

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

Meeting Title	Commissioning Committee (Joint Committee) - Meeting in <u>Public</u>	Date	Thursday 19 November 2020
Meeting no.	2	Time	1:00pm – 2:00pm
Chair	Ms Fiona Barber Independent Lay Member East Leicestershire and Rutland CCG	Venue / Location	MS Teams

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
CCP/20/12	Welcome and Introductions		Fiona Barber		1:00pm
CCP/20/13	Apologies for Absence <ul style="list-style-type: none"> • Dr Vivek Varakantam • Professor Azhar Farooqi 	To receive	Fiona Barber	verbal	1:00pm
CCP/20/14	Notification of Any Other Business	To receive	Fiona Barber	verbal	1:00pm
CCP/20/15	Declarations of Interest on Agenda Topics	To receive	Fiona Barber	verbal	1:00pm
CCP/20/16	To receive questions from the Public in relation to items on the agenda only	To receive	Fiona Barber	verbal	1:00pm
CCP/20/17	Minutes of the Commissioning Committee (CC) meeting held on 15 October 2020	To approve	Fiona Barber	A	1:05pm
CCP/20/18	Matters Arising from Commissioning Committee (CC) meeting held on 15 October 2020	To receive	Fiona Barber	B	1:10pm
ITEMS FOR DECISION, ACTION AND ESCALATION					
CCP/20/19	Commissioning Committee: Work Programme for 2020/21	To receive	Ket Chudasama	C	1:15pm
CCP/20/20	Progress update on Hot Hubs	To receive	Sarah Shuttlewood	D	1:25pm
CCP/20/21	Leicester, Leicestershire and Rutland (LLR) STP - Virtual Wards Proposal - received	To approve	Helen Mather	E	1:40pm
ANY OTHER BUSINESS					
CCP/20/22	Items of any other business.	To receive	Fiona Barber		1:55pm
The next meeting of the Collaborative Commissioning Committee will take place on Thursday 17 December 2020					

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Minutes of the LLR CCGs' Public Commissioning Committee meeting held on Thursday 15 October 2020 at 1:00pm via MS Teams

Present:

Ms Fiona Barber	Independent Lay Member, East Leicestershire and Rutland CCG(Chair)
Ms Gillian Adams	Independent Lay Member, West Leicestershire CCG
Mr Zuffar Haq.	Independent Lay Member, Leicester City CCG
Professor Azhar Farooqi	Clinical Chair, Leicester City CCG
Professor Mayur Lakhani	Clinical Chair, West Leicestershire and Rutland CCG
Dr Vivek Varakantam	Clinical Chair, East Leicestershire and Rutland CCG
Ms Caroline Trevithick	Executive Director of Nursing, Quality and Performance LLR CCGs
Ms Nicci Briggs	Executive Director of Finance and Corporate Governance, LLR CCG
Mr Ket Chudasama	Deputy Director of Strategy and Planning, LLR CCG(deputising for Ms Prema)
Ms Rachna Vyas	Executive Director of Integration and Transformation, LLR CCGs
Dr Andy Ahyow	GP Member Practice Representative, East Leicestershire and Rutland CCG
Dr Avi Prasad	Assistant Clinical Chair, Leicester City CCG
Dr Nil Sanganee	Vice Clinical Chair, West Leicestershire CCG

In attendance:

Mrs Paula Vaughan	Head of Commissioning Mental Health and LD (CCP/20/09)
Ms Sarah Shuttlewood	Assistant Director of Contracts and Performance (CCP/20/10)

Mrs Jayshree Raval Collaborative Commissioning Support Officer (minutes)

PUBLIC GALLERY

Mr Jack Badhan Contracts Manager, Newmedica

ITEM		LEAD RESPONSIBLE
CCP/20/01	<p>Welcome and Introductions</p> <p>Ms Fiona Barber welcomed the Committee members and the members of public to the inaugural meeting of the Commissioning Committee meeting held via MS Teams.</p>	
CCP/20/02	<p>Apologies for absence:</p> <ul style="list-style-type: none"> Ms Sarah Prema, Executive Director of Strategy and Planning, LLR CCG 	
CCP/20/03	<p>Notification of Any Other Business</p> <p>Ms Barber confirmed that she had not received notification of any other business for discussion.</p>	
CCP/20/04	<p>Declarations of Interest</p> <p>Ms Barber reminded members of their obligation to declare any interest they may have on any business arising at the meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG.</p> <p>Each CCG maintains a conflicts of interest register and any</p>	

ITEM	LEAD RESPONSIBLE
<p>declarations raised at this meeting will be documented in the minutes of the meeting and action(s) will be taken to manage the conflict(s) at the meeting in in line with the conflicts of interest policy.</p> <p>Paper A, Terms of reference: no conflicts were identified.</p> <p>Paper B, action log: no conflicts were identified.</p> <p>Paper C, Veteran Referral Report: Ms Barber declared that she is the Trustee for the Royal Air Forces Association and chair of their Welfare Committee; this is a non-financial personal interest.</p> <p>The declaration was noted for the record and it was noted that this is already published via the register of interests and no further action was required. It was advised that Ms Barber to continue to chair the meeting as the report provides an update on the various programmes and the timelines for implementation.</p> <p>Paper D, Mental Health Act Assessment Digital Solution: no conflicts were identified.</p> <p>Paper E – Request for extension to Pathway 3 Contract: It was noted that there is a potential conflict for GP members who may currently work with and or provide cover in the care homes owned by Langdale Care Home Ltd. It was advised that GPs present can participate in the discussion but not the decision. They do not need to absent themselves from the meeting as the meeting is taking place in public.</p> <p>No other specific conflicts of interest were declared.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the conflicts of interest declared and actions taken. 	
<p>CCP/20/05</p> <p>To receive questions from the Public in relation to items on the agenda.</p> <p>There were no questions received in advance of the meeting from members of the public in relation to the items of the agenda.</p>	
<p>CCP/20/06</p> <p>To RECEIVE Commissioning Committee: Terms of Reference (Appendix 1), Work Programme for 2020/21 (Appendix 2), and Schedule of meetings 2020/21 (Appendix 3) (Paper A)</p> <p>Ms Barber informed that the committee members are asked to receive the new terms of reference for this Committee approved by the Governing Bodies in September 2020. The terms of reference are accompanied by the work programme and schedule of meeting dates for this committee.</p> <p>Some committee members stated that the work programme required more details in terms of what reports should be scheduled to come to the meetings and the frequency of the reports. Mr Chudasama stated that he will take this as an action and work on the work</p>	

