A high-level model as an outcome of the review will be published in the autumn. Public engagement will take place and more information will be shared in due course. However, the long-term vision set out in the Sustainability Transformation Partnership (STP) Plan has not changed.</p> <p>ELR CCG's public engagement in summer 2018 has looked at the out-of-hours GP service at Lutterworth Feilding Palmer Hospital currently open at weekends and on bank holidays from 10am to 4pm.</p>	

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	<p>Under the plans to improve urgent care services, the service will operate at Feilding Palmer Hospital with extended opening hours, at weekends and on bank holidays from 9am to 5pm.</p> <p>The service will also be easier to access for patients. Patients will be able to walk-in to access healthcare, and appointments will be offered to those calling NHS 111 if their symptoms require it. Patients will also be able to pre-book weekday evening, weekend and bank holiday appointments via their GP practice.</p> <p>The location of the service at Feilding Palmer Hospital could be subject to future change under plans for the STP; however, any change would be subject to public consultation. Mrs English advised that there are no plans to withdraw the service from Lutterworth.</p> <p>Mrs Mary Guppy was in attendance at the Annual General Meeting and added the following comments: Mrs Guppy informed that she has extensive knowledge of the NHS in the area, as her husband was a GP in Lutterworth and she was born in Feilding Palmer Hospital. There is a campaign to expand services at the site and although Mrs Guppy appreciates the funding restraints, felt that if patients were not bed blocking in the hospitals, then this would free up finances to provide a convalescent service in Lutterworth.</p> <p>Mrs English noted that the CCG has to ensure that the right service is available to patients in the right area and the Feilding Palmer site needs to change in order to meet the needs of the population. The offer for this site is still being discussed and will be in line with the Better Care Together Next Steps.</p> <p>Mr Wood confirmed that the CCG will continue to engage with the public on the site.</p> <p><b>Question from Mr Pritesh Patel, Leicestershire County Council:</b> What role does technology have in improving patient care?</p> <p><b>Response:</b> Mr Tim Sacks was asked to answer the question.</p> <p>Mr Sacks confirmed that the role of technology is huge in primary care and as the executive lead and senior responsible officer for GP IM&amp;T he has a lot of involvement in this area. IT is being looked at across Health and Social Care; it is already being used differently, such as via on-line access to book GP appointments and applications for phones, which provide self-care advice etc. NHS Choices is also a good source of information.</p> <p>Mr Sacks continued and informed that the key to using technology for patient care involves record sharing; this ensures that information is</p>	

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	<p>available to all healthcare professionals when required. The CCG is working closely with the IM&amp;T service provider to ensure records can be shared appropriately. Another example of this is VitruCare, which is used in Rutland to manage long term conditions etc.</p> <p>Whilst NHS England have confirmed a budget of £10m over the next five years for IT infrastructure, a lot more work is required.</p> <p><b>Question from Mr Eric Charlesworth, from the Alliance:</b> What is the CCG's position on Social Care as the presentation did not make reference to partnership working; and can you provide some clarity on the situation between the three CCGs?</p> <p><b>Response:</b> Mr Palin confirmed that whilst the three CCGs continue to work closely together and work collaboratively by making joint commissioning decisions; ELR CCG did not approve the move to a single management team due to requiring more information on the risks and benefits for patients. A further paper will be brought to the Governing Body meeting in December.</p> <p>Dr Palin reported that health and social care are closely entwined and CCG staff meet regularly with Council representatives through the System Leadership meetings and workstreams are closely aligned.</p> <p>Mr Wood thanked members of the public for their questions and noted that any further questions could be put in writing to the CCG or contact can be made via other media channels as per the final slide in the presentation.</p> <p><i>The Annual General Meeting closed at 10:35am; and the Governing Body meeting commenced at 10:40am following a short break.</i></p>	
	<p>Dr Palin welcomed members to the ELR CCG Governing Body meeting.</p> <p><i>It was noted that there was one member of the public in attendance for the Governing Body meeting.</i></p> <p><i>Mrs Chris West and Mrs Egan-Morriss were noted to be in attendance at the commencement of this meeting.</i></p>	
B/18/156	<p><b>Apologies for Absence:</b> Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Dr Tabitha Randell, Secondary Care Clinician</li> </ul>	
B/18/157	<p><b>Notification of Any Other Business</b> The Chairman informed that he had received no items of additional</p>	

