NHS
North West London
Collaboration of
Clinical Commissioning Groups

NW London CCGs' Shadow Joint Committee

Minutes of the meeting held on Thursday 6 September 2018,

15.00–17.00hrs

Members of the Committee:

Name:	**Role:**
Marcia Saunders (MS)	Independent interim chair
Mark Easton (ME)	Accountable Officer, NW London CCGs
Alexandra Kalmis (AlK)	Deputy MD, Harrow CCG
Dr Amol Kelshiker (AK)	Chair, Harrow CCG
Caroline Morison (CM)	MD, Hillingdon CCG
Christine Vigars (CV)	Healthwatch Representative
Diane Jones (DJ)	Chief Nurse/ Director of Quality, NW London CCGs
Graham Hawkes (GH)	Chief Executive Officer, Healthwatch Hillingdon
Dr Ian Goodman (IG)	Chair, Hillingdon CCG
Janet Cree (JC)	MD, Hammersmith & Fulham
Jules Martin (JM)	MD, Central London CCG
Louise Proctor (LP)	MD, West London CCG
Lindsey Wishart (LW)	Lay member, audit and finance
Dr M C Patel (MCP)	Chair, Brent CCG
Mary Clegg (MC)	MD, Hounslow CCG
Dr. Martin Lees (ML)	Secondary Care Consultant
Melanie Smith (MeS)	Director of Public Health and Community Wellbeing, Brent Council
Dr Nicola Burbidge (NB)	Chair, Hounslow CCG
Neil Ferrelly (NF)	Chief Finance Officer, NW London CCGs
Dr Neville Purssell (NP)	Chair, Central London CCG
Nicholas Young (NY)	Lay member, patient representation
Philip Young (PY)	Lay member, audit and finance
Sheik Auladin (SA)	MD, Brent CCG
Dr Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG
Tessa Sandall (TeS)	MD, Ealing CCG
Dr Vijay Taylor (VT)	Vice-Chair, Ealing CCG

Non-members in attendance:

Simon Carney (SC)	Head of Corporate Governance
Alex Harris (AH)	Corporate Governance Officer, NW London CCGs
Juliet Brown (JB)	Interim STP Director
Huw Wilson-Jones (HWJ)	Interim Director of Acute Medical Commissioning
Rory Hegarty (RH)	Director of Communications and Engagement

Apologies:

Dr Andrew Steeden	Chair, West London CCG
Dr Mohini Parmar	Chair, Ealing CCG

General business	Action for
1. Introductions, apologies and declarations of interest The meeting was the first in which the Shadow Joint Committee was operating in public, and the proceedings were also live-streamed. The Interim Independent Chair, Marcia Saunders, began by thanking the events team at Brent Council for their assistance in hosting the Committee. The Committee expressed it warm appreciation of the contribution of Dr Amol Kelshiker to the Committee, to Harrow CCG and to GP practices over many years and congratulated him on his retirement. Apologies were received from Andrew Steeden and Mohini Parmar – Vijay Taylor was in attendance as substitute for the latter. **2. Minutes of the previous meeting held on 5 July 2018** • The minutes of the previous meeting were approved as an accurate record of the proceedings. **Declarations of Interests** Marcia Saunders reminded members to keep the interests register up to date as well as declaring them for specific agenda items. This included those attending in place of a member. There were no other declarations of interests. Graham Hawkes noted that he had not been included on the register of interests, and asked that the register of interests also reflect Hillingdon GPs' involvement in integrated care partnerships. M C Patel reported that his return was in the process of being incorporated. **3. Actions Log** • All actions were deemed closed as complete or covered by the meeting's agenda. **4. Report of the Accountable Officer** The report was introduced by Mark Easton as an update and an overview of his first one hundred days in post. Points of emphasis included: • Significant progress had been made in defining the new NW London structures and the role and remit of the Shadow Joint Committee. • Lay members had expressed a real desire to progress the new NW London structures. • The final NW London senior executive posts – the Director of Commissioning and the STP Director – were to be advertised in the coming few days. • The Strategy & Transformation Plan (STP) was being refreshed both to bring it	**AH**

