North West London Collaboration of Clinical Commissioning Groups

Report of the North West London CCGs' collaboration board

March 2017 (version: 27 February 2017)

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This bi-monthly report provides a synopsis of the key issues recently discussed by the collaboration board (a joint committee) to support transparency as we collaborate across our individually sovereign CCGs in NW London. It summarises the main work undertaken since the previous report to the governing body meetings held in January 2017 (dated 16 December 2016).

Collaboration board meetings held between 17 December 2016 and 20 February 2017

1. IFR strategy session – Thursday 5 January 2017
2. Business intelligence and informatics strategy session - Thursday 19 January 2017
3. Strategy and transformation session – Thursday 2 February 2017

IFR strategy

Policy development group prioritisation work plan for 2017/18

- June Farquharson, Associate Director IFR Team and Lily Wong, IFR Team Clinical Advisor led discussions.

The purpose of this meeting was for the collaboration board to look at the over-arching governance process around the policy development group and its work plan for 2017/18.
The work-plan for this year focusses on the following priority areas:

- Identify areas where there cohorts of IFR's has been identified and therefore the need to reviewed from a wider policy perspective to avoid any inconsistencies in decision making.
- Horizon scanning to identify any areas of updated published evidence (I.e. NICE) that needs to be considered both for new policies and updating existing PPwT policies.
- Benchmarking with other CCG's outside NWL and highlighting any additional policies for consideration and a review of the evidence based used. This is on the basis of strengthening equity of access.
- Any potential policies where commissioning responsibility is due to be transferred across to CCGs from NHSE.
- An opportunity of alignment to the NWL CCG's STP's.

In terms of the NICE Guidance on the management of low back pain, it was identified that there were recommendations for decommissioning for some areas such as acupuncture and facet joint injections (in some instances). Based on the current activity data, this could result in potential efficiency savings of over £1m that CCG's could use as an opportunity re-invest in their Musculoskeletal pathways to increase the focus on prevention, self-management and non-invasive rehabilitation.

The board agreed that MSK was a right care priority and opportunities relating to a broader orthopaedics programme were discussed. A wider discussion was entered into around what approaches towards services may be taken at a pan-London, rather than only a sub-regional Level.

Another area for review during 2017/18 would the commissioning of Tier 3 as part of the bariatric pathway. The board noted that further work would be required to determine an optimal revised pathway at each of the Tiers. Clarity on the evidence base and efficiency savings would be set out and providers and stakeholders would be engaged accordingly.

The board also discussed the rejection of IFRs for infected keloid scars and noted that the IFR team would be available to assist in the completion of IFRs for procedures not intended for cosmetic reasons.

Collaboration Board: business intelligence and informatics strategy

Local Digital Roadmap: including update on STP engagement plan

- Bill Sturman, director of informatics

An update was provided on how the Local Digital Roadmap would enable the different projects across the STP.

The importance of ensuring GPs were sighted on major, big-ticket items, and making the LDR work more visible was also agreed. Fundamental to all of this work was a need for interoperability between systems; without which other projects would not be effective.

It was acknowledged that the Digital Programme Board was pivotal to ensuring NWL-wide system delivery of the NW London STP. The three key components for NW London's digital agenda were set out as: interoperability development, population health analytics and patient-facing component (i.e. enabling patients to take greater control of their own care through digital initiatives and patient-provider interfaces).

The move towards fewer systems, all of which must need to interoperate (join up), was recognised as necessary and positive. A short discussion was held around future improvements that could be made to the WSIC dashboard such as supporting real-time data (currently only a daily view is displayed).

In concluding discussions, the chief officers advised would seek to bring together providers and commissioners to decide how to deliver the agenda, which was an important part of the STP. The involvement of GP federations, social care, urgent care and the ambulance service in this process would be critical.