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	business.	
B/18/158	<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>All GPs declared a direct financial interest in Paper I, Extended Primary Care procurement update, and therefore this was noted as a conflict. However the report asked for the Governing Body to receive an update on the position; to approve the direction of travel: and approve further public engagement in relation to the new sixth urgent care centre noting that the detailed recommendations would be considered in the confidential meeting. Therefore, the Governing Body agreed that no further action was required in relation to the members who were conflicted and that at this point they may remain in the meeting room for the discussion and decision.</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 and the actions agreed.</li> </ul>	
B/18/161	<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.</p> <p>Dr Palin informed that Dr Janet Underwood had asked a question via email the day before the meeting a question relating to the relocation of the Leicester General Hospital site's Intensive Care Unit; however as it was not covered by an agenda item, it was agreed to provide a written response outside of the meeting. No further questions were raised.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> that a written response would be sent to Dr Underwood.</li> </ul>	
B/18/159	<p><b>Minutes of the Meeting Held on Tuesday 14 August 2018 (Paper A)</b></p> <p>The minutes of the Governing Body meeting held on 14 August 2018</p>	

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	<p>were accepted as an accurate record.</p> <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 14 August 2018.</li> </ul>	
B/18/160	<p><b>Matters Arising: Update on Actions from the Meeting held on Tuesday 14 August 2018 (Paper B)</b></p> <p>The following action was noted as complete:</p> <ul style="list-style-type: none"> <li>• <b>B/18/148 Locality Chairs' Report; Clarity to be given to practices on the 4% reduction in funding</b> – Mr Tim Sacks confirmed that the work involved to provide the clarity is being worked through at present and he will provide a full update at the October meeting. <b>Action Ongoing.</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/18/162	<p><b>Accountable Officer's Corporate Report (Paper C)</b></p> <p>Mrs English drew attention to the following key items from the report:</p> <ul style="list-style-type: none"> <li>• <b>Workforce Race Equality Standard (WRES)</b> – this report has been included as Appendix one. The table on page three shows the actions taken to date and the RAG rating of each action; which shows that two are still amber. This has been a complicated and detailed piece of work relating to employment and was led by Mr Nigel Skea, Head of Human Resources and Organisational Development.</li> </ul> <p>The two amber actions relate to non-mandatory training and how this is recorded and resourced and; recruitment and selection training.</p> <p>Dr Underwood noted the interesting report and that the ethnicity of staff who received abuse has been recorded; however, queried if the <b>ethnicity of staff who gave the abuse had been recorded. Mrs Karen English thanked Dr Underwood for her question and will take back the query to Mr Skea.</b></p> <p>Ms Donna Enoux asked for <b>clarity on when the recruitment and selection training would be provided;</b> as she would like to participate in the training.</p> <ul style="list-style-type: none"> <li>• The updated Terms of Reference for the Competition and</li> </ul>	<p><b>Karen English</b></p> <p><b>Nigel Skea</b></p>

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	<p>Procurement Panel are attached as Appendix 2 for approval.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report.</li> <li>• <b>APPROVE</b> the Workforce Race Equality Standard (WRES) report and action plan for 2017/18 for publication in September 2018.</li> <li>• <b>APPROVE</b> the revised terms of reference for the Competition and Procurement Panel as at Appendix 2.</li> </ul>	
B/18/163	<p><b>Future in Mind – Children and Young People’s Emotional, Mental Health and Wellbeing Transformation Plan (Paper D)</b></p> <p>Mrs Chris West presented the report and highlighted the following:</p> <p>The aim is to produce one pathway, with all services feeding into this pathway. The figures included in the report show that the service is resilient; on-line counselling is being developed as part of the plan. Mrs West is seeking approval of the transformational plan, prior to taking to Health and Wellbeing Boards and then to NHS England in October for final approval.</p> <p>Mrs Tracy Burton queried the impact and asked how assurance will be given; alongside how this will be monitored. Mrs West admitted that this is one area in which it has been hard to demonstrate the outcomes. The early intervention team is now seeing double the amount of children than in the past; providing low level support and avoiding inappropriate referrals to the Children’s and Adolescent Mental Health Service (CAMHS). The uptake of on-line counselling has also increased; although some concerns have been raised over the follow up of these patients.</p> <p>Mr Warwick Kendrick noted the next steps in the transformational journey 2018-2021 and asked what assurance the team has that there will be sufficient resource available. Mrs West confirmed that through partnership working, the plan has been based on the current finances and resources. The challenge will be to upskill the current workforce and recruiting new members of staff. The uptake of current staff attending training has been below the expected levels in the past 12 months and this may have been influenced by teams being charged for non-attendance. The new plans have been built around the current finances and workforce.</p> <p>Mrs Elaine Egan-Morriss confirmed that the team have been working with Health Education East Midlands (HEEM) on their recruitment and training programmes; as it has proven hard to recruit staff to attend.</p>	