ITEM	LEAD RESPONSIBLE
<p>programme and bring it back at the next committee with more details around reports and frequency of them.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the update <p>Ms Shuttlewood joined the meeting call</p>	<p>Mr Chudasama</p>
<p>CCP/20/07</p> <p>To RECEIVE Actions taken forward from Collaborative Commissioning Committee (CCC) meeting held on 17 September 2020 (Paper B)</p> <p>Matters arising from the meeting held on 17 September 2020.</p> <p>CCCP/20/63: Veteran Health Referrals: Action ongoing. The report was on the agenda. Action complete.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising. 	
<p>CCP/20/08</p> <p>To RECEIVE Veteran Referral Report (Paper C)</p> <p>Ms Vyas presented the report outlining that the NHS Long Term plan sets out the vision to ensure all GPs in England are equipped to serve veterans and their families. There is however a more immediate need as part of the CCGs restoration and recovery plans to ensure that the LLR veteran population have access to priority healthcare for conditions associated with their time in service. Ms Vyas stated that the Royal College of General Practitioners is working with NHS England and NHS Improvement to accredit GP practices as 'veteran friendly' over the next five years.</p> <p>Ms Vyas informed that the paper provides an overview under the following areas:</p> <ul style="list-style-type: none"> • The Armed Forces Covenant • The Veteran Friendly Accreditation Programme • LLR Army and Veteran Network • Veteran Priority Access to Healthcare Challenge <p>The key principle for the armed forces covenant in relation to healthcare is to make sure that no veteran experiences any disadvantages in accessing timely, comprehensive and effective healthcare and that they receive bespoke services for their particular needs or combat-related conditions. Ms Vyas informed that health and local authority partners are encouraged to sign up to the covenant and a number of partners have already engaged and signed with their pledges. Ms Vyas informed that both Leicestershire Partnership Trust (LPT) and University Hospitals of Leicester (UHL) have active Armed Forces Champions with Colonel as Non-Executive Director at UHL and LPT. Each have contributed to their Trust obtaining Gold Awards in the Armed Forces Covenant Employer Recognition Scheme, reflecting the significant contribution both</p>	

ITEM	LEAD RESPONSIBLE
<p>Trusts make to employing former Armed Forces personnel and dependants.</p> <p>Ms Vyas informed that the LLR CCGs have yet to sign the pledge and move forward to support the LLR practices in progressing with veteran care. As part of this programme, signing up to the Armed Forces Covenant will be explored, with a view to completing this by December 2020. In addition Ms Vyas stated that they will be looking to work closely with healthwatch and include their reports going forward as report findings of local views and experiences will support in improving services.</p> <p>In terms of veteran priority to healthcare, Ms Vyas explained that many GP practices regardless of whether they are part of the veteran friendly accreditation will be capturing veteran coding on their clinical systems, however this is reliant on patients declaring their veteran status and correct coding by the GP Practices. It only concludes that there could be numerous referrals where patients are not being highlighted that they have a veteran status and therefore consideration cannot be given to priority access. Ms Vyas explained that as part of this programme, it is proposed to take the following solutions forward in 2 phases.</p> <p>In phase 1, communicate with GP practices to increase the level of coding within primary care and to encourage veteran status to be included as an additional comment on referral letters. Correct coding will be ascertained from the Armed Forces Covenant. In phase 2, to form part of each PRISM pathway prompting for this information at time of referral if this is applicable to the referral. There are approximately 288 PRISM pathways which will be a huge undertaking, but would ensure that this key information forms part of the referral. This could be applied to any new pathway built as they come up for renewal; however this is a long term approach.</p> <p>The committee members as whole welcomed the report and provided comments in light of process going forward. Such as:</p> <ul style="list-style-type: none"> • Please to see that going forward the healthwatch reports will be included to assist with this work; • It is vital to understand that just the status as being a veteran should not be the only reason to provide priority to healthcare services as there maybe patients who are not veterans but require urgent treatments. To ensure that priority is given on clinical needs and not on status; • Whilst the PRISM pathways are being reviewed, in the interim it would be useful to include the information in the executive summary of the referral letter if the patient has a veteran status ; • Need to look at ways of how to engage GP practices to become proactive in identifying patients with veteran status; • How to encourage veterans to come forward and identify themselves at GP practices. <p>Ms Vyas informed that the new registration forms at GP practices</p>	

