

Item 19 8 November 2016

## Report of the North West London CCGs' collaboration board

November 2016 (version: 18 October 2016)

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This report provides a synopsis of the key issues recently discussed by the collaboration board (a joint committee) to support transparency as we collaborate across our individually sovereign CCGs in North West London. It summarises the main work undertaken since the previous report issued to the September governing body meetings (version: 24 August).

Collaboration board meetings held between 25 August and 18 October 2016:

1. Business intelligence and informatics strategy session – Thursday 8 September
2. Strategy and transformation session – Thursday 29 September

Our Local Digital Roadmap – the “golden thread” for delivering the NW London STP

The informatics strategy was discussed in its wider context of the updated Local Digital Roadmap (LDR) (submitted to NHSE in October), which is a core enabler of our NW London Sustainability and Transformation Plan (STP). The future of innovation in technology was a key focus, and emerging developments indicated the huge potential to be tapped into, such as through personal data analytics and smart device applications.

At an operational level, the balance between delivering ‘business as usual’ for IT and being able to free up resources for the design and implementation of new and innovative approaches, was regarded as a key issue and an important one to get right if we are to successfully achieve new ways of working across NW London. It was explained by the director of informatics that work was underway to develop the internal system for capturing the detailed status of all IT transformation projects, risks and issues. On a related point, it was acknowledged that the ICT service is primarily set up and run as a commissioning support service, rather than as a series of related transformation programmes. The need to set clear goals and to track the outcomes of change programmes was fully recognised by the board as a priority area to develop as part of the LDR and our wider STP delivery.

A new BI and informatics strategy governance framework was under development and will include tasking the right groups with overseeing (and co-delivering with partners) the core components of the LDR. Governance alignment with the emerging wider STP delivery structure was therefore under development.

Estates Technology and Transformation Funding (ETTF) Bids

ETTF bids were discussed in relation to how they will support:

- Digitally enabled patients
- Integrated care standards
- Care homes
- Video conferencing
- Digital document management
- New models of care
- Integrated telecoms and patient management services

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The board was pleased to note that a number of bids were progressing to Phase 2 of the funding application programme and that prioritisation was being worked through together with NHS England.

### Business intelligence tool re-procurement

The BI re-procurement specification was nearing completion and members were asked for their thoughts on how matters could be progressed. Members agreed to progress with a small planning group with cross-representation from across the NWL CCGs from IT, GP and Finance leads. It was agreed that an update on this would be brought to the November governing body meetings, to enable governing bodies to consider available options for 31 March 2017, when the existing BI contract with SECSU is due to end.

### Whole systems integrated care (WSIC) dashboard delivery

Good progress had been achieved in delivering the whole system integrated care (WSIC) dashboard, and members were advised that data had been well received by GP practices. It was noted that the WSIC dashboard was enabling GPs to risk stratify patients, and to better care for patients with long term conditions (LTCs). Whilst the development of the dashboard had been paid for, conversations were required on resourcing and charging arrangements going forward. It was suggested that consideration should be included in the contracting round discussions. It was recognised that the frequency of update and accuracy of data would determine uptake.

### HLP pilot site projects

Members were updated on investment opportunities available through the Healthy London Partnership (HLP) for the funding of digital work in London. Technical capability pilots were in the course of being confirmed and included, for example, location and exchange of crisis care data, and end of life care plans.

### Recommendations to the board from the NWL CCGs' Policy Development Group (PDG)

**Notes:** Clinical and lay representation is included in the membership on the NWL CCGs' Policy Development Group. Policy position proposals are sent to all governing bodies three weeks prior to the collaboration board's meeting, which has joint delegated authority for decision making in this area in line with CCGs' constitutions. All IFR policies are discussed at the main strategy session of the collaboration board, which has the broadest membership, including representation from Healthwatch.

