NW London CCGs' Joint Committee – 20 February 2020

Meeting summary

The Joint Committee of the NW London Collaboration of CCGs met on 20th February 2020 at Hillingdon CCG's offices in Uxbridge. Members of the public attended and took part in the Q&A session afterwards. The meeting was filmed. Papers are online.

Report of the Accountable Officer (Mark Easton)

Mark Easton highlighted the 30-day staff consultation on new management structures for the CCGs, which would remain open until 13 March 2020. He advised that there would be further changes over the next 18 months as we develop a single CCG for NW London.

Mark welcomed the appointment of Dr Penny Dash as the new Chair of the Integrated Care System for NW London, who was due to begin in April, and explained that this was a key appointment by NHSE for the system as a whole.

Mark will be stepping down from his role at the end of March. He reported that Jo Ohlson, Director of Commissioning, will serve as our CCGs' Acting Chief Officer, supported by Helen Pettersen, who has been working in North Central London as Chief Officer, for six months.

NW London Board Assurance Framework (BAF) and Strategic Objectives for 2019/20

The Chair reminded the Joint Committee that its role was to ensure identified risks are managed robustly, rather than to manage risk directly. The Committee spent some time reviewing the BAF, recognising that a refreshed BAF would be developed for 2020/21.

Questions were put to the Senior Responsible Officers (SROs) for their risk areas. Those with changed assurance ratings were digital (increased risk) and finance (reduced risk). It was noted that the Finance Committee had become more assured of our financial position and more confident of our ability to hit our collective year-end target, following incremental improvements in-year to reduce projected overspend. Concerns for FY2020/21 were covered at the finance item later on in the meeting.

A discussion of the rising digital risk identified concerns around the lack of capital funding, around cyber-security, and around the risk of failure to innovate if we are not to fall behind. The common driver was the lack of increased funding from the centre. Mark Easton added that this was also a significant issue for estates and buildings.

Suggestions to improve the future BAF were noted; including the need to moderate and explain consistent risk reporting across the different functions, and the need to remove any inconsistencies in trend reporting.

NW London system Long Term Plan (LTP)

Juliet Brown, Health and Care Partnership Director, presented the item. It was noted that the LTP was published in January 2019 and that each HCP area has worked with its stakeholders to consider how to make this real for patients. The plans had remained draft for longer than anticipated, due to electoral purdah, and were due to be published once for all areas nationally within the next month or so. Part of this will entail formal discussion of each LTP across all local Health and Wellbeing Boards.

The LTP was described as a practical plan with over 400 different commitments to work together to improve care. Our plan is shaped by our responses to the needs of NW London residents captured through consultation led by Healthwatch, together with our learning from CCG-led engagement sessions that have brought together provider specialists and service users to determine priorities.

The cornerstone of the LTP's success will be effective population health management by the emerging Integrated Care System (ICS). The widespread adoption and practical use of indicators will bring NW London's Whole Systems Integrated Care (WSIC) to life in this respect, enabling us to see more readily the key outcomes and long term trends for improved care.

NW London Health and Care Partnership (HCP) Update

Juliet Brown presented the item. The comprehensive report was welcomed by the Committee and especially commended by the Chair for giving an excellent overview of the key facts and information about the whole breadth of work across the HCP in NW London.

Key highlights were on page 11 on the longitudinal work by community services to improve rapid responses in the community through having a single point of referral, and pages 18–20 on same day emergency care and the work to reduce unplanned ("non-elective") admissions to hospital by 3,400 people in NW London between September 2019 and January 2020. This would enable more people to receive the emergency treatment they need without having to stay overnight in hospital.

Work in the community, led by councils, to tackle childhood obesity was also discussed (including the active mile, and water in schools), as was improved continuity of midwifery care for maternity pathways, now a national leader.

The Committee had an extended discussion of increased access to care by the general population mainly through smartphone-based apps (as part of "digital services"), and there was a good indication this was proving popular in patients over 65. This development was balanced with concerns for those "digitally excluded" in

the community, who may not stand to benefit from this, although it was noted that some harder-to-reach groups were nevertheless using digital services. There was enthusiasm to help people access other services in the community and also enable our voluntary sector to contribute to this.

