Report of the North West London CCGs' collaboration board

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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

An informal workshop (28 January) and a development session (11 February) were held in order to take a step back and look at the bigger picture as to how we wish to collaborate across the CCGs and together with our providers and local authorities.

Discussion centred on two key areas:

1. The future purpose and shape of NWL's Strategic Planning Group in relation to our shared need to develop a locally rich Sustainability Transformation Plan (STP) for North West London

2. Feedback from the Welbourn Review undertaken in 2015, which made recommendations as to how partnership engagement could be better facilitated.

Key focus of strategy and transformation – new ways of collaborating

New ways of collaborating

The board noted that in light of NHSE's timeline to approve the Sustainability and Transformation Plan (i.e. submit by the end of June 2016) the proposed Strategic Planning Group governance to support this would need to be discussed at CCGs' governing bodies in March.

It was proposed that other areas of collaboration governance (informatics; finance; commissioning delivery; strategy and transformation) will be discussed at governing body seminars in March/April and taken to governing bodies in May 2016.

Consensus was reached in the workshops that collaboration board has a role to play in enabling the NWL CCGs :

a. to hold each other to account for delivery;
b. to agree compromises;
c. to keep a CCG 'health overview' of transformational change;
d. to thrash out issues and problems; and
e. to manage the financial strategy and hold each other to account for delivery.

The NWL CCG Chairs will continue to meet for informal strategic discussions and to raise any issues that might emerge.

The board recognised that there would be a risk to changing collaboration governance arrangements

before May 2016, when Ealing CCG is due to take the decision on Paediatric changes, and therefore was supportive of waiting until June or July 2016 before implementing a new approach to the SaHF Implementation Programme Board that has focused on acute reconfiguration.

Approach to 2016/17 annual contracts rounds

The 2016/17 Commissioning Delivery Group (CDG) has moved into its phase of meeting fortnightly. The Group's role is to steer and oversee the CCGs' collective broad approach to the annual contract rounds for 2016/17. This means forging consensus on the strategic themes to inform the contracting locally led negotiations by MDs/COOs and contract leads. The CDG has met on 14 and 28 January and on 11 February.

Key focus of the CDG: ensuring contract discussions with providers, including CQUINs, enable sustainable transition towards new ways of working

The key focus was on ensuring that we model the Implementation Business Case (IMBC) and STP together, and that our contracts reflect the joint system modelling we are undertaking, rather than be different to our overall system monitoring. There is a need to prioritise some CCG spend on delivering transformation and it is intended that the CCGs will actively hold some reserves to achieve this. The key driving questions were identified as:

1. What is the clinical case for change?
2. What is the financial case for change?
3. What is the case for patients?

Keeping the questions central to the solutions designed will enable us to bridge between the practical contracting and the strategic planning and design.

CCGs' approach to finance and activity planning for 2016/17

- The 2016/17 contracting rounds are focused on achieving a realistic offer for commissioners and providers.
- It was noted that improvements could be made to QIPP schemes by joining up the different intermediate care schemes to achieve greater savings.
- CCG teams have reviewed outline offers in January 2016 and continue to work with Trusts to ensure that cost improvement plans (CIPs) can be realised.

Approach to contractual format for transitional mainstream contracts

- Variation among the clinical contracts continues to be reduced.

Contractual approach to whole systems integrated care (per CCG) and the key role of CQUINs

- The main focus in the 2016/17 contract round is on supporting providers to deliver digital systems that will be compatible across the health economy. There was support for the approach to delivering digital systems to be co-designed with providers and discussed further at the next programme board, aligning it to the discussion on urgent care in particular.

Memorandum of understanding for NW London

- An MoU has been developed to enable providers and commissioners to work together in a new way to tackle challenges across the system, to developing a Sustainability and

Transformation Plan (STP), and to set out the relevant parameters within which to work. The draft MoU proposed set out key principles and provided examples of how they will apply in practice. It was intended that this top-level exercise will be done between Chief Officers, Trust CEOs, Chairs, and Chief and Deputy Chief Finance Officers. Detail on the outcomes of this discussion will be provided at the COs' report, further to feedback from providers.