ITEM	LEAD RESPONSIBLE
<p>includes this information which will assist in identifying new patients registering who have veteran status. Ms Barber added that some veterans are reluctant to come forward and identify themselves and therefore there is a need to create an atmosphere where the practices feel empowered to explore ways in identifying the veterans. Ms Vyas informed that further iteration of the report will be presented at the future committee once progress has been made towards the programme.</p> <p>Ms Barber thanked Ms Vyas for a comprehensive report and added that the committee looks forward to receiving a further iteration of the report at a future meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the progress in each project area • DISCUSS the plans outlined 	
<p>CCP/20/09</p> <p>To APPROVE the Mental Health Act (MHA) Assessment Digital Solution (Paper D)</p> <p>Ms Shuttlewood presented the report outlining that there is a national move towards a digital approach to MHA assessment and allocation and a national group has been convened to progress digitisation. She informed that digital innovation is one of LLR CCGs 10 key principles and a local multiagency task and finish group has been working on improving the MHA assessment process. Ms Shuttlewood informed that the LLR Mental Health Collaborative and the Mental Health Clinical Forum have supported the work of the LLR multiagency task and finish group and therefore the proposal is to purchase and implement the S12 Solutions App.</p> <p>In terms of funding Ms Shuttlewood highlighted that the S12 App digital MHA assessment will be funded jointly and equally between Local Authorities, LPT and the CCGs. From a CCG and LPT perspective, the S12 App will be funded recurrently as part of the Mental Health Investment Standards 2020/21 plan. The cost equates to £15,316 each in year 1 and £13,650 pa for future years.</p> <p>Ms Barber questioned if this was the only current option available. Ms Shuttlewood informed that no other option has been highlighted on the national framework and if we want to outsource another option then the CCGs and the partners would have to go through a procurement process.</p> <p>GP colleagues welcomed this option but at the same time highlighted that it would be useful to understand the capacity and delivery of this App is in terms of making the process more streamlined and effective. Ms Adams stated that it would also be useful to understand the impact this App will have on patient experience and patient outcome. Furthermore how will this process be embedded into the service provision to make the service more proficient and co-ordinated.</p> <p>Ms Paula Vaughan joined the meeting call.</p>	

ITEM	LEAD RESPONSIBLE
<p>Mr Haq asked if there is any intelligence in terms of the App being commissioned elsewhere from which lessons could be learnt.</p> <p>Ms Vaughan explained that this App is not used anywhere else yet as LLR CCGs and partners are first to roll this App out as it is a new App. She assured the committee members that this App will demonstrate adding effectiveness to the system as it will be able to allocate a clinician available who can partake in the assessment as currently a lot of time is wasted in locating a clinician. Mr Haq informed that to his knowledge Northampton CCG are using this App and would be useful to explore this. Ms Vaughan informed that she will look into this.</p> <p>There were further discussions in terms of what the App can do and what limitations it has, but overall it will support in streamlining the process. Members asked if there are any hidden costs with regards to training or hardware updates/support. Ms Vaughan informed that there are no hidden costs however will look into this again to make sure there are no hidden costs. There also was a question around how this App would be funded. Ms Vaughan explained that this year there has been some slippage under the Mental Health Investments Standards and therefore the funding will be utilised from there.</p> <p>Ms Barber brought the discussion to an end and asked Ms Vaughan to check there are no developing and or hidden costs. The members approved the App subject to Ms Vaughan confirming there are and will not be any hidden costs going forward.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the system business case for Mental Health Act digital support • APPROVE the purchase and implementation of the S12 Solutions App as part of the Mental Health Investment Standards (MHIS) recurrent plan <i>SUBJECT to providing assurances that there are and will not be any hidden or developing costs.</i> <p>Ms Vaughan left the meeting call</p>	<p>Ms Vaughan</p>
<p>CCP/20/10</p> <p>To APPROVE the request for an extension of the Pathway 3 contract (Paper E)</p> <p>Ms Shuttlewood highlighting that the Pathway 3 contract went live from the 1st July 2018 and it is a 3 year contract with a 2 year extension option. The service supports discharges from acute providers, increasing flow and contributes to reducing unnecessary extended lengths of stay. She stated that the service targets those patients that can benefit from additional reablement input following discharge and also aims to reduce levels of decompensation for frail older people.</p> <p>Ms Shuttlewood informed that the Provider has performed well since the service started in July 2018 achieving positive outcomes for</p>	

ITEM	LEAD RESPONSIBLE
<p>patients and no quality issues or concerns have been reported. It was noted that the lead commissioner supports a 2-year contract extension as this ensures continuity of service in supporting discharge and flow in secondary care and positive outcomes for patients. Therefore it is recommended that a 2 year extension is supported to ensure the continuity of service. She added that the report has also been presented at the Competition and Procurement Group (CPG) in September and members were supportive of the recommendation.</p> <p>Ms Barber stated that looking at the report indicates there is imbalance of referrals between UHL and LPT. Ms Shuttlewood informed that this was also highlighted by the CPG members and assured the members that work is underway in relation to looking at the referral pathway to ensure referrals are made in accordance to the referral criteria in order to ensure a right balance of referrals is maintained by both the providers. Ms Vyas added that due to COVID crisis the providers have not been able to discharge patients appropriately and therefore the pathways are under review to ensure patients are discharged safely with the right packages of care.</p> <p>The members asked if this care was only being provided from Langdale Care Home or are there other sites that could be used. There was some confusion around the extension request as members were not very clear if the extension was only being requested for the Langdale Care Home for rehabilitation beds. Ms Shuttlewood explained that the contract is with Langdale Care Home only for rehabilitation beds and the request is to extend the contract for this care home for 2 years. She however explained that if and when the need arises to discharge more patients and the capacity at Langdale have exceeded then the CCGs can spot purchase beds at other sites to accommodate the needs of the patients.</p> <p>Furthermore a query was raised in regards to COVID patients and if care homes are taking those patients who have been discharged following tested positive and if not what plans has been put in place to accommodate these patients. Ms Vyas informed that there are some designated care homes who will take patients following tested positive, whilst some of the care homes will remain COVID free.</p> <p>Having received the clarity, Ms Barber stated that the report is requesting to extend the contract for Langdale Care Home which is under the umbrella of Everdale Care Home and the extension is requested for 2 years. Ms Barber asked committee members if they were in favour of approving the extension. The committee members supported the recommendation to extend the contract for 2years.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report • NOTE that the report was presented to the Competition and Procurement Group (CPG) in September 2020 and they were supportive of extending the contract as per the agreed contract terms • APPROVE the 2-year contract extension to the Pathway 3 	