Two policies recommended by the PDG were circulated to all NWL CCG governing body members in the week commencing 5 September 2016, and were brought to the collaboration board on **29 September 2016** as follows:

#### (A) A proposal to modify the current abdominoplasty / apronectomy policy

The board agreed to approve the recommendations made by the PDG in regards to current PPWT policy for Abdominoplasty /Apronectomy. This removed the threshold for the patient to have a BMI of 18-27 kg/m<sup>2</sup> and be stable for at least two years.

#### (B) Weight management services options appraisal (Tier 3 and Tier 4)

The board agreed to signal to providers in the Commissioning Intentions Letter (due to be sent on 30 September) that a review of Tier 3 services would be carried out in 2017/18 with a possibility of in-year decommissioning. The IFR Team would submit a paper to the board outlining the scope of the review of Tier 3 service to be undertaken by the NWL CCGs

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### (C) Subfertility / in vitro fertilisation access – intrauterine insemination (IUI) for same-sex female couples

This policy was reviewed from a corporate governance and legal compliance position, which was discussed twice with NWL CCG chairs in August and again in September, before being taken to the collaboration board. (Please note: This was not a clinical item discussed by the PDG).

Members were updated on the background to a patient complaint related to the self-funding of IUI for same sex female couples as a pre-cursor to accessing NHS-funded in-vitro fertilisation (IVF). The complainant claimed this requirement was inequitable. Discussion took place around the need to demonstrate clinical need via self-funding for six months and the fair use of finite NHS resources. Members were advised that legal advice had been sought in relation to the current requirement for patients to evidence clinical need before accessing NHS-funded IVF. Whilst the current policy was unlikely to be considered as directly discriminatory against same sex female couples, the complexity of equality legislation suggested that indirect discrimination could not be entirely ruled out. It was recommended that members strictly adhered to 'clinical need' in the policy, as to deviate from this would set a legal precedent, which would in turn impact on other policies and risk decision-making on policy thresholds moving away from being clinically driven.

Members approved retention of the current policy, notwithstanding minor areas of clarification.

### Implementation Business Case (ImBC) update

The board was updated on the Strategic Outline Case (SOC) Part 1 and the ImBC paper, which sought to provide assurance relative to the differing levels of capital investment options. The service implications relative to the different capital investment scenarios were undergoing re-evaluation. The timing of submission to NHSE was discussed, and it was confirmed that a November 2016 submission of the final capital requirement business case was no longer being targeted. Optimism was cautiously expressed that goodwill existed to continue with the necessary changes to deliver the joint strategy for 'Shaping a Healthier Future'; and it was noted that NHSE had advised that the minimal capital requirement be tested.

Members agreed that hubs were critical to the delivery of out of hospital care (local services) and therefore it was important to get financial sustainability into the system quickly.

### NW London Sustainability and Transformation Plan (STP)

Please note that this is an item for discussion at the November governing body meetings for all NWL CCGs.

Members were updated on recent developments since the first draft 'check-point' submission of the STP in June 2016. It was explained that the final draft STP was required by NHSE by 21 October 2016; after this date, full public consultation and engagement on the proposed system-wide five-year plans ('starting points') is permitted. The board concluded by discussing the importance of robust public engagement, and reflected on the way in which much of the NWL STP, at its core, is a re-expression and continuation of existing plans, which themselves have received comprehensive public engagement.

Other items discussed:

- [Accountable Care developments – commissioning and contracting for integrated care models across NW London](#) – an item for the November governing bodies

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- [Health London Partnerships](#) – an update on progress across the London-wide programmes was taken
- [Delegated primary care commissioning](#) – the role of primary care commissioning in delivering the STP and our plans for local services was discussed. It was noted that NHSE has requested an accelerated move towards full delegation; therefore, the board noted that the risks and benefits of doing so by April 2017 (rather than by April 2018) required debate with CCG members during October and November 2016.

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### [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. 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 annual contracts rounds and to developing business intelligence and informatics strategy, as well as to develop for approval and then review progress against the NWL CCGs' joint finance strategy.