Whole systems integrated care (WSIC) update dashboard delivery

- Ian Riley, director of business intelligence

The board was advised that the WSIC dashboard was at implementation stage. Data had been received from 177 practices and it was hoped that a joint statement developed jointly with the LMC would enable the remaining 97 practices to join.

The dashboard included a diabetes report; work was underway to provide federation staff with access to the network and population health planning was due to begin. With regard to the long-term viability of the dashboard and its financing, it was agreed that clarity was required in terms of whether on-going development or running costs of an existing system were being requested. The relative roles of the providers and commissioners in relation to future funding arrangements required exploring in the sector.

The WSIC dashboard can be used to calculate capitated budgets for a population. The appetite for moving to real-time information (costs to be explored) was also noted. The costs would need to be articulated and consideration given to how it could be utilised for other areas; QIPP being used as an example. There was a consensus that the dashboard was the best available piece of kit currently available and there appeared to be no superior alternative to take the CCGs to where they needed to be within the next 6 months.

Existing forums would establish how and where the dashboard was being used and providers would be supported to understand how the product and its development was currently being funded. It was accepted that provider willingness to fund the product in the future would require its value to be proven.

IT programme projects update

- Bill Sturman, director of informatics, NWL CCGs

The board was updated on the programme governance and how the IT programme projects would be delivered. It was suggested that a single IT programme governance board (with a proposed name of 'digital primary care delivery board') would oversee the entire portfolio of projects, including spending of the Estates Technology Transformation Funds (ETTF) awarded to the CCGs. The remit and reporting arrangements for this new meeting would be developed and confirmed at the next meeting, after being explored via the relevant organisational governance channels.

It was confirmed that the new delivery board would have a unifying influence between 'business as usual' and project delivery issues, in terms of governance and accountability into the individual CCGs. The ETTF funding prioritisation and a plethora of IT projects would be visible via the delivery group, and allocations to the individual CCGs would be seen in one place. The group would also have responsibility for looking at the workforce-planning dimension for the adoption of digital solutions.

ETTF update

- Sonia Patel, S&T lead for informatics

The new digital investment into primary care was outlined and it was confirmed that funding for three of the original NWL bids had been approved by the London Capital Committee. The board was pleased to learn that one bid had been ranked third highest out of 200 individual bids from across London.

Much of the funding would be invested in the workforce, making the best use of existing tools and providing guidance to GP practices on process changes and network creation for practice managers and care professions. The funding would be available until March 2019 and the aim was to avoid a future skills gap.

The second area of investment: integrated care standards, related to information sharing and funding, would have to be utilised by March 2017.

The third area of investment, video conferencing, could be extremely useful in relation to collaborative working and enabling the contracts management team to interact more visibly with practices.

An IT investment communication plan for GPs would be developed and principles that would guide that spending would be circulated for feedback and considered at the joint delivery group

BI procurement update

- Bill Sturman, director of informatics

The BI Contract Award Steering Group met on 26 January and confirmed the scope of the BI specification. Final sign-off of the specification by functional leads and MDs/COOs/IT GP Leads is expected by mid-March. An Invitation to Tender (ITT) will subsequently be launched using the Lead Provider Framework (LPF). Progress on the implementation of an interim solution (currently being tested) and the award of contract will be monitored by the Steering Group and reported to governing bodies.

Collaboration Board: Strategy

ICHP neuro-rehabilitation business case

- ICHP partners

Ronke Akerele, Direction of Programmes, Change & Performance Management, ICHP introduced the paper which set out key findings of the Neuro-Navigator pilot which had sought to address a fragmented pathway and address a range of issues identified across NW London in terms of model of care. The case

presented was aimed at securing funding as the neuro-rehabilitation pilot was coming to an end; to share views and to recommend investment into neuro-navigators across the system.

The board provided feedback on the review in relation to the total savings identified during the pilot and suggested that better outcomes for patients be examined.

In terms of next steps, the board invited presenters to send an updated business case to the respective CFOs, to be circulated and agreed outside of the meeting within their respective limits of delegated authority.