ITEM		LEAD RESPONSIBLE
	contract	
CCP/20/11	<p>Any other business:</p> <p>Ms Barber did not receive any notification of any other business. Ms Barber thanked the members of the committee for their contribution towards the agenda items and also thanked Mr Badhan for joining the public meeting.</p> <p>Meeting concluded at 2:00pm</p> <p>Committee members and members of public left the meeting call.</p>	
<p>Date of next meeting:</p> <p>The date of the next LLR CCGs' Collaborative Commissioning Committee will be held on Thursday 19 November 2020 1:00pm</p>		

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Leicester, Leicestershire and Rutland (LLR) CCGs Commissioning Committee (CCC)

Key

Public Action Log

Completed	On-Track	No progress made
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Minute No	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 19 November 2020	Status
CCP/20/06	October 2020	Work Programme for the Committee	Ket Chudasama	To bring back the work programme with details around what reports and the frequency of reports	November 2020	Work programme on the agenda. Action closed.	GREEN
CCP/20/09	October 2020	Mental Health Act (MHA) Assessment Digital Solution	Paula Vaughan	To provide assurances that they are no hidden in relation to the S12 solution App	November 2020	It was confirmed to the members that the documents do not highlight any development or hidden costs apart from the set up cost. Furthermore it was highlighted that the finances during the contract term are protected. Action closed.	GREEN

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Name of meeting:	LLR CCGs' Commissioning Committee meeting	Date:	19 November 2020	Paper:	C
	Public <input checked="" type="checkbox"/> Confidential				
Report title:	Commissioning Committee Work Programme				
Presented by:	Sarah Prema, Executive Director of Strategy and Planning, LLR CCGs				
Report author:	Ket Chudasama, Deputy Director of Strategy and Planning, LLR CCGs				
Executive lead:	Sarah Prema, Executive Director of Strategy and Planning, LLR CCGs				
Action required:	Receive for information only:	✓	Progress update:		
	For assurance:		For approval / decision:		
Executive summary:	<ol style="list-style-type: none"> 1. The Committee received the new terms of reference at its last meeting on 15 October 2020 following approval by the LLR CCGs' Governing Bodies in September 2020. 2. The work programme (appendix 1) has now been populated and provides greater detail around reports and their frequency. 3. The work programme has been reviewed in line with other LLR CCG joint committees eg Quality and Performance Committee and the Finance and Activity Committee. 4. The work programme will be kept under review to reflect our transition towards becoming a single strategic commissioner. 				
Appendices:	<ul style="list-style-type: none"> • Appendix 1 – Work programme 				
Recommendations:	<p>The LLR CCGs' Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the work programme 				
Report history and prior review:	<ul style="list-style-type: none"> • October 2019 - Collaborative committee structure approved by the LLR CCGs' Governing Bodies. • June, July and August 2020 - EMT received reports and various updates. • 8 September 2020 - LLR CCGs' Governing Bodies approved the updated collaborative governance structure. • October 2020 – Commissioning Committee received the terms of reference 				

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	None identified in respect of this report.
b) Alignment to Board Assurance Framework	Compliance with legal and statutory framework forms part of the Corporate Governance Team level risk register.
c) Resource and financial implications	None identified
d) Quality and patient safety implications	None identified
e) Patient and public involvement	None identified
f) Equality analysis and due regard	Not required in relation to this report as this is presenting the terms of reference. However equalities and ensuring due regard is considered will be integral to the policies and assurances the committee will receive through other agenda items.

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

Commissioning Committee
Joint Committee Work Programme
(v2 Nov 2020)

AGENDA ITEMS	PRESENTERS AND AUTHORS		2020/21											
	CCG Lead	Author	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1. COMMITTEE ARRANGEMENTS														
Terms of Reference (review annually)	Sarah Prema	Ket Chudasama												✓
Work Programme (review annually)	Sarah Prema	Ket Chudasama												✓
Agree future meeting dates (annually)	Sarah Prema	Daljit Bains												✓
Review Committee effectiveness (annually)	Sarah Prema	Daljit Bains												✓
2. POLICIES AND PROCEDURES														
Development of and approve relevant commissioning process policies to progress commissioning prioritisation (e.g. Business Case process including support from the Quality & Performance Committee in relation to quality and patient safety aspects). (as required)											✓	✓		
Approve the processes for decommissioning and disinvestments (clinical and non-clinical) and oversee the arrangements pertaining to these areas ensuring other committees are involved as appropriate. (as required)											✓	✓		
3. DEVELOPMENT AND DELIVERY OF COMMISSIONING PLANS														
Review commissioning intentions and operating plans (in line with national timescales) for the following year (this includes financial plans and primary care plans)								✓	✓	✓	✓	✓	✓	✓
Develop / review commissioning strategy / plan.								✓	✓	✓	✓	✓	✓	✓
Receive comments / views on commissioning plans and intentions from the Quality and Performance Committee and the Finance and Activity Committee (as required)								✓		✓		✓		✓
Receive summary of financial position					✓			✓			✓			✓
Make recommendations to the Governing Body in respect of Commissioning Plans for approval.														✓
Monitor delivery of commissioning strategy / plan (incl Design Group updates)			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Receive recommendations from the Quality and Performance Committee and the Finance and Activity Committee of any risks relating to corporate performance and / or provider performance identified that fall within their specific remits (e.g. patient safety risks for Q&P, and for F&A finance risks etc) that potentially may impact commissioning decisions etc.(as required)			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. HEALTHCARE COMMISSIONING, DE-COMMISSIONING AND DISINVESTMENTS														

