

**South West London (SWL) Collaborative Decision Making Committee in
Common
(Meeting in public)
Tuesday 26 February 2019, 4.00pm – 5.00pm
Meeting rooms 3.1 and 3.2, 120 The Broadway, Wimbledon, London SW19
1RH
MINUTES**

Members in attendance

Name	Designation	Organisation
David Smith	Convenor	Merton CCG
Roger Eastwood	Lay Member CCG Committee Chair	Croydon CCG
Dr Michael Simmonds	Clinical Member	Croydon CCG
Andrew Eyres	Managerial Member Chief Officer, Croydon CCG	Croydon CCG
Dr Naz Jivani	Clinical Member CCG Committee Chair	Kingston CCG
Jim Smyllie	Lay Member	Kingston CCG
Tonia Michaelides	Managerial Member Managing Director, Kingston and Richmond Local Delivery Unit	Kingston CCG
Dr Andrew Murray	Clinical Member CCG Committee Chair	Merton CCG
Clare Gummatt	Lay Member	Merton CCG
Sarah Blow	Managerial Member Accountable Officer, SWL Alliance	Merton CCG
Dr Graham Lewis	Clinical Member CCG Committee Chair	Richmond CCG
Bob Armitage	Lay Member	Richmond CCG
James Murray	Managerial Member Chief Finance Officer, SWL Alliance	Richmond CCG
Dr Jeff Croucher	Clinical Member CCG Committee Chair	Sutton CCG
Pippa Barber	Lay Member	Sutton CCG
Michelle Rahman	Managerial Member Acting Managing Director, Sutton CCG	Sutton CCG
Dr Nicola Jones	Clinical Member CCG Committee Chair	Wandsworth CCG
Carol Varlaam	Lay Member	Wandsworth CCG
James Blythe	Managerial Member Managing Director, Merton and Wandsworth Local Delivery Unit	Wandsworth CCG

In Attendance:

Name	Designation	Organisation
Jamie Gillespie	Observer	Healthwatch Wandsworth
Dr Tony Brzezicki	Clinical Lead, ECI	SWL HCP
Dr Nicola Williams	Clinical Lead, ECI	SWL HCP
Jonathan Bates	Director of Commissioning Operations	SWL Alliance
Zoli Zambo	ECI and Digital Programme Lead	SWL HCP
Gurvinder Chana	Governance Lead	SWL HCP
Lizzie Whetnall	Head of CCG Communications	SWL HCP
Emma Whitaker	Business Manager (Note taker)	SWL Alliance

Item	Title	Action
1.	Welcome, Introductions and Apologies for Absence - Convenor	
1.1.	<p>The convenor welcomed all to the meeting. There were no apologies received for this meeting.</p> <p>The meeting was quorate.</p> <p>The convenor explained that the meeting was being filmed for uploading onto CCG websites. There was no objection from members of the Committee to the filming.</p> <p>No members of the public were present at this meeting.</p>	
2.	Declarations of Interest - All	
2.1.	<p>All members and attendees may have interests relating to their roles. These interests are declared on the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these, where they are relevant to the topic under discussion, should be declared.</p> <p>No other declarations of interest were received from the Committee.</p>	
3.	South West London Effective Commissioning Initiative Policy, Version 3.0 - Jonathan Bates	For Approval
3.1.	<p>Jonathan Bates introduced a presentation regarding the latest version (3.0) of the South West London (SWL) Effective Commissioning Initiative (ECI) Policy. The key points were as below:</p> <ul style="list-style-type: none"> • The ECI policy is focussed on elective care and does not include emergency, cancer or maternity care services • ECI is about clinical effectiveness. Having a robust policy in place protects patients from procedures that are ineffective or of limited value. It also assists with identifying patients who would benefit most from, and/or would get the best quality of life following, these procedures • SWL are in the lead in this area of work, both regionally and nationally. A lot of the ECI work across London ('Choosing Wisely') builds on the SWL work and SWL are a national exemplar site 	

