

Report of the North West London CCGs' collaboration board

November 2015 (version: 26 October 2015)

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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.

Strategy and transformation – planning delivery of [Shaping a Healthier Future](#)

The general strategic business and finance strategy meetings have been consolidated and now meet as Parts One and Two of the Strategy and Transformation meeting (3 September; 8 October 2015).

Key focus of strategy and transformation: priority areas for delivering change

Communications on 5-year strategic roadmap

- The five year strategic roadmap is being refreshed and updated as part of the business planning and commissioning intentions process. Communications to support the 5-year strategic roadmap are being developed jointly with the communications teams and CCGs.

Shaping a Healthier Future – implementation business case (IMBC)

- An Implementation Business Case (ImBC) is being developed by the NHS in North West London to describe the total capital investment required to implement our proposed improvements to deliver better care for the two million people in North West London. The 'what' has already been consulted on and agreed. The ImBC is about the 'how' and is fully owned by the health system.
- Some of the programme will require capital investment though, either to ensure existing NHS buildings are fit for purpose, or construct new facilities. We are working on an Implementation Business Case to fully identify the level of investment we would need to do this, and this will ultimately go to the Department of Health and the Treasury for agreement. The current plan is to have a revised version of the ImBC completed in Spring 2016.

Delivery Architecture

- System wide work is underway to support the wider transformation and address the emerging financial challenges. This includes work on a delivery architecture. Three priority areas being approached as work streams are Orthopaedics, end of life care and the creation of a shared Staff Bank across North West London. A fourth work stream is overall improvement methodology.

Children's and Young people's services

- Agreement that the joint strategy for Shaping a Healthier Future is the vehicle through which the NWL CCGs will together deliver the safe transition of paediatric services in Ealing, review system-wide critical care capacity in NWL and develop an effective surgical network. To enable this, the scope of the review of children's and young people's services in NWL will remain focused on deliverability, assurance and transition safety.
- Strategy and Transformation (S&T) will support work with CCG teams to review community

paediatric models and make recommendations for improving community paediatric pathways over the coming 6 months.

- The business case for local Paediatric Assessment Unit (PAU) models will be developed by CCGs, with analytical support provided by S&T as required; CCGs are responsible for local HDU/critical care business case development and decision-making regarding commissioning.

Patient and community transport services

- Poor performance by patient and community transport services has led to missed appointments, delayed discharges, inefficiencies and poor patient experience. A strategic review to address these key issues of poor performance by current services is being taken forward and will build on the existing progress being made in this area across NWL.
- Establishment of *Patient Transport Service (PTS) Steering Group* with a remit to develop shared PTS Quality Standards and Key Performance Indicators (KPIs) by March 2016 and a common PTS specification for North West London by March 2017.
- Stakeholder events will inform the Quality Standards.
- The PTS will co-develop a Contract Variation notice (1 Year) to be issued by CCGs to all providers by March 2016 to allow for the implementation of Quality Standards.

Cancer strategy to drive improvement and reduce variability

- Endorsement of care for developing cancer strategy with a focus on prevention, screening and recovery. The board advised widening the focus to incorporate a focus on referral to treatment (median measurement of days), survivorship and diagnostics with a workstream through SRGs to inform what diagnostic equipment and specialist workforce are required.
- Work to align with Healthier Lifestyles and link in with work with local authorities.

Like Minded – mental health and wellbeing strategy

- The case for change for improving mental health and wellbeing services in NWL has been discussed at governing body seminars and meetings, and it details six new priority areas building on work already underway: wellbeing and prevention (which incorporates workstreams for workplace wellbeing and parenting interventions), living well with serious and long-term mental health needs, common mental health needs (launching in October), children and young people, other population groups with specific needs, and enablers such as whole systems integrated care.
- Planning is underway to confirm the approach to engagement and decision making.
- Next steps for the CCGs include work together with local authorities to develop integrated health and social care budgeting.

Healthier London Partnership (HLP)

- Update on HLP, the London-wide transformation programmes, is now a standing item to be monitored and reviewed on behalf of NWL's CCGs. Work is required to identify the right resourcing and communications processes to strengthen the NWL CCGs' governance and engagement across each of the programmes via named programme leads and their supporting officers. A proposed engagement structure is to be agreed in November.
- It was noted that the London Transformation Group, which has decision-making authority over the London-wide programmes will bring a proposal to move to a longer-term footing, which is expected to be taken to governing body meetings before December.

