North West London Collaboration of Clinical Commissioning Groups

September 2017

Report of the NW London CCGs' collaboration board – September 2017

Version: 29 August 2017

Author: Emma Raha, collaboration governance manager and programme manager, collaborative working programme, NW London CCGs

This report summarises the key issues recently discussed by the collaboration board (a joint committee) to bring transparency as we collaborate across our eight individually sovereign CCGs in NW London. It reports on the board's activity since the report to the previous governing body meetings in July (dated 15 June 2017) and provides details of the joint decisions taken.

Collaboration board meetings held between 15 June and 24 August 2017

Thursday 6 July 2017 – strategy and transformation
Thursday 6 July 2017 – digital commissioning strategy
Thursday 3 August 2017 – strategy and transformation, incorporating a workshop

Decisions taken during the reporting period

At the board's meetings, the CCGs have authority to take joint decisions on Planned Procedures with a Threshold (PPwT); which has been delegated to the joint committee. Healthwatch representation and lay member representation on behalf of the CWHHE and BHH CCGs were present at the meetings where the board discussed commissioning policy in this area, described at section 1.

1. Commissioning policy developments

At the board's meeting on 6 July 2017, **no new or amended policies were approved**, and no specific business cases were reviewed.

The board took the opportunity instead to undertake a comprehensive review of activity in this area, and to explore the kinds of common issues under discussion across London.

The board discussed the update submitted on the portfolio of the NW London CCGs' Planned Procedures with a Threshold (PPwT), including a review of due diligence undertaken whilst looking at areas of potential decommissioning. The paper included a summary of all policy positions approved by the CCGs to date, and it highlighted in particular the business need to adopt a common implementation framework for the CCGs to work within, once a joint policy was approved.

Following discussion, the board supported the proposal to agree the best approach to implementation (in line with CCGs' local schemes of delegation) at the QIPP Strategic Delivery Forum recently established. Leads for the area would discuss with CCG contracts leads a consistent approach to provider contracts to ensure equitable treatment, and that any linked savings can be fully realised.

The board was updated on national benchmarking work being led by NHS England to explore where some treatment policies might be amended to first encourage patients to give up smoking and/or to lose weight, prior to undergoing certain clinical procedures. This related to cases where putting the onus on the patient to improve their health before a procedure had significant potential to get a better result for the patient, and to ensure that patients on waiting lists were actively taking steps to address underlying issues adversely impacting their health. Members raised concerns around to what extent such interventions had the potential to 'displace' demand onto other services, plus challenges around patients dropping out of weight management programmes, for example. In discussion, the board recalled the joint policy in which the NW London CCGs had actively removed the BMI threshold from the knee replacement policy to bring this into line with the hip replacement policy, and take account of clinical evidence and NICE guidelines. Therefore, it was recognised that it is not always necessarily clinically appropriate to apply these kinds of thresholds before a patient is eligible for a procedures.
In conclusion, the board wished to feed back to NHSE the need to focus on which specific clinical procedures may produce a clinical benefit to the patient from altered eligibility thresholds (such as by improving patients' recovery times and patients' quality of life).

The board noted a number of London-wide developments, in particular:

- opportunities to work increasingly at the regional (London-wide) level to explore the relative clinical risks and benefits to patients of encouraging smoking cessation and weight management by building such requirements into certain specific treatment policies (and only where clinical evidence merits this)

The CCGs will continue to review together high cost areas of expenditure across the contractual portfolio, in the light of NICE guidelines, with the aim of protecting both quality and safety and ensuring that patients' clinical needs are met.

The board requested a paper on benign skin lesions, following a review of capacity to deliver the model of care in primary and community care services in each of the boroughs.

In addition to the above developments in commissioning policy, the board discussed the CCGs' joint strategy and transformation work, reported at section 2 below, and our collaborative approach to digital commissioning, reported at section 3.

The board also received for information the minutes of other collaborative meetings and forums operating across the NW London STP (bringing together commissioners with local authorities and the provider community to discuss specific long-term strategies and initiatives in the STP).