up-to-date and to make it clearer and better organised. • The phrase “Accountable Care” was no longer operative, and “Integrated Care” was used as it reduced confusion with other healthcare systems.	
Joint commissioning and finance	***Action for***
5. Month 4 Financial Report The item was introduced by the Chief Finance Officer, NW London CCGs, Neil Ferrelly. Points raised included the following: 1. Brent and Harrow’s figures were driven by overperformance on acute contracts. 2. Overspends on acute services were being offset with slippage in some reserves and one-off measures that would bring the CCGs back to a control total position. 3. QIPP (a productivity and savings programme for CCGs) had so far saved £29.4m and the full-year forecast was £108.5m, which was short of the programme by £20m. 4. The bulk of CCGs were delivering over 75% of their QIPP programmes. There had been work done with QIPP and finance leads to ensure that the schemes were being reported on a more consistent basis. 5. As requested, the report took a closer look at the challenges at the Royal Free hospital and action taken to mitigate them, such as mitigating growth in cost around outpatient procedures. There was also work being done to develop an understanding of whether there was anything that could be mobilised around critical care activity that could help at least the short-term position. **Discussion** 6. The Committee expressed concern that the half-year position showed a £4m deficit and £49.1m of net risks. This concern was compounded by past experience indicating the the figures in the second half of the year would be more severe. ➢ **Action: NW London Finance Committee to consider issues relating to deficits and net risks and report back to the Shadow Joint Committee with recommendations.** 7. On the Royal Free position, ME stated that one key issue was the hospital’s adoption of a different way of charging growth in non-elective to NW London CCGs than used elsewhere with other CCGs. London commissioners would need to act collectively to ensure that none of them were disadvantaged on purely geographical grounds. 8. NF noted that the reason for the increase in direct access was because it was a grouping of different activity items and therefore figures could change dramatically depending on the activity. 9. LW noted that CCGs would also need to maintain statutory responsibility for their own financial positions. Therefore prior to the NW London Finance Committee meeting, each CCG should look at their financial positions and test them robustly. 10. One of the reasons for Royal Free overspend could be a NW London-wide overall increase in outpatient first attendances, suggesting a larger referral rate.	***NF / NWL JFC***

6. Commissioning Intentions Process 2019/20

The item was introduced by the Interim Director of Acute Commissioning, Huw Wilson-Jones. Points raised included the following:

1. Key messages for providers would be in relation to commissioning according to the STP strategy.
2. NHS England planning guidance would be out at some stage and targets would be delivered within the national planning guidance.
3. Quality needs would be highlighted and there was a desire to improve Care Quality Commission results for our providers.
4. The Commissioning Intentions letter would be a strategic sector-wide notification that would seek input from CCGs. This was on track to be released by the end of September 2018.

Discussion

1. Each CCG would be liaising with public and patients and there would be a variety of ways in which they would do so. Appropriate public and patient engagement was key for any successful changes in services.
2. It was vital to have aggregation of communication from local to NW London-wide commissioning. MDs were being closely worked with in order to develop this with relevant directors.
3. AK stated that there was a need for more proactivity. There was also a need for further discussion on Moorfields. He also added that the exercise of patient choice was only informed by which choices were realistically available to patients.
4. HWJ noted that there were a series of workshops on the eRS (e-Referral System – online appointment booking tool) rollout.
5. CV stated that it would be useful to do a review of patient and public involvement on commissioning intentions. There should be an aim at a consistent approach across NW London on public involvement.
6. MCP also noted that whilst there was a need for CCGs to work within their budget, price was not the only factor driving commissioning decisions.
7. DJ stated that there needed to be a way to look at engagement done locally but also to have an overarching view of that. ME added that the commissioning intentions letter was the culmination of a whole series of engagement processes and there should be nothing in there which would come as a surprise, as it was based on conversations that had taken place over several years.

7. Strategic Objectives & Board Assurance Framework

The item was introduced by the Head of Corporate Governance, Simon Carney. Points raised in discussion included the following:

1. The strategic objectives in the BAF were suppoted by CCGs' corporate and project risk registers.
2. LW noted that a number of the areas of focus had the Shadow Joint Committee as