Paediatric cardiac consultation on service change

- Clare Parker, CWHHE chief officers and David Finch (NHSE) led discussions

It was acknowledged that due to issues in relation to aging estate, the Royal Brompton & Harefield NHS Foundation Trust no longer met the standards and service specifications for congenital heart disease (CHD) service and the standard process therefore meant that NHS England would go out to consultation for the service in February 2017. The wider implications of the Royal Brompton no longer hosting the paediatric cardiac service and the potential impact on other interdependent clinical services were discussed.

The board indicated that a clear understanding of the entire range of paediatric cardiac services across NW London would be necessary in formulating an opinion on the service change proposals. An understanding of the impact on other services would be necessary, together with a view as to whether co-location was critical and what the financial consequences of the service closure at the Brompton might be. These issues were considered core to any formal response and it was agreed that the clinical board should input into the discussions.

Like Minded update

- Fiona Butler & Jane Wheeler

The update reported on progress against the NHS Five Year Forward View for mental health and the NW London STP. In particular, it looked at how mental health could be embedded in all workstreams.

Two mental health bids had been submitted to NHS England for transformational funding: one to deliver integrated Improving Access to Psychological Therapies (IAPT) services for people with long-term conditions and the other a Liaison Psychiatry Service. The process for evaluating and implementing projects was outlined, and proposed engagement activities explained.

It was reported that NHS England scrutiny was expected around the Learning Disabilities element of Delivery Area 4b as the entire London region had been rated ‘red’. The Perinatal element, however, appeared more positive as the model of implementation worked well and facilitated early identification of potential issues.

The board was encouraged by the focus on mental health but stressed the need to maintain pace and encourage more formal engagement and consultation around the proposals.

Healthy London Partnership Annual Plan for 2017/18

- Patrice Donnelly, U&EC programme lead

Patrice Donnelly presented the proposed plan to the board, together with an update on the 2017/18 draft operating model and next steps. It was noted that the budget was similar to that of the previous year and the value for money challenge was highlighted.

Prioritisation was proposed to be given to those functions that were deemed to best support London’s five sub-regional STPs, although the board was advised that Homeless Health would be protected. The

highest priority areas for joint work across London included cancer, primary care, urgent care and mental health. Lesser pan-London priorities included London-wide working on initiatives for health and wellbeing, children and young people. Final prioritisation scoring was due from North Central London (STP)NCL and, following a challenge session, the London Transformation Group would confirm the final resource request and scope for agreement on 14 February 2017, ahead of this being proposed to London's 32 CCGs.

The board discussed value for money issues in more detail and advised that savings were expected and the programme boards would be actively tested.

Workforce Planning

- Ethie Kong, Chair, Brent CCG and Delvir Mehet, NW London CCGs, and Lizzie Smith, Health Education England

Ethie Kong set the scene by explaining that workforce transformation was an STP 'enabler' rather than a delivery area. The health and social care workforce was working as one team and the strategy implemented under the joint leadership of Health Education England (HEE) and NWL Collaboration of CCGs' Strategy and Transformation Team.

Delvir Mehet explained workforce planning in more detail. Of note was the analysis of unpaid carers and social and healthcare workers in NW London. This would look at how teams could work together and use their resources more effectively. A safe staffing project was looking at a reduction in hospital agency staff, a rostering system across all trusts and a nursing retention strategy.

The board noted plans for a joint virtual team and a London SE workforce intelligence hub run by HEE. Lizzie Smith, Local Director, NW London, HEE explained that there had been a notable decline in UCAS applications for clinical and allied health professional courses and the board agreed that one of the most pertinent questions around the workforce was how to work best with what was available and to plan for the future. Regular communications across primary care were recommended to ensure a shared understanding of what the new world would look like.

About the NWL CCGs' collaboration board

The collaboration board meets fortnightly on a Thursday to discuss strategy and transformation proposals across NW 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.