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Name of meeting:	LLR CCGs' Commissioning Committee meeting		Date:	19 November 2020	Paper:	D
	Public <input checked="" type="checkbox"/>	Confidential				
Report title:	Update on Leicester Leicestershire and Rutland Hot Hub Service					
Presented by:	Sarah Shuttlewood – Assistant Director of Contracts and Procurement					
Report author:	Priya Pandya – Contracts Manager					
Executive lead:	Nicci Briggs – Executive Director of Finance, Contracting and Governance					
Action required:	Receive for information only:			Progress update:		✓
	For assurance:			For approval / decision:		
Executive summary:	Purpose of the report is to provide Commissioning Committee (CC) with an update on the hot hub service provision across Leicester, Leicestershire and Rutland.					
Appendices:						
Recommendations:	The LLR CCGs' Commissioning Committee is asked to: <ul style="list-style-type: none"> • NOTE the latest update on the hot hubs. 					
Report history and prior review:	September 2020					

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	All Board GPs are conflicted due to alignment with Primary Care Networks (PCNs) who are being asked to submit proposals to deliver local hot hub services.
b) Alignment to Board Assurance Framework	To deliver accessible high quality services.
c) Resource and financial implications	<p>A budget of £2.3m was signed off by Commissioning Collaborative Committee (CCC) at the start of the pandemic and a centralised hot hub service was commissioned from Derbyshire Healthcare United (DHU). Since October a local PCN delivered service has been mobilised. The original budget is now covering both the local hot hub service and an enhanced home visiting service to support primary care.</p> <p>The CCC in September signed off an expected £85k deficit to the above budget based on a payment model to PCNs of 83p/pt. and a DHU led service at the weekends.</p>

	A further £50k deficit against the original £2.3m budget was then escalated to Executive Director for Finance, Contracting and Corporate Governance.
d) Quality and patient safety implications	Has been considered as part of the service specification development with clinical input.
e) Patient and public involvement	<p>Due to the nature of the service patient experience has not been obtained however work is underway with the current provider to ensure that this information is gathered.</p> <p>From October 2020 hot hub providers are required to collect patient experience information to use to support service development.</p>
f) Equality analysis and due regard	Has been completed with the support of the Commissioning Support Unit (CSU) and has been presented at the meeting in September 2020.

Update on LLR hot hub service

Introduction

1. The purpose of this report is to provide CCC with an update on the development of PCN/Federation locally delivered hot hub services. The development was formally approved by CCC in September 2020.
2. Following approval nine PCNs/Federations are providing hot hub services that offer a service to LLR practices Monday to Friday and four providers offering a service at the weekend.

Update on Local Hot Hub Provision

3. Each provider has been allocated a CCG lead who is working with PCNs to support mobilisation, specifically focussing on capacity availability, location and coverage across the weekday and weekend. All bids were reviewed from a resilience and quality perspective at the outset.
4. All but one provider commenced the service on 12th October 2020, with Hinckley and Bosworth PCN commencing on 26th October. Alternative provision was provided by DHU for one week and then a PCN provider was also able to offer cover for the second week.
5. Communications have been issued to providers to confirm who they are providing a hot hub service for, based on each bid received. This was undertaken to ensure absolute clarity and that no practices were inadvertently without cover. This was also triangulated via a communication to practices, informing them of who their hot hub provider would be. A daily call with practices and providers was undertaken in the first week of mobilisation to understand any service issues and where help and support may be needed from the CCG implementation team.
6. Contract arrangements are being reviewed and in the majority of cases a contract variation is to be used to vary providers existing short form NHS standard contract that the PCNs already have with the CCGs. Three providers do not hold an NHS standard contract and where this is the case a new contract will be issued.
7. All providers have confirmed that they have some ability to scale up if the demand requires this and work has now started to look at an escalation process to be adopted should demand increase significantly. A close oversight on demand and capacity is taking place with providers to ensure increases in COVID outbreaks can be managed. There is nervousness across Providers that they may become inundated with demand over the winter.

Financial summary

- A budget of £2.3m was signed off by CCC at the start of the pandemic and a centralised hot hub service was commissioned from DHU.
- In July it was agreed to reduce some of the capacity in the centralised service based on a demand and capacity review and the existing DHU provided in hours

home visiting service (HVS) was enhanced to provide a core GP home visiting service to support effective cohorting in primary care. The expectation was that the funding for this would remain within the original budget.