- The Group was supportive of the overarching ethos of this being an "open book" approach where we agree how we will collectively get the system as a whole into financial balance.

The key role of information schedules

- Information schedules have a key role to play in contracting format to support Shaping a Healthier Future and the strategy for whole systems integrated care (WSIC).
- The Group recognised that IT innovation is very important in delivering the shaping a healthier future strategy. It is acknowledged that different providers have different levels of digital maturity and there needs to be local sensitivity adapted to each Trust.

Digital / IT CQUINs

- The 2016/17 digital CQUIN is being aligned to the digital roadmap, which is seen as integral to supporting whole systems and the establishment of Accountable Care Partnerships.

Approach to outpatient prescribing

- The NWL CCGs continued to work closely with Trusts' pharmacy leads, to understand any relevant capital and expenditure requirements where applicable for the new delivery model of outpatient prescribing.

Biosimilars update

- The CDG reflected a relative openness to gain share arrangements, as well as to Trusts retaining up to 100% of savings accrued as a result of prescribing cost effective 'biosimilars' , where such drugs are known to be as clinically effective as their alternative leading brands. The board focused on the value of incentivising behavioural change as part of this drug spend initiative.

Dementia screening

- It was confirmed that the dementia screening default commissioning position (nationally) is for over 75s to be screened and that a default position to screen over 65s would not be adopted locally.

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

The next full meeting of the collaboration board, focused on business intelligence and informatics, will be held on 10 March 2016.
In the interim, a progress update was taken at the collaboration board meeting on 28 January.

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

Strategic issues

- Progress on the delivery of WHYSE modules by South East London CSU remains a top priority.
- The board was pleased to note that the review by NHS England of the WHYSE modules

concluded favourably as to its significant applied value and future potential for enabling whole systems integrated care.

Individual Funding Requests (IFRs) – recommendations of the Policy Development Group (PDG)

Notes: Clinical representation is included in the membership on the NWL CCGs' Policy Development Group and proposals are sent to all governing bodies three weeks prior to the board's meeting, which has joint delegated authority for decision making in this area in line with CCGs' constitutions.

Each CCG chair play a vital role in ensuring that there is GP clinical representation from each CCG at the PDG.

Policy amendments were agreed / rejected as follows:

Routinely commissioned insulin pump options in type 1 diabetes

It was noted that a reduced price had been negotiated for an insulin pump, the omnipod, which is a tubeless device, which some patients preferred. It was estimated that about 14% of patients would choose to switch to this device if given the option. Subsequent to the significant discount negotiated, the combined cost pressure to the NWL CCGs would be £4,000. It was noted that there was no evidence of the omnipod being any more clinically effective than other insulin pumps. It was further noted that a 'price promise' had also been obtained from the supplier.

- **Outcome: The board approved the routine commissioning of the omnipod in order to improve patient choice and experience.**

Align access to alternative biologic treatment for psoriatic arthritis in accordance with new NICE guidance issued in June 2015

The board was advised to support the recommendation of the PDG to de-commission the NWL CCGs' local policy on access to alternative biologic treatment for psoriatic arthritis and to align this with the NICE guidance on biologics issued in June 2015.

- **Outcome: The board approved the policy change.**

Bariatric pathway update

The board was advised that the commissioning of bariatric pathway was due to return from NHSE specialist commissioning to the CCGs during FY2016/17. It was not yet known what level of funds would attach to this. There had been no mandatory tier 3 as part of the pathway used under Planned Procedures with a Threshold (PpWT) that was in place before this service was handed over to NHSE. It has been identified that should tier 3 become mandatory, this would potentially pose a significant cost pressure to the CCGs.

A clinical workshop will be held on **1 March 2016** to explore the clinical evidence and projected cost base in NW London around the cost of the tier 3 bariatric pathway.

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.