2. Strategy and transformation meetings – key areas of focus

2.1 Choosing Wisely – prescribing policy

The board was updated on the ongoing joint programme of work to consider regional and national developments in the area of prescribing policy for products judged to be of limited clinical effectiveness. During 2017, the collaboration of CCGs have been exploring together with local GPs, lead pharmacists, and patients, what approaches represent best value for prescribing to ensure the best possible quality of care and health outcomes for patients in NW London. The Head of Medicines Management presented to the board to brief members on the common paper being taken to the CCGs'

governing body meetings in July. It was explained that the proposals were subject to the detailed Equality Impact Assessments (EQIAs) being validated and that this was currently planned to take place in August. It was confirmed that the request to GP practices to implement the policy would be made only after these final assurances stages had been satisfactorily completed. The board noted that infant formula was specifically excluded from the proposals due to the very high costs that could otherwise be involved for the carers of infants for whom this was clinically appropriate.

It was recognised that a coherent approach and communication plan, focused on sustainability, was needed.

2.2 Primary care quality development

A set of draft primary care indicators had been developed to enable each primary care commissioning committee (or co-commissioning committee) to be supported to review key quality markers. The intention at the meeting was to test what had been built so far and to receive feedback to refine them. This would then assist in the local development of a primary care delivery plan for each CCG, which would ultimately show consistent progress across NW London. The board was advised that this was not a performance management tool; nor was it intended as a contract measure. Its purpose was purely developmental and aimed at supporting primary care to work at scale. It would also help individual practices to develop their own quality and achieve CQC standards. Board members discussed:

- indicator connections with CQC ratings;
- the level of investment required to obtain results;
- alignment with the set of standards crafted to support the STP;
- consistency with standards already in the system;
- the different starting points of each CCG; and
- the measurement of outcomes rather than processes.

The board was advised that the ambition was to achieve a consistent set of quality outcomes and standards for primary care across NW London. The board supported this as the direction of travel, however noted that considerable discussion and engagement was still needed to achieve that. It was agreed that:

- there should be unified standards;
- the requisite information should be easily gathered;
- there would be no measures that were inconsistent with what was going on elsewhere in London;
- the dashboard would include benchmarking across NW London;

The board requested a sample dashboard to be produced for further discussion.

2.3 Provider maturity assessment

An update was given on a new provider maturity assessment framework building on key principles set out by NHS England and the Healthy London Partnership to produce a local assessment framework to inform CCGs' local planning. The framework model was designed to help local systems and providers examine the scale of their ambition, and to facilitate the establishment of a programme of work for the development of local primary care and multi-disciplinary networks. Further events were planned for August to take forward discussions for each local system.

2.4 NW London CCGs' joint working / collaborative working arrangements and next steps

Members from Carnall Farrar Ltd gave a short presentation setting out the eight-week programme of work they had been commissioned to facilitate across the NW London CCGs (from 1 August to 30 September 2017). The objective of the programme was to enable CCGs to review what was working well about joint working arrangements across the CCGs, with the aim of taking this further to increase efficiency and effectiveness, and to take steps to identify and overcome systemic challenges. This would be undertaken through engagement with different stakeholder groups via different means (including workshops with clinical representatives of governing bodies; over sixty 1-1 interviews; surveys and a desktop review). A key ask of the programme was to articulate the 'case for change' as was requested by governing body members at the CCGs' joint workshop held in Wembley on 6 July 2017, and to start to co-develop proposals for future arrangements for discussion at governing body meetings at the end of September. The board noted that the intensive programme of work that was now being mobilised was designed to enable the CCGs to determine our own destiny and be able to give robust assurances to NHS England by 30 September as to the CCGs' intended shared direction of travel to successfully establish accountable care systems by 2021.

2.5 STP reporting

The board was updated on progress made to standardise monthly reporting on all NW London STP initiatives, also incorporating how risks to delivery were being mitigated.