- Since October a local PCN delivered service has been mobilised. The original budget is now covering both the local hot hub service and an enhanced home visiting service.
- The CCC in September signed off the PCN hot hub service which forecast an £85k deficit to the above budget based on a payment model to PCNs of 83p/pt. and a DHU led service at the weekends.
- A further £50k deficit against the original £2.3m budget was escalated to the Executive director for Finance, Contacts and Governance making a total forecast deficit of £134k. This was as a result of all PCNs choosing to also provide the weekend element of the service where previously they had indicated that they would not want to do this.
- Please note that the PCN delivered services is in effect £1/pt. based on a raw July GP list size - **£1,159,079**

9. PCN/Federation Hot Hub Providers are set out below:

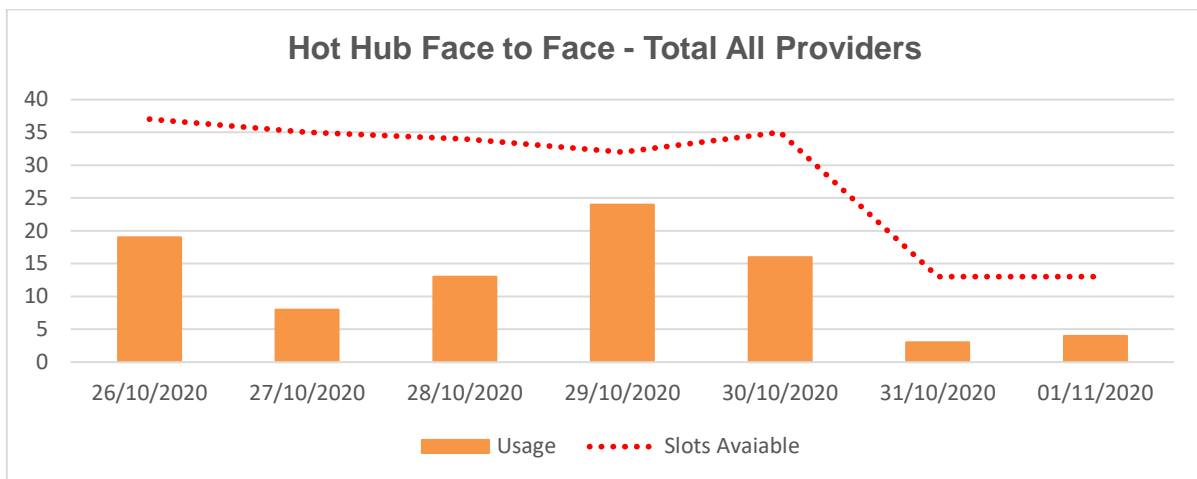
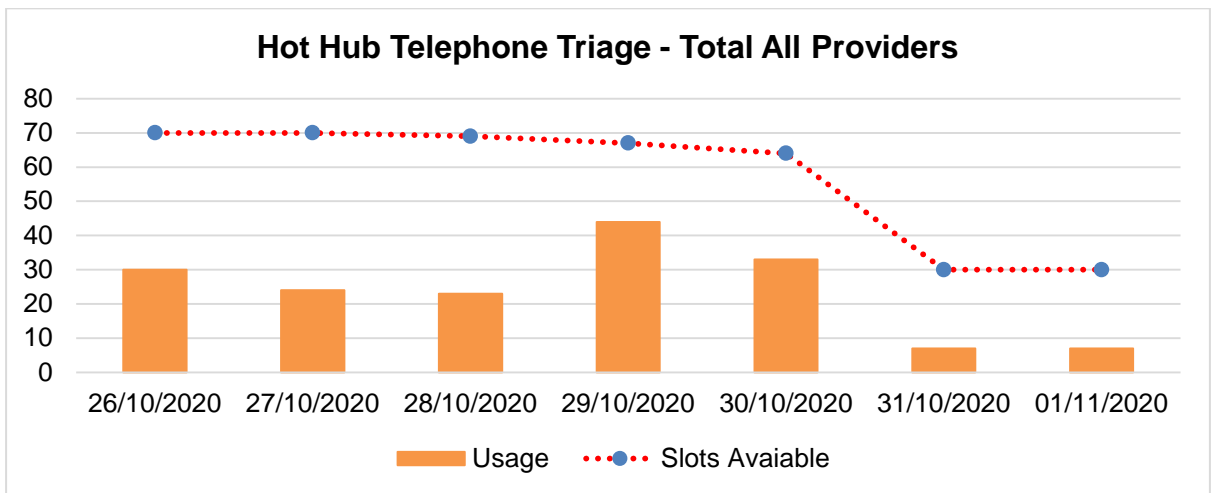
Provider Name	Coverage	Service offer	Locations
Willows Medical Centre/Victoria Park Health Centre	Monday - Sunday	Telephone consultation and face to face Providing coverage to a number of LC CCG PCNs Providing extensive cover for LLR wide PCNs during the weekend.	The Willows Medical Centre 184 Coleman Road Leicester LE5 4LJ (service to be delivered from porta cabin in the car park)
Millennium PCN	Monday – Sunday	Telephone consultation and face to face Providing coverage to a number of LC CCG PCNs Monday to Sunday	Parker Drive Surgery 122 Parker Drive Leicester LE4 0JF
North West Leicestershire	Monday – Sunday	DHU providing a home visiting service	No location

PCN		Providing coverage to all NWL PCN practices Monday to Sunday	
Hinckley and Bosworth	Monday - Friday	Telephone consultation and face to face	Maples Family Medical Practice, Hill Street Hinckley, LE101DS (porta cabin)
Beacon PCN	Monday – Sunday	Telephone consultation and face to face Providing coverage to a number of LC CCG PCNs Providing extensive cover for LLR wide PCNs during the weekend.	32 Maxwell Drive Loughborough Leicestershire LE11 4RZ
ELR Federation	Monday - Friday	Joint venture with DHU who are providing a home visiting service Providing coverage to all ELR Fed practices Monday to Friday	No location
Melton, Syston and Vale (MSV) PCN	Monday - Friday	Practice delivered service.	The Sands Long Clawson Melton Mowbray LE14 4PA Latham House, Sage Cross Street, Melton Mowbray, Leicestershire, LE13 1NX Syston Health