Seven day services

- The seven day services programme is working collaboratively across CCGs to reduce the average patient Length of Stay, improve emergency flow and patient experience. The programme aims to strike the right balance between locally driven implementation whilst co-ordinating progress across common goals and specifications.
- The challenge of implementing cross-border transfers to a single point of access was recognised.
- Need to join up with local authorities i.e. West London Alliance and work together on a shared programme of change to develop a single discharge process.
- Seven day services is being further discussed by the Clinical Board, the SaHF Implementation Programme Board and is being locally developed via the Systems Resilience Groups.

Whole systems and Primary Care transformation – whole systems integrated care, and strategic commissioning framework (SCF) stock-take

- Two substantive papers were taken at the October meeting focused on whole systems working and primary care transformation against the backdrop of needing to develop a new model of care and to respond to the SCF.
- The key considerations for primary care in this context are the model of care implementation, the Strategic Commissioning Framework (SCF), delivering general practice at scale, and the PMS contract review.
- NWL's CCGs have also received a letter from NHSE about primary care QIPP, highlighting the need for the system to be financially balanced.
- An outline was given as to how the NWL's CCGs vision for general practice will meet the different aspects of the SCF through strategy and development, engagement, and implementation at scale, taking into account the key enablers of technology, workforce and estates.
- The board suggested developing the model of care based on a 'per 1,000' population approach, rather than 'per practice'. It was recommended that the model reflects population size, patient flow and sustainability, guided by what each population segment needs in terms of access, such as routine bookable appointments.
- Population-based model of primary care to be publically consulted on with CCGs and CCGs' members.
- The key considerations for whole systems include the roll out of the new models of care across early adopters and what shadow running can be achieved by April 2016, the development of outcome based commissioning and capitated budgets, and the development of ACPs. The Finance and Informatics group will be reconvened, and regular programme executives established.

Paediatrics

- Following Ealing CCG Governing Body's decision to set a date for the transition of paediatric inpatient services to receiving sites (30 June 2016), the SaHF Paediatric workstream has focused on implementation planning. This has included broadening the membership of the *Governance and Project Delivery Board* to include Trust operations directors and paediatric lead nurses, developing a detailed implementation plan (and associated assurance timeline), base-lining of the paediatric workforce and existing vacancies, and developing a draft

Paediatric Assessment Unit (PAU) specification.

- Additional funding may be required in 2016/17 to support Trust recruitment activity and the transfer of paediatric staff from Ealing Hospital. Receiving sites may recruit staff in advance of 30 June 2016 and second them back to Ealing Hospital until the transition is complete.

Blueteq

- Following the board's recommendation, the chief officers have authorised expenditure from within the 2015/16 commissioning support services budget to purchase an information management system for drugs excluded from tariff at a cost of £2,150 non-recurrent and £1,750 recurrent per NWL CCG. This will improve the shared delivery of the IFR team.

Antenatal care

- Following the recent maternity reconfiguration it has become clear that greater clarity is required between providers, GPs and acute Trusts, to ensure that women receive consistent, agreed antenatal care. Conversations are underway to ensure that the next steps are agreed, and, at the time of reporting, may include holding a workshop in November.

NWL strategy and transformation 2015/16 Month 4 and Month 5 report

- Funding pressures associated with the revision of the IMBC were being addressed through the re-allocation of resources within the S&T 2015/16 budget.
- £5m had been set aside for financial support to Harrow to be released on the condition that a recovery plan is in place. It was expected that this would be finalised by 31 October.

NWL commissioning support services Month 4 and Month 5 report

- The paper summarised the year-to-date position of the CSS, setting out adjustments and the previous agreement to disaggregate budget lines relating to services in-housed from the CSU and spend that is locally specific to CCGs or to sub-groups of CCGs. At M4 an underspend of £112k year to date was reported and net forecast outturn of £262k had been projected. At M5 this moved to an underspend of £111k and a net forecast outturn of £220k underspend, subject to further validation with managers.

IMBC commissioner refresh – financial planning

- The board noted the revised time-lines been approved by NHSE and the TDA, which involves trusts in reworking financial projections and implications of capital schemes, aligned with our five year refreshed activity plans. The refreshed draft commissioner plans have been based on desk top projections with allocation assumptions, activity and global QIPP. This will be an iterative process and that the detail of individual CCG plans are being dealt with at CCGs' Finance and Performance Committee meetings. The IMBC analysis as it continues to develop remains a primary focus of the collaboration board.