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	<p>Mrs West confirmed that the triage and navigation service is due to be up and running by June 2019 and this should move referrals away from the CAMHS service. Currently 50% of the CAMHS children do not need to be under the CAMHS service and therefore it is hoped that the triage and navigation service will stop these referrals and allow for more suitable early assessment to take place.</p> <p>Dr Graham Johnson noted the four national ambitions (shown on page two of the slides) and ambition three 'easy access to specialist care'; Dr Johnson feels that the plans do not reflect this and the next steps also don't address how patients can access specialist help.</p> <p>Mrs West agreed with Dr Johnson's comments and noted that the plan does not focus on specialist services, rather focuses on local resilience and self-management. A meeting has been held to discuss children who require specialist help and how this can be covered by the contracts and quality monitoring etc.</p> <p>Mrs Egan-Morriss confirmed that the plan is transformational and focuses on doing things differently, such as early intervention to free up the CAMHS staff to see more appropriate cases. Mrs West noted that to some extent the CAMHS staff can be distracted by all cases and therefore the risk needs to be managed.</p> <p>Mrs Sarah Warmington asked for clarity that Leicestershire Partnership Trust (LPT) have the capacity to provide the schools service. Mrs West noted that this is currently a week link and schools are raising their expectations etc. The team are working with the Local Authority in order to ensure that an appropriate service is provided.</p> <p>Dr Nick Glover asked for assurance that the CAMHS service have the capacity to provide specialist input when it is required; as through navigation and peer review a lot of patients who are sign posted to the CAMHS service, through the advice line, do need to be seen. Mrs West accepts that at present the CAMHS service does not have enough Psychiatrists and the team are aware of the issues the CAMHS service is facing. Opportunities to challenge the service are taken through attendance at appropriate meetings. Dr Glover stated that this is important as healthcare organisations are judged on how they look after their most vulnerable patients.</p> <p>Mr Paul Gibara asked that this issue is discussed as part of the commissioning / planning cycle and suggested that as the plan is transformational, this should be added to the QIPP plan. It was agreed to discuss this further outside of the meeting.</p> <p>It was <b>RESOLVED</b> to:</p>	

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	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made in relation to implementation of the Local Transformation Plan and to <b>APPROVE</b> proposed next steps for 2019-21; <b>NOTING</b> the concerns highlighted above.</li> </ul> <p><i>Mrs West and Mrs Egan-Morriss left the meeting.</i></p>	
B/18/164	<p><b>Finance Report: Month 4 update (Paper E)</b></p> <p>Ms Donna Enoux apologised for the late submission of the finance paper.</p> <p>Ms Enoux highlighted the following items from the summary report:</p> <p>The summary report shows the month four outturn, which is reported as break-even; however there is still a high level of risk; which is shown in the table on page two. The main areas to note are; QIPP slippage, 2017/18 year-end accruals; specialised commissioning discrepancies; disputes relating to Kettering General Hospital and Continuing Healthcare invoices.</p> <p>Mr Alan Smith noted the figures reported to the Primary Care Commissioning Committee for primary care and asked if the situation has worsened. Ms Enoux confirmed that the primary care figures are shown in appendix B and show that the QIPP risk has reduced slightly for primary care.</p> <p>Mr Kendrick noted that risk shown against East Midlands Ambulance Service (EMAS) and asked if there was any risk noted against Thames Ambulance Service Limited (TASL). Ms Enoux stated that this was unquantified at present; although the team are monitoring the situation closely, in conjunction with NHS England.</p> <p>Dr Girish Purohit noted that Referral to Treatment (RTT) is forecasting a £2.3m underspend, however University Hospital of Leicester (UHL) if forecasting an over spend. Dr Purohit asked how this will be mitigated against going forward. Ms Enoux reported that this is included as part of the £1m risk shown on page two. The CCG did include national growth levels in the forecast; however, are now under pressure to ensure that the situation does not worsen. RTT figures are required to be better in March 2019, than in March 2018.</p> <p>Dr Glover asked how much needs to be achieved to meet the 92% target. Mr Gibara noted that the CCG can either achieve RTT targets, or meet financial targets. The CCG is working with UHL to understand what UHLs level of activity is and if activity is being out-sourced to the independent sector. Some of the problem relates to different standards being worked to by UHL. UHL are not contracted to meet the 92% target; work is taking place to look at different specialties.</p>	

