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## Report of the North West London CCGs' collaboration board

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This report provides a synopsis of the key issues recently discussed by the collaboration board to support transparency in the way we collaborate across our individually sovereign CCGs.

### Developing a Sustainability and Transformation Plan (STP) for the people of NW London

Two strategy sessions were held (on 25 February and on 24 March) when the board discussed the approach to developing North West London's Sustainability and Transformation Plan (STP) and its core objectives.

The NW London STP will set out how as a health and social care sector we will together close the gaps in: 1) health and wellbeing, 2) care and quality, and 3) finance and sustainability. An STP is required nationally of all strategic planning groups (sub-regions) by 30 June 2016.

In the sessions, the board considered a Charter, subsequently proposed at NW London's Strategic Planning Group, and the approach to drawing together a cohesive set of locally led plans. The Charter set out a framework for collaboration and a set of common rules and behaviours for joint working across the health and social care system in NW London. A key theme of discussion was on the role of population-based (place-based) planning in supporting effective local services planning to meet the health and social care needs of local people. The board was supportive of undertaking work to understand how the above described gaps will be tackled for each population group.

### NWL CCGs' joint finance strategy 2016/17

At its recent meetings, the board has considered how jointly pooled CCG funds will be created for 2016/17 and what the priority areas of joint spend are in the context of significant financial constraints. It was agreed that the strategy needs to demonstrate how capitated budgeting must evolve over time (the balance of investment per head of population for each local area), and provide transparent assurance as to how the CCGs are implementing the strategy to deliver the intended outcomes. It was recognised that the strategy will form an important component of the STP, and that its technical development is complex.

### NW London Strategic Planning Group (SPG) – with providers and local authorities

The first two meetings of the SPG were held on 10 March and on 7 April. This is a 'system-leadership' level meeting, to which the chief executives of acute, community health and mental health providers, and local authorities, plus other key stakeholders, are invited as core members. It is intended that this group will meet monthly and in the first instance its primary focus will be the development of the STP.

### 2016/17 annual contracts rounds

The 2016/17 Commissioning Delivery Group (CDG) has continued to meet regularly to steer the CCGs' collective approach to the annual contracts rounds with providers. This has meant forging consensus on

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the strategic themes that have informed the locally led contracting negotiations, and has enabled the NWL CCG chairs and two chief officers to hold to account the joint director of contracting, performance and procurement working across the eight NWL CCGs.

The group discussed the status of contract negotiations on a contract-by-contract basis, which enabled the group to explore what key issues there were to be aware of that were affecting the process of reaching agreement. This included agreeing on the implications of services reconfiguration and on the ongoing level of investment relative to the 'parity of esteem' funding formula that is set nationally.

At its final meeting on 21 April, the executive confirmed that six major provider contracts were on course to be signed by the pre-arbitration deadline of noon on Monday 25 April. Other contracts still under negotiation would either be given a 'special status' (such as in cases where the provider is a Foundation Trust), or would begin the process to go to arbitration.

This year's contract rounds highlighted the significance of departing from the conventional approach to negotiations and to instead taking an 'open book' approach that is clear about CCGs' total affordability and about what needs to be done to implement new models of sustainable care. One innovation has been to put into place a Joint Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Plan (CIP) Board to explore where the risk sits, how the sector is working together to agree demand indicators (instead of them being coding-based) and to work towards joint management in real time.

### [Progress on WHYSE \(business intelligence tool\) and towards a shared care record](#)

The next full meeting of the collaboration board, focused on business intelligence and informatics will be held on 5 May 2016. A progress update papers were circulated at the collaboration board meeting on 10 March, when a short discussion was held to highlight that the WHYSE contract due to end in March 2017 and to discuss the approach to procurement.

### [Individual Funding Requests \(IFRs\) – recommendations of the NWL CCGs' Policy Development Group \(PDG\)](#)

Notes: Clinical representation is included in the membership on the NWL CCGs' Policy Development Group and policy amendment proposals are sent to all governing bodies three weeks prior to the board's meeting, which has joint delegated authority for decision making in this area in line with CCGs' constitutions.

