



## NW London CCGs' Shadow Joint Committee

### Summary of meeting - 6 September 2018

As agreed, we said we would provide a short digest of the highlights of each meeting of the Shadow Joint Committee within twenty-four hours. Governing Body members have access to the agenda and papers and the formal minutes of yesterday's meeting will follow at the end of the next week. A video of the meeting will also be available on the Healthier NW London website in due course.

The meeting was the first in which the Shadow Joint Committee met in public, and the proceedings were webcast. The Interim Independent Chair of the Joint Committee began by thanking the Brent Events team for their assistance in putting on the meeting, and welcomed Dr M C Patel, the new Chair of Brent CCG.

#### **Report of the Accountable Officer**

The NW London CCGs Accountable Officer, Mark Easton began by noting that there had been a great deal of progress in defining the structure, role and remit of the committee. There had been a desire from lay members at the most recent NW London Lay Members meeting to progress with the new structure. It was hoped that the Shadow Joint Committee would become a fully-fledged, decision-making Joint Committee by the end of 2018.

#### **Month 4 Financial Position**

The item was introduced by the NW London CCGs Chief Finance Officer, Neil Ferrelly. Some lay members expressed concern at the relatively high £4m year to date deficit and further £15m of net risks in the forecast year end figures. It was recommended and agreed that the NW London Finance Committee would consider recommendations on how to tackle these issues.

#### **Commissioning Intentions Process**

The item was introduced by the Interim Director of Acute Commissioning, Huw Wilson-Jones. Lay members stressed the need for patient engagement and aggregation of feedback from the borough level to NW London level. Healthwatch members also requested a review of patient and public involvement on

commissioning intentions. The Accountable Officer pointed out that the content of our commissioning intentions at NW London level had been engaged on across the patch as part of the development of an engagement around the STP and its workstreams.

It was also suggested that issues relating towards communications and engagement could be brought to the Joint Quality and Performance Committee.

### **Strategic Objectives & Board Assurance Framework (BAF)**

The item was introduced by the Head of Corporate Governance, Simon Carney. In response to a question from lay members, he noted that the BAF was a work in progress and was produced to sight members on the key risks to NW London strategic objectives. The Accountable Officer also noted that the emphasis for future committee meetings needed to be the content, rather than the structure, of the BAF.

### **STP Report**

The item was introduced by the Interim STP Director, Juliet Brown. Three areas where prevention would be focused on had been identified: 1) alcohol misuse, childhood obesity and homelessness. Members also noted work to aggregate mental health work under the 'Like-Minded' programme. There were also discussions around patient and public involvement, and digital engagement such as the diabetes management app.

### **Royal Brompton proposals**

The item was introduced by the Accountable Officer, Mark Easton. Members noted that whilst NW London CCGs represented a minority of commissioning in the congenital heart disease services, there were still a great number of NW London residents who would be affected by these proposed changes. The Committee also agreed that there was a need to consider the strategic position of NW London with regards to these proposed changes.

### **Update on the EqlA on the Establishment of the Joint Committee**

The item was introduced by the Chief Nurse / Director of Quality, Diane Jones. Healthwatch members noted that the new cover sheet process was a good start but cover sheets for Shadow Joint Committee items still needed to be filled in more carefully and specifically than they currently had been.

### **Report of the Collaboration Development Programme Board**

The Committee noted the report.

### **Questions from members of the public**

Questions were raised by members of Brent Patient Voice around the STP & Strategic Outline Case (SOC) for Shaping a Healthier Future (SaHF). The Accountable Officer confirmed that the STP was a different document to the SOC for SaHF, and NHS Improvement had only raised questions on the latter. The forthcoming Joint Health Overview and Scrutiny Committee (18 September, 9.30am at Brent Civic Centre) would likely examine these issues in greater detail.

Another question was raised around the meaning of “refreshing” the STP. The Interim STP Director stated that the STP had not been revised as such but progress had been examined. The Chief Finance Officer also added that updated operational plans could potentially follow after we receive updated planning guidance from NHS England. The Accountable Officer said we should be in a position to say more about this in December or January.

Other questions were raised on integrated care, consolidated contracts, SOC 1 and winter planning. The Accountable Officer confirmed that commissioners were working with regulators to ensure plans for winter were robust. On SOC modelling, it was important that the model was as clear and transparent as possible. There had also been a stocktake to examine integrated care at a borough level.