Evaluation of 2014/15 joint financial strategy: lessons learned

- The financial strategy has supported programmes to deliver health and care improvements across NWL. The transition of A&E (and planning for further maternity and paediatric service changes) will improve senior clinician cover in NWL's hospitals and will support care being delivered in the right places for patients. All CCGs and acute provider trusts (and London Ambulance Service) have worked together to deliver service changes and stakeholders remain engaged for the next phases of delivery.
- With the support of the financial strategy, NWL CCGs have made significant investment in out

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of hospital services, to support the development of person centred care delivery closer to people's homes.

- The investment in NWL-wide transformation has enabled whole systems integrated care, mental health and primary care programmes to meet the delivery objectives for 2014/15. The joint investment of funds has enabled a fair and consistent approach to provider support, as well as other pan-NWL issues, reflecting the mutual interdependency of CCGs and patient flows across borough boundaries.
- A key lesson has been for the S&T programmes to move to a more sustainable footing and therefore the board recommends a shift from a consultancy-based delivery model to a structure where increasing numbers of posts are filled on a substantive basis.

2016/17 annual contracts rounds

The Commissioning Delivery Group (CDG) that met in 2014/15 was reinstated on 24 September 2015. It has now started to meet regularly in order to steer and oversee the CCGs' collective approach to the annual contract rounds for 2016/17. This means forging consensus on strategic themes, which guide and inform the contracting negotiations locally led by MDs/COOs and contract leads. The new terms of reference of the CDG are included for reference at the Appendix.

Key focus of the CDG: making 2016/17 a transition year towards ACPs

CCGs' commissioning intentions

- Alignment of 30 September 2015 contract notification letters with CCGs' strategic intentions.

Moving towards Accountable Care Partnerships

- Recognition of the need for 2016/17 to be a "transition year" and one that understands the art of the possible.
- Endorsement of a target date of April 2018 for moving to ACPs*¹ and desire to engage Trusts in what the transition arrangements to a new contracting format might look like.
- Consensus to seek mainly 2-year block based contracts designed to incentivise shift towards capitated budgets and system-wide outcome measures – as basis for roadmap to ACPs.
- Support for developing CIP and QIPP programmes as part of the IMBC assurance process, which will serve as the foundation for ACP business planning.
- Commitment to developing the right milestones for each year as we progress towards integrated contracting.
- Recognition of need to decide on overall level of risk appetite.

Getting quality right

- Focus on understanding what quality will look like - both in transition and under ACP arrangements.
- Establishment of Quality Working Group to inform contracting (as part of the wider governance framework).
- Commitment to providing consistent evidence-based care and to reducing variation across service lines, in a way that aligns with priority areas for change expressed in the IMBC.

¹ For acronyms please see final page

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- Changing the conversation “from being activity based to being cost and quality based”.

Aligning contracting approach with whole systems integrated care (WSIC)

- Support for contracting the key behavioural elements aligned to whole systems integration.
- Need to cultivate and nurture early adopters (pilot organisations) and allow different areas to progress at the right pace of change.
- Provider dialogue and system-wide organisational development work identified as a priority.
- Re-establishment of *Finance and Informatics Steering Group* to develop integrated care capitation models.

Benefits for providers of contract form

- Commitment to articulating the benefits of the contract form for transition as well as the end point (to include reduced paper; reduced information requirements; multi-year contracting; suggestion to incorporate minimal income guarantee).

Outpatient prescribing model – developing implementation plans

- Confirmation of CCGs’ commitment to the proposed outpatient prescribing model as a commissioning intention; endorsed establishment of local Outpatient Prescribing Task and Finish groups to work up the detailed modelling to support implementation plans.

Biosimilar infliximab gain share discussion

The CDG discussed biosimilar infliximab and agreed the following actions:

- Hillingdon CCG officers will discuss the matter separately with Hillingdon Hospital. The arrangement outlined in the next bullet point will not apply to Hillingdon CCG.
- When Remsima or Inflectra is used rather than Remicade, all other NWL CCGs will enable retention of 50% of the saving by the hospital Trust administering the biosimilar version. This will apply until the end of March 2016.
- The board did not take a view on how to proceed after the end of March 2016. Issues around adoption of biosimilar infliximab and etanercept will be included in discussions with Trusts about 2016/17 contracts.

Use of Bevacizumab (Avastin) for wet age-related macular degeneration (AMD)

- The board discussed an option to support NWL CCGs to deliver their financial statutory duty by considering a proposal to implement an additional QIPP scheme based on using Bevacizumab (Avastin) for wet-aged macular degeneration (AMD). This proposal would require a commissioning policy to use Bevacizumab off-label for wet-AMD, in replacement of the current NICE-recommended and licenced Aflibercept and ranibizumab (Lucentis).
- Given the legal constraints acknowledged in the paper that would attach to the above position, the board reached consensus to continue with the currently commissioned licenced pathway and agree a clear statement as to the rationale for doing so.