			Centre, Melton Road, Syston, Leicester, LE7 2EQ 1330 Melton Road, Syston Health Centre Syston Leicester LE7 2EQ
South Blaby and Lutterworth PCN	Monday - Friday	Practice delivered service.	Countesthorpe Health Centre, Central Street, Countesthorpe, Leicestershire, LE8 5QJ The Wycliffe Medical Practice, Gilmorton Road, Lutterworth, Leicestershire, LE17 4EB Northfield Medical Centre, Villers Court, Blaby, Leicester, LE8 4NS 58 Lutterworth Road Blaby, Leicester LE8 4DN The Masharani Practice, Lutterworth Health Centre, Gilmorton Road, Lutterworth, LE17 4EB

Rutland Health PCN	Monday - Friday	Practice delivered service	Oakham Medical Practice, Cold Overton Road, Oakham, LE15 6NT (patients to access services from porta cabin)
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8. Providers are in position to submit weekly activity showing provision and uptake. At the time of writing the report and latest activity (week commencing 26 October 2020) shows that the capacity is available but uptake has not been consistent throughout the week:



9. The service has been in place for a month, the next step is to review capacity, feedback from practices and ensure that all providers have a plan to manage any winter surge issues that could present in the coming weeks.

10. By completing the hot hub mobilisation, lessons have been identified which help with the development of the combined access can will model focusing on areas such as IT, capacity and service models.

Recommendations

The LLR CCGs' Commissioning Committee is asked to:

- **NOTE** the latest update on the hot hubs.

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Name of meeting:	Commissioning Collaborative	Date:	19 November 2020	Paper:	E
	Public <input checked="" type="checkbox"/> Confidential				
Report title:	Leicester, Leicestershire and Rutland (LLR) STP - Virtual Wards Proposal				
Presented by:	Helen Mather, Head of Elective Care and Cancer, LLR CCGs				
Report author:	Nisha Patel, Service Improvement Manager, LLR CCGs				
Executive lead:	Rachna Vyas, Executive Director, Integration & Transformation, LLR CCGs				
Action required:	Receive for information only:	<input checked="" type="checkbox"/>	Progress update:	<input checked="" type="checkbox"/>	
	For assurance:	<input checked="" type="checkbox"/>	For approval / decision:	<input checked="" type="checkbox"/>	
Executive summary:	<p>In July 2020, there was an opportunity to submit an expression of interest to NHSX for funding to deliver Virtual Wards through remote monitoring. If successful, the funding would support:</p> <ul style="list-style-type: none"> • Primary Care Virtual Ward Model – a pilot with three PCNS for suspect/confirmed COVID-19 patients at risk of hospital admission in the community. • LPT telehealth services extended to include a COVID-19 virtual ward and online rehabilitation programme. <p>LLR were successful in the bid submitted and have been awarded a sum of £399,251 to deliver the projects outlined in the proposal. This work will not only support the system in developing a digital offer for our most vulnerable and at risk patients but will also aid in winter planning and the impending second COVID-19 surge.</p>				
Appendices:	<ul style="list-style-type: none"> • Appendix 1 – Breakdown of costs of three STP areas in East Midlands 				
Recommendations:	<p>The Commissioning Collaborative is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the proposal submitted to NHSX • SUPPORT the delivery of the projects including recruitment of temporary Project Manager 				
Report history and prior review:	EMT on 5 October 2020				

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	Not applicable
b) Alignment to Board Assurance	

Framework	
c) Resource and financial implications	Not applicable, funding sourced from NHSX
d) Quality and patient safety implications	To be determined by project steering group
e) Patient and public involvement	To be determined by project steering group
f) Equality analysis and due regard	To be determined by project steering group

Leicester, Leicestershire and Rutland (LLR) STP - Virtual Wards Proposal

1. BACKGROUND

In July 2020, there was an opportunity to submit an expression of interest to NHSX for funding to deliver Virtual Wards through remote monitoring. If successful, the funding would support:

- **Primary Care Virtual Ward Model** – a pilot with three PCNS for suspect/confirmed COVID-19 patients at risk of hospital admission in the community.
- **LPT telehealth services extended** to include a COVID-19 virtual ward and online rehabilitation programme.

The expression of interest included key elements which would involve working in collaboration with our regional partners; Lincolnshire and Northampton STPs.

In light of the COVID-19 pandemic, LLR has embraced digital technology within many services enabling them to continue to deliver a safe service for patients with limited face to face contact. In particular, the LPT Long Term Conditions service who were able to secure funding through the national Ageing Well programme and manage the majority of their Heart Failure and COPD patients through telehealth provision delivered by Spirit Digital. To date, this has been working well with and positive patient outcomes have been demonstrated in the 12 week evaluation. Furthermore, the team have developed a COVID virtual ward module and a Virtual Pulmonary Rehabilitation module. The additional funding will support the mobilisation of these pathways as well as continue to deliver COPD and HF service until March 21.

The expression of interest has been developed by positive clinical dialogue across the three STPs in the region about the national COVID-19 response pilots and the options most suited for local implementation. The proposal, specifically around the Primary Care Virtual Ward has been based on the learnings from other areas and was supported by the LLR Clinical Reference Group to take forward.

In late September, confirmation was received that the bid for LLR had been successful and monies will be received imminently.

2. PROPOSAL FOR FUNDING - PYE 20/21 – OCTOBER 20 – MARCH 21

The expression of interest submitted to NHSX in July 2020 requested a total sum of **£399,251** (see appendix 1 for full breakdown) which includes clinical and managerial time, licensing and training.