Healthwatch representatives commended ongoing engagement work, such as the EPIC programme, and reminded the Committee of the importance of the principle of co-production and of embedding this. Lastly, it was felt important to evaluate and refine programmes and to assess what progress is being made to reduce health inequalities and to close unacceptable gaps in disadvantaged areas.

Continuous Glucose Monitoring (CGM) System in Paediatric patients with Type 1 diabetes:

Continuous Glucose Monitoring Systems (CGMs) are devices that continually monitor glucose levels. They have an ability to detect potentially life threatening low glucose levels (hypoglycaemia) and alert the user to take immediate action by setting of an alarm on a receiver device.

June Farquharson, Associate Director, Clinical Effectiveness & Equality, presented the recommendation of the NW London CCGs' Policy Development Group (PDG) to the Committee for decision.

The PDG recommended that the NW London CCGs adopt a policy to commission CGM devices in a defined cohort of paediatric patients with Type 1 diabetes. This equated to approximately 5–10% of 610 paediatric Type 1 diabetes patients under 18 across NW London.

The CGM device has been approved already in a defined cohort of adult patients with Type 1 diabetes. The Committee noted that in April 2019, CGMs were no longer commissioned as part of the Paediatric Best Practice Tariff, meaning that the device became chargeable on a cost per case basis, at which point we recognised the need for a clear position statement. The cost of implementing the policy was estimated at up to £214K, and it was recognised that there was no real comparator for this cost, following the tariff changes.

The proposed policy is aligned to the NICE guidance, with one caveat that the PDG also recommended making the device available for children under 4 years of age with type 1 diabetes on an insulin pump, as the licensed alternative was not available for that cohort. It was explained that some patients who would be eligible for treatment under the new proposed policy, were currently going through the formal route for Individual Funding Requests (IFRs), so the introduction of the policy would be of direct benefit to them and other patients in the cohort defined in the policy.

It was also reiterated that for patients who do not meet the policy criteria; funding could be sought via Individual Funding Request (IFR) route in exceptional clinical circumstances.

Members discussed the merits of the policy and CCG chairs were all in agreement that the policy was clinically sound.

The Committee adopted the policy in full with immediate effect.

Report from the Chief Nurse and Director of Quality – including the report of the NW London CCGs' Quality and Performance Committee

Diane Jones, Chief Nurse and Director of Quality, reported on the work of the Quality and Performance Committee, which most recently met in December 2019.

Highlights from the summary report included work with specific care homes, and work to support people with learning disabilities. An update on the coronavirus was provided, and infection control practices (such as hand hygiene and personal protective equipment) continued to be a strong focus for patient care.

Members enquired about the impact of changes to the governance system for quality and requested information about the difference the clinical review groups are making. Assurance was also sought as to how local intelligence is now captured and acted on. An update on this will be provided at the next meeting, which chairs felt should be considered in all CCGs.

The Chair asked for more information on trend lines for "Never Events" (referring to incidents causing harm that should never happen) across London and for the common themes on this to be included in future reports.

Report on financial recovery and the NW London Finance Committee – including Financial planning for 2020/21

Paul Brown, Chief Finance Officer, reported. FY2019/20 was expected to be a successful financial year as we were now confident of achieving our plan. A key contributor to this has been engagement with primary care referrals into the system and how the acute sector deals with patients and manages admissions. Other positive factors have been the reduction in CCG running costs (in particular, agency costs), elimination risk for GP at Hand, resolution of the issue of Category M drugs, and triangulation of year-end positions with providers who as a result are now better able to focus on planning spend for the year ahead.

It was noted that FY2020/21 would be challenging; that two thirds of our growth will go towards supporting the deficit position and that the other third will be to meet our inflationary cost, meaning that activity will need to remain flat. Our QIPP plan for the year is £168m of which £103m relates to the acute sector. The solution to these significant challenges will require us to build on progress as a system to further improve pathways and referrals management and develop new contract forms that move away from payment by results model.

AOB

Alan Wells formally recorded the Committee’s thanks to Mark for his energy and commitment during his service as Accountable Officer for the NW London CCGs.

The meeting was closed at 16.30hrs before questions were then taken from members of the public.

Questions and Answers session

A number of questions were asked. These focused on hospice bed spaces and related financial and operational pressures surrounding patient transfers, long-term investment in NW London’s health infrastructure, demand management, the role of GP referral trends, the appointment of Dr Penny Dash (discussed above), the LTP, and the future leadership of the collaboration.