2.6 Resourcing and prioritisation

The board recognised the lack of financial resource available to deliver the NW London STP that was developed in 2016; it was noted that a single integrated portfolio was required against which investment could be prioritised to deliver the maximum impact in a constrained financial environment. Members agreed that the overall approach to project management needed to be standardised. The strategy and transformation team agreed to develop a common framework for prioritisation to be recommended to the STP forums, and subsequently to member statutory bodies for adoption.

2.7 STP portfolio and structure workshop

An open discussion was facilitated in small groups by the director of system-wide transformation, under the broad themes of what members thought represented 'incremental', 'evolutionary' or 'disruptive' change, and which areas of change could bring the greatest benefit to NW London. In plenary feedback there was a significant degree of commonly held views coalescing around the broad themes of:

- the need for outcomes-based payment structures and capitated (population) budgets
- an opportunity to develop single conduits / hubs to better support system-wide referrals (e.g. for cancer referrals; outpatients activity) to be informed by patient outcomes and provider capacity and ensure more patients are treated in an appropriate setting
- the role of digital care to engage patients in their own care management on a day to day basis, including use of integrated smartphone data to support healthier living, and to contend with estates challenges (i.e. more care delivered at home)

3. Digital commissioning strategy– key areas of focus

3.1 Local digital roadmap (LDR) update

The board was advised that the digital delivery plan had been submitted to NHS England. Confirmation of the capital funding to be made available for providers to manage transformation was currently awaited, and the board noted that the level of funding available in 2017/18 would be much lower than previously planned for. The impact of funding constraints on fully establishing electronic document management, electronic patient records and electronic prescribing in provider Trusts would be to slow down the speed of progress that could be made, as the level of total funding would fall short of what was required to obtain the full benefit of automation and of consolidated reporting across multiple sites.

3.2 Health Help Now – app demo

A new app was presented to the board and an in-depth demonstration was given. The app had originally been developed for Harrow CCG and the intention was to promote this more widely across NW London in due course. In Harrow to date, it was noted that the app had been used 45,000 times and downloaded 17,000 times. The board was pleased to note that there were many older residents using the app and the aim was for 10% of the local population to be using it within the next month.

It was suggested that to better support patient-led access to mental health services, the app could be developed to include a series of 'mood time' questions and, based on responses, users referred to the appropriate service. Other potential areas of development included a 'health wallet' for storing personal information, with patient identity verified through the app. Wearables could potentially track walking, cycling and running, with the information feeding into an intelligent health care record with responses back to the user or input results from, for example, blood sugar readings.

Planned improvements to the app were described, with the development timeline for the platform and functionality set out with intelligent help and one platform with a seamless user experience. It was confirmed that the app would include a mechanism for communicating with clinical GP systems through a portal, connecting to both System1 and EMIS. Members asked whether, in the future, the app might also connect with other NHS systems such as Babylon, NHS 111 and NHS First. Before this could happen, robust governance processes would need to be developed, with each CCG taking responsibility for clinical assurance and maintenance of up-to-date content. The board commended the app, recognising its significant potential and encouraged its access to be extended across all NW London areas in the near future.

3.3 Whole systems integrated care ('WSIC') transition options available

An update would be brought to the following meeting setting out a proposal as to the CCGs would build on and further develop analytics in this important area.

3.4 Items for information

The board received an update on London-wide re-procurement of business intelligence services and noted implications for ERS (electronic referrals system) system compatibility regarding acute referrals, which were being addressed.

The board received minutes of meetings taking forward digital care across the STP (digital programme board) and of the digital delivery committee of the CCGs.

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. Additional members attend depending on the meeting mode and these include lay members, additional clinical Governing Body representatives and Healthwatch. 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 contracts rounds and to developing business intelligence and informatics strategy. It also develops for approval and then reviews progress against the NWL CCGs' joint finance strategy, which funds joint areas of strategy and transformation, as well as funding provider transition support.