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	<ul style="list-style-type: none"> • Slide six shows what has been updated since the previous version of the ECI policy; to reflect national policy changes, regional policy changes and fresh clinical evidence • The SWL ECI team spent a good deal of time talking to local clinicians across a range of organisations to ensure that the policy is as robust as can be • The red highlighted words on slide nine show where there has been a new addition or significant amendment to the policy • The NHS England (NHSE) national programme on Evidence Based Interventions (EBIs) was discussed as SWL was drafting its policy. SWL have fed into the NHSE work and have made sure that the current version of the SWL policy takes into account the work that is being done nationally and meets these requirements • The London ‘Choosing Wisely’ programme developed a policy to align ECI policies across London. SWL had significant representation on the programme’s working groups including sitting on the steering group. SWL already had policies for all the procedures covered in ‘Choosing Wisely’ except one (shoulder decompression) which is now included • Seven new clinical thresholds have been included in the policy – <ul style="list-style-type: none"> ○ Botox for axillary hyperhidrosis – the SWL IFR service asked the ECI team to consider this for inclusion, in order to reduce IFR applications for this procedure ○ Chalazia removal and intervention for snoring– these are a requirement of the NHSE EBI programme ○ Complementary therapies – this was previously a stand-alone statement but is now an ECI policy ○ Photodynamic therapy – this has been included to ensure equity across SWL, as there is currently huge variability ○ Scrotal surgery – this has been included as it was found that some patients that were undergoing procedures were unaware that there is a 10% chance of lifelong untreatable scrotal pain post-surgery; inclusion in the ECI policy will ensure that GP referrals are in line with best-practice and evidence ○ Shoulder Decompression - included to be in line with national requirements and ‘Choosing Wisely’ • An Equalities Impact Assessment (EIA) has been undertaken to ensure that no patient, or group of patients, with a protected characteristic is unfairly impacted by this policy. The Equality and Diversity Leads have signed off the EIA and there are action plans in place where necessary. <p><u>Next steps</u> If the policy is approved by this Committee, it will be included in the contract to Providers and gives Providers the required one month’s notice to implement the policy from ‘go live’ date (1 April 2019). Through March, the team will liaise with those that this will impact, such as Primary Care and Provider colleagues. There will also be an implementation workshop for Trust Leads held on 12 March 2019.</p>	

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3.2.	<p><u>Questions and comments</u> Committee members thanked the ECI team for all of their hard work in getting version 3.0 of the policy to this stage.</p> <p>Richmond CCG noted that Dr. Phil Moore is not a member of staff at Richmond CCG and there are some Richmond CCG clinicians missed off that were involved in the process.</p> <p>How are SWL going to work with individual clinicians with different clinical practices, rather than Trust wide? In creating this version of the policy, the ECI team have sought input from relevant persons in the sector, including Public Health colleagues. Any unresolved issues and questions not resolved in this version will be picked up in the next iteration of the policy; they are being researched by Public Health colleagues. There will also be some focused pieces of work, including a clinical audit, across SWL to ensure that the policy is being complied with, that there is equity across the system and to ensure the guidance is fit for purpose, in case some clinicians want to continue their procedures in a way that is contrary to the guidance.</p> <p>Has there been an increase in Individual Funding Requests (IFRs) since the ECI Policy version 2.0 has been implemented in SWL? There has been a reduction in IFRs since ECI policy version 2.0 was implemented. This is seen to be due to there now being more clarity around what procedures will and will not get funded. Clinicians are communicating this to patients and it is likely patients will instead go down the correct patient pathway in a timely way, rather than through the IFR route.</p> <p>These programmes can be worrying for the public. It was suggested that the policy should include reassurance that there has been appropriate and adequate consultation with patients and the public, for members of the public who may be concerned about lack of consultation. It was agreed that this should be made clear in the document to show that the patient voice was listened to and informed decision making.</p> <p>It was discussed that a significant part of updating version 3.0 was to bring it in line with the pan-London work initiated by the NHSE London Medical Director; this work included large amounts of engagement, including patient groups, and getting in touch with all relevant medical and non-medical groups in London; which has been at a level that would be almost impossible to achieve at local level. SWL had adequate representation on the steering groups for the pan-London work.</p> <p>Of the remaining procedures that have been changed or added, SWL clinicians have had highly technical discussions.</p> <p>It was added that a public information leaflet, available to all patients, not just those who are looking to have a procedure covered in the ECI policy, would be helpful. An Easy Read version was also felt to be</p>	

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	<p>helpful. It was clarified that the intention is to reinforce and repeat the communication routes put into patient information for version 2.0 of the policy.</p> <p>Has a Quality Impact Assessment (QIA) been completed for the policy version 3.0?</p> <p>It was confirmed that a QIA has been completed by the SWL Local Directors of Quality, and will be made available from each of the CCGs via their Local Director of Quality.</p>	
3.3.	<p>The convenor asked the Committee members if they approve the South West London Effective Commissioning Initiative Policy, Version 3.0. Each Committee was asked to vote in turn:</p> <p>Croydon – approve Kingston – approve Merton – approve Richmond – approve Sutton – approve Wandsworth – approve</p> <p>The Committee unanimously approved the South West London Effective Commissioning Initiative Policy, Version 3.0.</p>	
4.	Progress update on delivering the 2019-2020 planning round – Jonathan Bates	For Information
4.1.	<p>Jonathan Bates introduced a presentation regarding delivering the 2019-2020 planning round. The key points were as below:</p> <ul style="list-style-type: none"> • A lot of this work takes place on a local level and CCG staff will be aware of the local processes in place • Key deliverables (slide four) – there are a significant number of new items in Mental Health. Lots more is also expected in Cancer and in UEC redesign e.g. ambulatory care. There are challenges SWL has as a system on waiting times and the penalties associated with non-delivery for patients • Commissioning intentions were issued to Provider organisations in September 2018, in order to consolidate a local and SWL-wide approach to planning and contracting in 2019/20 • SWL Commissioning staff spent a number of months working out activity and financial modelling. They are now in the phase associated with finalising and negotiating contracts and reporting back to NHS England and other relevant regulators • A new joint planning forum has been established between Providers and Commissioners • Slide eight contains a ‘spot diagram’ which shows the process at this point in time in terms of negotiating agreed contract positions and progress with Providers. This is used by the SWL Contracting and Delivery Group (CDG) to monitor progress and ensure the right 	