The funding will deliver the following projects:

- **Pilot a COVID-19 Virtual Ward Model within three Primary Care Networks (PCN).** This will be enabled through using video consults, Pulse Oximeters and TPP Airmid Personal Health Records Solution to create a virtual environment for communication between clinicians and those patients deemed at risk and requiring oxygen level monitoring. Clinical protocols and system templates will be developed to support the

clinicians in managing the cohort of patients and identifying at risk patient groups. The pilots will take place with the following PCNs:

- Northwest Leicestershire (West Leicestershire CCG)
 - Melton, Syston and Vale (East Leicestershire and Rutland CCG)
 - Leicester City and University (Leicester City CCG)
- **Deliver a telehealth service for COPD and HF patients.** The additional funding will enable LPT to continue to deliver remote monitoring service using Spirit Digital's CliniTouch Vie (CTV) application software and peripherals. With a potential second COVID-19 surge fast approaching and the added pressure of winter, the service will work closely with primary care to encourage referrals and target those high risk patients; such as those shielding.
 - **Implement a COVID-19 virtual ward for discharges from Glenfield Hospital.** LPT and UHL have worked with Spirit Digital to develop a COVID-19 virtual ward model for patients who are safe to be discharged but deemed high risk of deterioration and/or readmission. Using the CTV application, patients will be intensively monitored and the service will have medical oversight from a UHL respiratory physician.
 - **Implement a virtual breathlessness rehab programme.** To support restoration and recovery of services, LPT have worked with Spirit Digital to develop a further module for delivering breathlessness rehab virtually, supporting the team in getting services up and running and ensuring respiratory and heart failure patients are supported with an exercise programme to help manage their condition.

3. PROJECT OBJECTIVES AND BENEFITS

The project sets out to achieve the following objectives:

- Improve patient outcomes by implementing virtual ward and remote monitoring services in LLR by November 2020
- To align services using remote monitoring in readiness for winter and the second COVID-19 surge
- To gain an improved understanding of the impact on the BAME community and other high risk groups to inform our ongoing management of COVID-19
- To develop an evidence based evaluation that can inform future digitally enabled remote monitoring services
- To improve patient experience and satisfaction

Based on work to date locally and nationally, the expected benefits are:

- Reduced rates of mortality, admissions to hospital and length of stay
- Improved patient experience and satisfaction
- Increased patient safety and wellbeing during the COVID-19 pandemic
- Early detection of rapid decline in patient condition enabling quicker intervention
- Provide an evidence based understanding of the effectiveness of remote monitoring
- Reduced travel for patient and clinician
- Reduced rate of COVID-19 transmission in PCN areas

- Reduction in late presentations with severe hypoxia

4. ACTIVITY FORECAST

Anticipated activity numbers for the services proposed are:

- PCN COVID-19 virtual ward – up to 1000 patients a month
- COPD and HF service including breathlessness rehab – up to 850 patients up until March 21 (many patients are likely to be on both caseloads)
- COVID-19 virtual ward for Glenfield discharges – 210 patients (30 concurrently) up until March 21

Once a steering group has been established, the project team will re-forecast the activity numbers taking into account delays in receiving the funding and existing numbers where appropriate.

5. NEXT STEPS

In order to plan, implement and evaluate the proposed projects as per the NHSX requirements, the following milestones will need to be achieved:

- Development of MOU with NHSE/I and drawn down of funds – Oct 20
- Establish regional and local governance arrangements and membership – Oct 20
- Assign project resources to plan and co-ordinate daily operational activity – ASAP
- Develop local implementation plans and agree regionally mutual milestones / reporting – Oct 20
- Define and agree Standard Operating procedures and referral pathways –Nov 20
- Define evaluation criteria Inc. Patient experience and baseline data - Nov 20
- Local digital enablers operational Nov / Dec 20
- Stakeholder Communication and Go Live – Nov / Dec 20
- Formal evaluation to commence – Jan/Feb 21
- Final Evaluation Report – Mar/April 21

Digital solutions and remote monitoring are the future and the proposed projects will provide LLR with the evidence base to expand services across all settings of care, in particular primary care from 2021 onwards. LLR are fortunate to have the opportunity to test multiple software solutions and conduct a comprehensive evaluation to determine the pros and cons with regards to patient outcomes, interoperability and cost which will determine future provision.

6. SUMMARY AND RECOMMENDATIONS

LLR have been successful in securing funding from NHSX to support our most vulnerable patients during the COVID-19 pandemic and determine future models of care using digital technology/capabilities. Receipt of this funding has been timely as it will support LLR with managing winter pressures and the impending second COVID-19 surge.

In order to deliver this work in the timescales specified by NHSX and work at pace, the **ask** of the Executive Management Team is to:

- **RECEIVE** the proposal submitted to NHSX
- **SUPPORT** the delivery of the projects including recruitment of a Project Manager

Appendix 1 – Breakdown of costs of three STP areas in East Midlands

	2a. LLR	2b. Northants	2c. Lincolnshire	Total
Governance and safeguarding	£0	£5,000	£0	£5,000
Redesigned pathways	£0	£10,000	£25,000	£35,000
SOPs	£45,000	£10,000	£20,000	£75,000
Baseline	£0	£5,000	£0	£5,000
Real world validation and blueprint development	£0	£6,000	£0	£6,000
Comms messages to social care, care homes, patients and carers	£10,000	£10,000	£10,000	£30,000
Project Support	£19,025	£19,000	£16,000	£54,025
Local Project Management	£27,926	£24,000	£25,000	£76,926
Proactive Monitoring	£0	£112,000	£0	£112,000
Digital Enablement & Facilitation	£128,100	£11,000	£0	£139,100
Training for staff	£72,000	£90,000	£0	£162,000
Sub Total - Implementation Support	£302,051	£302,000	£96,000	£700,051
Licence costs	£97,200	£90,000	£80,000	£267,200
TOTAL	£399,251	£392,000	£176,000	£967,251