the responsible Committee. Furthermore, many risk scores were very high. There was therefore a need include sufficient information alongside each entry to enable the responsible Committees to rigourously test the risks, as well as the controls and mitigations of them. 3. SC agreed and noted that the responsible committees for each of the risks was subject to debate and change. The current review of the risk management strategy would be looking at the risk reporting mechansims throughout the system. 4. MS stated that it would be helpful to have a forward-looking projection of the key risks as well as the retrospective / current position statements. 5. IG wondered if the risks on the first and second areas of focus were being lowered prematurely. SC responded that the drop in risks was directly linked to the controls reported and dates of their implementation. It was, however, for the Committee to challenge these and such challenge was noted. 6. ME stated that there was a need in future BAF discussions to focus on content rather than structure of the report itself. The Committee agreed. 7. AIK also added there was a need to have consistent flow from the local risk register to bodies responsible for joint commissioning. Again, such should be addressed in the review of the risk management strategy.	
8. STP report The item was introduced by the Interim STP Director, Juliet Brown. Points raised in introducing the item included the following: 1. One area that had not previously been given enough focus was children and young people. There had been discussions on effectively bringing programs together in order to help people keep well, particularly in responding in a time of crisis. ➢ **ACTION: That a future version of the STP report contain an account of the Children and Young People's Wellness Strategy.** 2. The first area of focus for the STP is prevention, and within that three focus areas had been identified – 1) alcohol abuse, 2) childhood obesity and 3) homelessness. 3. There had been a lot of excitement around digital health apps, particularly ones for diabetes. 4. Work was underway to improve the healthcare journeys (care events which patients undergo – from entry into the system until cease of treatment through discharge or otherwise) of people in care homes. There were now a number of training programmes for staff in NW London and a telemedicine service had gone live. **Discussion** 1. In terms of mental health, a lot of work had been pulled together under the Like Minded programme (a mental health service transformation programme in NW London). There had also been advertising for senior positions and the mental health transformation was being put together. LW welcomed the assurances the report offered on progress regarding the Serious and Long-Term Mental Health Issues strand of work and agreed that such assurances ought to have appeared in the previous BAF paper. JB agreed to ensure this was fed in for future reports. 2. VT welcomed the work on prevention as it appeared that resources on prevention had been sacrificed for treatment. JB stated that funding issues had caused a delay	***JB*** ***JB***

in getting prevention work off the ground. 3. JB noted that co-production of services with patients was vitally important, and there had been conversations already to begin some of that work. ➢ **ACTION: MCP requested more information on the governance structures around commissioning for obesity prevention.** 4. GH noted that one area missing from this and the commissioning intentions item was the equity being done as a collaboration around planned procedures with a threshold and aligning these with the new guidance from NHS England. 5. JB stated that future versions of the report would be focused more on outcomes and less on narrative.	***JB*** ***JB***
9. Services at the Royal Brompton Hospital The item was introduced by Mark Easton. Points raised in discussion included the following: 1. The proposals were still at an early stage, and there was a need to consider what potential implications they could have more widely across the system. 2. Providers in NW London were putting together alternative proposals that would seek to retain services within NW London. 3. Whilst three-quarters of the services were commissioned by NHS England rather than the CCGs, the Committee noted that the impact of the changes was not just on those commissioned by NW London CCGs, but would feature, most significantly, residents of NW London as a whole as they comprised most of the patients – this fact was a key consideration for the Committee and its member CCGs. 4. There was no proposed change to the Royal Brompton site at Harefield Hospital. 5. Legal advice between the two sets of commissioners would be streamlined. NHS England had already reached out to user groups and there had been a NW London-wide meeting with Healthwatch. 6. There was a possibility that decisions made on this would be taken by a joint committee comprised of CCGs and NHS England. 7. The Committee was keen to understand the Trust's strategic view of the medium and long-term aims and ambitions of their proposals. 8. ME added that there was a need to consider interdependencies with other providers and therefore a full strategic consideration. So far, there had not been enough information available to make a judgment and NW London engagement was crucial.	
10. Update on the EqIA on the Establishment of the Joint Committee The item was introduced by the Chief Nurse / Director of Quality, Diane Jones. The Committee noted the assessment and the improvements made to the Committee's cover sheets. It agreed that those improvements represented an excellent start, but more care was required to build the quality of the content.	
11. Report of the Collaboration Development Programme Board The Committee noted the report.	
12. Any other business There was none.	

Total meeting time: 110 minutes

The meeting was closed at 16.40hr

- **Date of next meeting:** 4 October 2018 – venue to be confirmed.

Questions and Answers from the Public after the meeting closed:

Questions were raised by members of Brent Patient Voice around the STP & Strategic Outline Case (SOC) for Shaping a Healthier Future (SaHF). The Accountable Officer explained that the STP was a different document from the SOC for SaHF, and NHS Improvement had raised questions only on the latter. The forthcoming Joint Health Overview and Scrutiny Committee (18 September, 9.30am at Brent Civic Centre) would likely examine these issues in greater detail.

Another question was raised around the meaning of “refreshing” the STP. The Interim STP Director stated that the STP had not been revised as such but progress had been assesed. The Chief Finance Officer also added that updated operational plans could follow after we receive updated planning guidance from NHS England. The Accountable Officer said we should be in a position to say more about this in December 2018 or January 2019.

Other questions were raised on integrated care, consolidated contracts, SOC 1 and winter planning. The Accountable Officer confirmed that commissioners were working with regulators to ensure plans for winter were robust. On SOC modelling, it was important that the model was as clear and transparent as possible. There had also been a stocktake to examine integrated care at a borough level.