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	<p>things go into contracts in a timely way. SWL Commissioners are currently half-way through this process.</p> <p>James Murray presented the 2019/20 Financial Plans slides:</p> <ul style="list-style-type: none"> • The SWL Finance Committees in Common (FCiC) have agreed to have a single slide of the high-level points on finances go to each of the CCGs' Governing Body meetings • There have been a number of changes to expectations which SWL are currently working through with Provider colleagues to review what the impact will be for the system • There is a clear steer to get the NHS back into a financially sustainable position and to get all agencies across the NHS to work together towards this goal • NHS England are looking to reduce some of the sustainability funds and introduce a Financial Recovery Fund (FRF), which is targeted to help organisations to get to financial balance. Three Trusts within SWL have been offered FRF • Slide ten shows the SWL five-year allocations – two years are certain and three are indicative. There is also some money being held back for the later years to support transformation and delivery of the ten-year plan • As part of the planning guidance, SWL need to do a five-year plan over the summer and further guidance should be coming out later in the year. The Governing Bodies will be updated as and when there is further clarity • SWL are expected to fund the Mental Health Investment Standard at growth plus 0.7% • Changes to the Market Forces Factor - a supplement to help areas where cost of living is higher to deliver services – will reduce the level of resource given to London. These changes are being tapered in over a five-year period. It affects the capitation position for SWL but does not directly affect CCGs. As a system SWL needs to work with Provider colleagues to ensure that these changes do not destabilise provider services • The headline cash flow / system total is 5.68% across SWL • The Provider Sustainability Fund has been reduced and is now included in the non-elective tariff; this is about 1.3% of the system total • The tariff inflation includes last years' pay inflation • Trust efficiency requirements have been reduced down to 1.1% • Trusts in deficit have to save an extra 0.5% • CCG running costs are expected to be reduced by 20% by 1 April 2021. SWL are currently working through the implications of this • The guidance says there is a facility to move control totals across organisations but the system total remains the same. This would be a major culture change across the system. Discussions around this have started as part of the planning round 	

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	<ul style="list-style-type: none"> • CCG Governing Bodies will receive regular updates in order for them to look at their individual positions as well as the whole system position • Slide 11 shows a bridge analysis. The red numbers show where SWL currently have financial commitments; the green numbers show where things are to the benefit of the CCGs; the blue numbers set the SWL position. Overall this means a £87m QIPP target as a system • The biggest risks are QIPP risks at Richmond and Sutton CCGs which will be worked through at CCG level • Work in progress updates will come to the CCGs' Governing Body meetings for information. 	
4.2.	<p><u>Questions and comments</u></p> <p>Bob Armitage, the Chair of the SWL FCiC, commented that there had been a thorough and rigorous discussion at the FCiC and the group are happy with the approach as outlined in the presentation.</p> <p>Tonia Michaelides, as SWL Senior Responsible Officer (SRO) for Mental Health, commented that she is very pleased to see an increased number of targets and commitments for Mental Health in the operating and long term plans, although recognising that these come with extra scrutiny. SWL are achieving the Mental Health Investment Standard but this will not be the only question asked. The Commissioning Mental Health teams across the system have been working with South West London and St. George's Mental Health NHS Trust as a stand-alone provider and as part of the South London Mental Health partnership; and have been discussing with South East London what the two systems can do together to meet the priorities, challenges and increased scrutiny of the new Mental Health expectations.</p> <p>How much is being held back for allocations in later years, and is this separate from the FRF?</p> <p>This is not known at the moment but the funds will most probably be allocated to support what the regulators think are the main strands of the ten-year plan. It is assumed that a system not moving into balance will have these funds pushed more into the FRF.</p>	
4.3.	The Committee noted the progress of the SWL planning round.	
5.	Public Questions	
5.1.	<p>At this point in the meeting, any members of the public present are invited to ask questions of the Committee relating to the business being conducted, with priority given to written questions that were received in advance of the meeting.</p> <p>At this meeting, there were no members of the public present and no questions were received in advance of the meeting.</p>	

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6.	Any Other Business	
6.1.	There was no other business discussed at this meeting.	
7.	Close of meeting	
	The convenor thanked the membership of the Committee for their attendance. The meeting closed at 4.54pm.	

Minutes agreed by: David Smith
 Role: Convenor
 Date: 14th March 2019