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	<p>Ms Enoux reported that neither UHL or the independent sector have the capacity to meet the target and the figures show that UHL are not even delivering national growth levels; there is not enough capacity in the system to meet either target.</p> <p>Dr Johnson reported that at the last Provider Performance Assurance Group (PPAG) meeting the RTT backlog was noted to be 8471 patients in June, this reduced by 27 in May. At this rate it would take 37 years to eliminate the backlog. Dr Johnson noted that at present this does not allow for an increase during the winter period.</p> <p>Mr Gibara noted that NHS England will want to see a plan to achieve the targets next year and this is a major challenge.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the finance report, month 4 update</li> </ul>	
B/18/165	<p><b>Corporate Performance Assurance Report (Paper F)</b></p> <p>Mr Paul Gibara took the paper as read and noted the new format being used; following feedback received from the Information Governance Committee (IGC) further changes are planned, this will include a hyperlink to the Improving Access to Psychological Therapies (IAPT) data.</p> <p>Four hour wait remains a challenge and concern has been raised over the cancer figures. The new Director of Operations at UHL is taking a personal interest in this area and there are improvements required in internal processes.</p> <p>IAPT figures in month one were reported to be 21%; which is unlikely to be sustained.</p> <p>It was noted that the peer information shown in the report is interesting; however, ELR is very low on the list and is often number 11 out of 11 CCGs. This was discussed at PPAG and IGC meetings.</p> <p>Dr Vivek Varakantam noted the backlog of 133 patients for 62 day waits; which is very high. Figures for two week waits have also slipped; this is mainly due to the high volume of patients UHL are being asked to manage. It is hoped that the introduction of the FIT test (Bowel Cancer Screening Test) will aid these backlogs, however, UHL do not have the capacity and therefore are struggling. This is due to several reasons; lack of consultants, MRI slots and theatre capacity etc. Everyone involved is concerned about this issue and trying to manage it appropriately, however, this is not just a local issue, as the same problem has been noted nationally.</p>	

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	<p>Mr Kendrick commented that this was the worst performance report he has seen for the CCG.</p> <p>Dr Glover thanked Dr Varakantam for his continued hard work in this area and noted that the increase in referrals should be good news; however, due to the concerns raised is not seen as such. According to the National Institute of Clinical Excellence the conversion rate should be 5%. ELRs early diagnosis of cancer is poor and we are showing as 11 out of 11 CCGs in the report and therefore Dr Glover suggested that the threshold needs to be lowered; however, acknowledged that this is not just a Leicester based issue.</p> <p>Dr Varakantam agreed that GPs need to refer appropriate patients and GPs are following national guidance; CCGs are being asked to look at inappropriate referrals which equate to only 3%, however the CCGs current conversion rate is better than the national average.</p> <p>Dr Fox asked what UHL are doing to utilise capacity within Community Hospitals. A discussion took place and it was noted that UHL are nervous to send cancer patients to other potential providers, such as the Alliance and that UHL have also been very slow to redistribute work which can be sent out to other providers.</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>	
B/18/166	<p><b>Summary report from the Provider Performance Assurance Report Group meeting (30 August 2018) and revised Terms of Reference (Paper G)</b></p> <p>Mr Wood noted that this was his first attendance at the PPAG meeting and whilst needing to provide assurance to the Governing Body members; struggled somewhat. Concern was raised at PPAG over the number of Never Events and it was noted that two similar Never Events happened within the same department, within one month. These are currently being investigated and it is too soon to ascertain the reason behind them.</p> <p>Mrs Burton noted that the Never Events are noted on internal reports and discussed at Clinical Quality Reference Group meetings.</p> <p>Ms Enoux noted the change to the Terms of Reference, which mean she is no longer required to attend every meeting.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the assurance report from PPAG.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• <b>APPROVE</b> the updated terms of reference as at Appendix 1.</li> </ul>	
B/18/167	<p><b>Summary report from the Integrated Governance Committee meeting in September 2018 (Paper H)</b></p> <p>Mr Kendrick took the paper as read and highlighted the proposed changes to the Committee's Terms of Reference, which includes changes to the membership, quoracy and attendance requirements.</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 September 2018;</li> <li>• <b>APPROVE</b> the revised Terms of Reference for the Committee as appended to the report.</li> </ul>	
B/18/168	<p><b>Extended Primary Care Procurement (Paper I)</b></p> <p>Mrs Paula Vaughan presented the paper and noted that the aim of the procurement is to bring together Urgent Care Centres and Out of Hours services into one single service. The focus is to improve care for patients, via a locality based approach; whilst ensuring care is closer to home and easy to access. The majority of the information contained within the report is already in the public domain.</p> <p>Page 25 onwards provides details of the engagement that has taken place, including details of the 775 responses to the survey. Events were held in Blaby and Oakham and learning regarding the timing of the events has been noted. The listening booth has been out in all Localities, to given members of the public the chance to express their opinion.</p> <p>Feedback from the engagement exercise was taken back to the panel; which included representatives from Healthwatch and the service model has been amended to reflect the comments received. The paper has also been seen by Patient Participation Group Chairs. The main change that has been made is to amend the opening times to 9am – 7pm. The location of the sixth site is still to be decided; although the most popular options have been visited, in order to ascertain initial feedback.</p> <p>Mr Tim Sacks noted that following the recent problems with Corby Urgent Care Centre, he has been in regular contact with the chairs of the Health Overview and Scrutiny Committees (HOSC), prior to and following engagement events. Mrs Roz Lindridge, Locality Director at NHS England is also supportive of the proposal. Mr Sacks is confident that the CCG has followed due process and have listened to and acted on the feedback from the public.</p>	