Progress on WHYSE (business intelligence tool) and towards a shared care record

There was no business intelligence and informatics strategy meeting held in August, or in September 2015. A meeting was held on 22 October to assess progress across a range of shared objectives and for members to offer challenge to the executive leads.

Key focus and priorities for NWL CCGs' business intelligence and informatics

Strategic issues

- Imperative to tighten management controls in conversation with SECSU to accelerate the delivery of the WHYSE business intelligence tool to become fully operational.
- Continue to bring the WHYSE and whole systems integrated care (WSIC) programmes into closer alignment. The board reflected on the need for stronger oversight arrangements for whole systems integrated care to match that put into place for WHYSE – to be led by the directors of S&T, BI and contracting (Matt Hannant, Ian Riley and Andrew Burgess).
- Work-up of detailed SLAs and KPIs for WHYSE to strengthen current management and refine the service specification to test the market in advance of re-procuring for beyond March 2017.

Progress noted

- WHYSE products for use by GPs to be launched by end of October – good feedback received to date on GPRS and urgent care products.
- Work over the last six weeks to validate whole systems dashboard data was noted – progress to assure data quality has been incremental.
- A consultation paper on developing shared care records had been taken to governing body seminars to explain the issues, rationale for interoperability to support Care Information Exchange (CIE), explore constraints, local implementation ideas, and noting that this is a complex programme of change with associated risks and mitigating actions. An excellent level of discussion indicated broad support for interoperability. It was further noted that CCGs are required to look at local care communities as well as within and between providers to support transfers of care and integrated care – therefore strategies need to align across the providers. The board recognised that CIE is business critical for providers to deliver better patient care, reduce paperwork and reduce costs, which led onto discussion of how ACPs will need to invest accordingly, with CCGs supporting behavioural change.
- The transition to a new provider for SMS services from 1 October 2015 was successful.
- NHSmail is in the process of changing provider – this is expected to be in the New Year and to be a 'back-end' server change with no perceptible impact on the end-user (account holder), however the default email account storage space will be 4GB per account. An options appraisal to be conducted so that recommendations are put to CCGs' IT committees in due course for users not using NHS mail at the moment. It was noted this would affect around 500+ email account holders.

Actions in hand

- Continue training and promotion of the WHYSE BI tool with CCGs – agreed to report percentage training and uptake per CCG to track and drive progress, and change behaviours.
- Confirm the ICT operating model with remaining CCGs' IT committees in November, confirming the detailed service expectations and associated escalation processes.
- CCGs are required to sign CCG-GP practice agreements with their practices, outlining IT support arrangements, the local details of these are currently being discussed with CCG clinical IT leads and LMCs. The agreements are expected to be sent to the practices mid November.
- Undertake a stocktake of IT and IG committees across NWL's CCGs and co-develop an

information governance (IG) roadmap and memorandum of understanding, including a review of IG resourcing needs across the NWL's CCGs from the existing baseline.

The board was supportive of the above actions to accelerate the pace of delivery of effective BI and informatics.

Individual Funding Requests (IFRs)

Outcomes on policy amendments for the following are separately covered at the standing report of the IFR team:

- A. Laser hair removal
- B. Hernia repair
- C. Update on IVF; and
- D. Update on acupuncture

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. In limited areas it has delegated authority from the CCGs in which it can take joint decisions.

The board serves to guide the CCGs' overall approach to the annual contracts rounds and to developing business intelligence and informatics strategy. It additionally takes decisions in response to the recommendations of NWL CCGs' Policy Development Group on Individual Funding Requests (IFRs) and Planned Procedures with a Threshold (PPwTs).

More recently, the Commissioning Delivery Group has replaced the old shared support services meeting that had responsibility in this area throughout the 2015/16 contract rounds and which met from October 2014 until June 2015. The shared support services meeting was disbanded after having overseen the first nine months of commissioning support services since they were brought in-house, whilst having also dealt with other shared business in relation to the contracting process. This change to the board's governance structure was to ensure that the board's time remains strategically focused and that day-to-day operational matters relating to the respective support services are managed by the Senior Management Teams of CWHHE and of BHH respectively.

Glossary of acronyms

ACP **Accountable Care Partnership**

IMBC **Implementation Business Plan**

QIPP **Quality, Innovation, Productivity and Prevention:** a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS

CIP **Cost Improvement Programme:** the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money. The most successful CIPs are often those based on long-term plans to transform clinical and non-clinical services that not only result in a permanent cost saving but also improve patient care, patient experience and patient safety.