The following policy amendment was agreed:

- [1. Chelsea and Westminster Hospital NHS Foundation Trust business case for the use of 3rd and 4th line biologic therapy for patients with chronic plaque psoriasis after 1st and 2nd line biologics have failed](#)

The background to the proposal was summarised and it was explained that the net impact of the proposal was cost neutral, would increase quality of life and help to reduce admissions.

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The policy proposed would affect a small cohort of 18 patients from NW London. It was noted that the Trust is currently contributing to a national study assessing the effect of biologic therapy in patients with psoriasis across England and that the 18 patients from NWL were about to complete their first year of the treatment. The board noted that adoption of the policy in NWL would commit the NWL CCGs to paying for the cost for the second year of treatment for existing patients, as well as for the first and second year treatment for new patients.

As a point of process it was noted that the proposal had been recommended by the NWL CCGs' Policy Development Group, circulated to governing body members for consultation over a three-week period, and had been endorsed by Hounslow's Clinical Board.

- **Outcome:** The board approved the proposal on behalf of the NWL CCGs, which has delegated authority to it.

The following policy area is under development:

## 2. Bariatric services

Following an update to the board on 24 March on the bariatric services workshop held on 10 March, which had significant clinical attendance, it was agreed that the NWL CCGs' PDG will discuss options at its April meeting before bringing a recommendation to the board that will incorporate pathway modelling and financial impact assessments.

## 3. IVF policy position update – a paper prepared by the IFR team on behalf of Hillingdon CCG

The board noted that the NWL CCGs' policy currently states that IVF/ICSI will be funded for couples "who do not have any living biological or adopted children from their current relationship, or from any previous relationships". This has led to discussions in Hillingdon CCG as to whether this restriction is equitable, and it was noted that at a recent IFR panel, this criterion had been discussed at length. The panel had asked what mechanism patients might use to challenge this social criterion in such instances where couples may feel that the exemption applying to their particular circumstances is not fair.

It was reported that benchmarking against other CCGs showed the policy position of excluding from having IVF treatment couples with one or more children from either the current or a previous relationship is very widely adopted. In discussion, it was felt that the removal of the threshold would serve to import subjective, non-clinically based decision-making into the CCGs' approach to the policy, and would disproportionately favour access to IVF over and above access to other clinical treatments for which available funding would necessarily reduce as a result. The board further noted that lifting the current restriction would have the effect of generating a significant estimated cost pressure to NW London of c.£1m per annum in additional IVF treatment costs. The board was reminded of the CCGs' statutory duty not to exceed their financial allocations and the risks that such a policy change would pose to this.

- **Outcome:** The board agreed on behalf of the NWL CCGs that that the current IVF policy for NW London will remain unchanged.

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## About the NWL CCGs' collaboration board

The collaboration board meets fortnightly on a Thursday to discuss strategy and transformation proposals across North West London. It brings together eight CCG chairs, two chief officers and shared directors to discuss joint strategic objectives and proposals in order to form a consensus view taking into account the needs of local health populations. In limited areas it has delegated authority from the CCGs in which it can take joint decisions.

The board serves to guide the CCGs' overall approach to the annual contracts rounds and to developing business intelligence and informatics strategy. It additionally takes decisions in response to the recommendations of NWL CCGs' Policy Development Group on Individual Funding Requests (IFRs) and Planned Procedures with a Threshold (PPwTs).

More recently, the Commissioning Delivery Group has replaced the old shared support services meeting that had responsibility in this area throughout the 2015/16 contract rounds and which met from October 2014 until June 2015. The shared support services meeting was disbanded after having overseen the first nine months of commissioning support services since they were brought in-house, whilst having also dealt with other shared business in relation to the contracting process. This change to the board's governance structure was to ensure that the board's time remains strategically focused and that day-to-day operational matters relating to the respective support services are managed by the Senior Management Teams of CWHHE and of BHH respectively.

## Glossary of acronyms

**ACP**     **Accountable Care Partnership**

**IMBC**    **Implementation Business Plan**

**QIPP**    **Quality, Innovation, Productivity and Prevention:** a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS

**CIP**     **Cost Improvement Programme:** the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money. The most successful CIPs are often those based on long-term plans to transform clinical and non-clinical services that not only result in a permanent cost saving but also improve patient care, patient experience and patient safety.

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