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	<p>Dr Underwood asked for clarity on which HOSC Mr Sacks had presented to; Mr Sacks confirmed he had attended both the Leicestershire; and Rutland HOSCs.</p> <p>Mr Wood noted that the CCG has developed a plan, listened to the public and then revised the plan accordingly.</p> <p>Ms Enoux asked for clarification about the risk to ELR CCG in light of the situation relating to Corby CCG and as a result what did they do in relation to the tariff. Mr Sacks clarified that Ms Enoux's query relates to two different elements, the challenge faced by Corby CCG was in relation to formal consultation processes and not the tariff for the activity. Mr Sacks advised that his understanding was that Corby CCG stated that they would undertake formal consultation in respect of their urgent care centre but then did not, hence the judicial review. The point alluded to in relation to the tariff relates to a query whether urgent care activity could be formally charged at the national level three tariff or a local tariff. Mr Sacks continued and informed that level three tariff is not applicable to the Oadby Urgent Care Centre (UCC) which is a formal UCC, however would not be applicable for the other primary care sites proposed. Mrs English added that the Oadby Urgent Care Centre is already classified as an UCC and figures are already calculated as part of the level three activity. Ms Enoux asked if <b>a formal paper, showing the financial risk associated with the tariff could be brought to a future Governing Body meeting.</b></p> <p>Mrs English asked how easy it would be to de-classify the Oadby UCC. Mr Sacks confirmed that this would not be problematic as UHL do not currently count attendances at Leicester City UCC sites as part of the urgent care figures. It was noted that Mrs Vaughan had already mentioned this possibility at a recent Accident and Emergency Delivery Board meeting.</p> <p>Dr Varakantam informed that he would welcome a site in Blaby as proposed; however, discussions have taken place within his Locality (Oadby) regarding the possible double running of services and the option to transfer patients back to practices. The debate focussed on how the locality could make this work and asked that the CCG team work with the locality to ensure the right model is put in place.</p> <p>Mr Sacks confirmed that the decision not to stop in-hours services at Oadby was taken due to the political nature of the decision and as this was the best decision for patient care. The ability for practices to book patients in and out of the UCC services has been noted. Currently there are approximately 10 patients per day being booked in-hours from Oadby and 5 from Kibworth. In order to make this system work, the correct IT needs to be in place.</p>	<p>Tim Sacks</p>

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	<p>The non-conflicted members of the Governing Body approved the recommendations presented.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the proposed changes to the current service model and the findings of the public engagement on which they are based</li> <li>• <b>APPROVE</b> the direction of travel of the revised service model pending final approval at the Confidential Governing Body</li> <li>• <b>APPROVE</b> further public engagement to determine the site for the new sixth Urgent Care Centre</li> </ul>	
<b>B/18/169</b>	<p><b>Locality Chairs' Report: (Paper J)</b></p> <p>The report was taken as read and Governing Body members agreed to forward any queries they had to the locality leads or to Mrs English.</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/18/170</b>	<p><b>Summary Report from the Commissioning Collaborative Board (August 2018) (Paper K)</b></p> <p>The report was taken 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>B/18/171</b>	<p><b>Summary report from the Primary Care Commissioning Committee (4 September 2018) (Paper L)</b></p> <p>The paper was taken 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 Primary Care Commissioning Committee</li> </ul>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/172	<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 9 October 2018, in the Council Chambers, County Hall, Glenfield, Leicester, LE3 8TB</b>	
	<b>The meeting concluded at 11.45am</b>	