

## 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.

### NW London's Sustainability and Transformation Plan (STP)

Our vision outlined in the NW London STP is, **"Enabling people in NW London to be well and live well"**.

The board discussed the NW London STP at its July meeting following the draft submission to NHSE on 30 June, which was also an item for the CCGs' July governing body meetings. Five major Delivery Areas were discussed in relation to the planned priorities and initiatives outlined in the STP. These include a major focus on local services planning, with investment of transformation funding providing a real opportunity to generate significant savings both for local authorities and for the health sector in NW London.

The five Delivery Areas identified for NW London are as follows:

1. **Radically upgrade prevention and wellbeing**
2. **Eliminate unwarranted variation and improve the management of Long Term Conditions (LTCs)**
3. **Achieve better outcomes and experiences for older people**
4. **Improve outcomes for children and adults with mental health needs**
5. **Ensure we have safe, high quality sustainable acute services**

A final STP is due to be submitted to NHS England by 21 October 2016, which will require approval by CCGs and trusts beforehand. Our key priorities are to accelerate delivery in the above areas, plan for FY2017/18, ensure that the approach taken best supports effective contracting, and to mobilise the required governance structures.

The NWL STP is an over-arching plan designed to ensure that health and care services are planned by place, or geographic area, rather than around individual institutions, and can bridge the three care gaps identified in the [NHS's Five Year Forward View](#). Close dialogue between CCGs, providers and local government continues. A key objective underpinning the STP is to achieve the right overall capacity in the system, to be determined by jointly developed criteria before changes to the configuration of services. The NWL CCGs are keen to be able to widen public engagement following the final submission required by NHSE in October 2016. It is anticipated that capital funding from NHSE will be linked firmly with delivery and performance.

### Implementation business case (ImBC)

At its July meeting, the board discussed the IMBC, which outlines the capital investment required to implement the clinical changes of the NWL CCGs' joint strategy for Shaping a Healthier Future. Further work is taking place and we expect it to be discussed at CCG governing body meetings in the future.

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### Healthy London Partnership

An update was taken on the 13 transformation work-streams operating across London as a whole, which the 32 CCGs in London are jointly funding and collaborating on. NWL CCG involvement and representation in these was discussed; two work-streams highlighted in particular were primary care and workforce. One reflection back to the HLP team was the need for a co-ordinated discussion on the development of primary general practice and career pathways. It was observed that communications from HLP, which include comprehensive updates, are core to demonstrating to the CCGs and the public the way in which these are adding value across London. The need for nominated leads to deputise at the London-wide meetings was reinforced, in order to achieve consistent representation for NWL CCGs.

### NW London's local digital roadmap

A draft Local Digital Roadmap was submitted to NHS England on 30 June 2016. CCG GP IT leads have remained core to this process, the roadmap has been a strategic focus area at a number of CCG seminars and committee meetings since May, and will be a core 'enabler' of the success of the NWL STP.

### 2017/18 annual contracts rounds in advance of ACP 'go-live' from 1 April 2018

The NWL CCGs are shortly due to reconvene contracting round joint meetings in mid-September 2016. A key objective will be to approach the contracts rounds in a way that is optimal for providers to be supported towards the new commissioning and contracting model for Accountable Care Partnership, which is built on the long term vision through the following approach, **"One system, one budget and better outcomes."**

### The future of business intelligence for the NWL CCGs

At our governing body meetings in July, we discussed the way forward with our Business Intelligence systems, once the current contracts end in March 2017. Workshops and development meetings have continued to articulate our business needs and to explore our shared expectations as to how these will evolve in the future. The future of BI has therefore been the focus of discussion at our BI sessions of the collaboration board (on 9 June and a workshop on 21 July).

The Business Intelligence Re-Procurement Project team have undertaken the following activity on behalf of the NWL CCGs:

- **BI specification and requirements workshops** - the team has focused on gathering requirements from each of the different functions across the NWL CCGs identified for consultation and is now in the process of engaging with senior responsible officers for each respective function to validate the intelligence gathered to date. The workshops are due to be completed by 9 September;
- **Communication and engagement** – a project governance structure and communication strategy has been developed; the communication strategy will be sent to key stakeholders; and
- **BI Re-Procurement Steering Group** – representatives have been invited to a BI Re-Procurement Steering Group on 15 September 2016. The Group will sign off the BI specification and OBC due to be recommended to governing bodies in November and review the publication of the Invitation to Tender (ITT). Subject to the outcome of the November meetings (which includes

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the option not to procure, but to deliver services in-house) the group will meet again on 15 March 2017 to agree the formal recommendation to the governing body on the preferred provider.

### [Imperial acute medicine changes – discussion paper from Hammersmith & Fulham CCG](#)

The paper outlined planned changes to consolidate the pathway for acute medicine at St Mary's and chest pain at the Hammersmith site – this is a clinically driven change, which also recognises workforce changes happening at the end of August 2016. The board was supportive of the proposed changes (led by H&F CCG as lead CCG) as an improvement of the care pathway for the patient and of the related specialist workforce distribution across the Imperial College Hospital NHS Trust sites. It was noted that there is provision for patients to transfer back to the appropriate sites.

### [Maternity services network](#)

The future of the maternity services network across NW London was discussed. It was proposed that a lead CCG is identified to support the network on behalf of the NWL CCGs, to help facilitate Accountable Care Partnership development (still to be confirmed). Moreover, as we jointly seek to improve 'business as usual' for maternity services across NW London, following recent service transition (which included the closure of the maternity services unit at the Ealing Hospital site on 30 June 2016), it is important to deepen collaborative and partnership working across the network. The new lead CCG for the network is pending confirmation.

### [Hillingdon Hospital A&E extension](#)

Under AOB it was noted that Hillingdon Hospital has submitted a request for funding to extend their adult A&E into the space that has been used as a temporary children's A&E. This expansion is necessary as Hillingdon A&E has been at capacity. The £500k capital funding has been identified within the S&T provider support budget. Chair's Actions were taken to approve the necessary funding and communicate this to the Trust by 20 July 2016, the date by which a decision is required if the facility is to be complete by Winter 2016/17.

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

**Notes:** Clinical and lay representation is included in the membership on the NWL CCGs' Policy Development Group. Policy position proposals are sent to all governing bodies three weeks prior to the collaboration board's meeting, which has joint delegated authority for decision making in this area in line with CCGs' constitutions. All IFR policies are discussed at the main strategy session of the collaboration board, which has the broadest membership, including representation from Healthwatch.

Two policies were recommended by the PDG were circulated to all NWL CCG governing body members in the week commencing 20 June 2016, and brought to the collaboration board on **7 July 2016** as follows:

- [1. A proposal to commission Continuous Glucose Monitoring \(CGM\) system/device for a defined cohort of patients \(adults only\) with Type 1 Diabetes](#)

The business case was approved, subject to the criteria being updated by the NW London IFR team to reflect that the device will be withdrawn in patients where there is no sufficient improvement in their glucose control after using the device for 6 months. The data will be audited every 6 months; and

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## 2. Use of Rituximabas a second or third line treatment in autoimmune haemolytic anaemia (AIHA)

The business case was approved.

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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. It has delegated authority from the CCGs in which it can take joint decisions in response to the recommendations of NWL CCGs' Policy Development Group on Planned Procedures with a Threshold (PPwTs).

The board additionally serves to guide the CCGs' overall approach to the annual contracts rounds and to developing business intelligence and informatics strategy, as well as to develop for approval and then review progress against the NWL CCGs' joint finance strategy.