South West London (SWL)
Collaborative Decision Making Committee in Common (Meeting in public)

Tuesday 9th October 2018 17:00pm – 18:30pm
Meeting room 6.2/6.3, 120 The Broadway, Wimbledon, London SW19 1RH

MINUTES

Members in attendance

Name	Designation	Organisation
Carol Varlaam	Convenor	Wandsworth CCG
Philip Hogan	Lay Member CCG Committee Chair	Croydon CCG
Dr Michael Simmonds	Clinical Member	Croydon CCG
Andrew Eyres	Managerial Member	Croydon CCG
David Knowles	Lay Member CCG Committee Chair	Kingston CCG
Dr Naz Jivani	Clinical Member	Kingston CCG
James Murray	Managerial Member	Kingston CCG
David Smith	Lay Member CCG Committee Chair	Merton CCG
Dr Andrew Murray	Clinical Member	Merton CCG
Sarah Blow	Managerial Member	Merton CCG
Susan Smith	Lay Member CCG Committee Chair	Richmond CCG
Dr Graham Lewis	Clinical Member	Richmond CCG
Tonia Michaelides	Managerial Member	Richmond CCG
Pippa Barber	Lay Member CCG Committee Chair	Sutton CCG
Dr Les Ross	Clinical Member	Sutton CCG
Michele Rahman	Managerial Member	Sutton CCG
Stephen Hickey	Lay Member CCG Committee Chair	Wandsworth CCG
Dr Mike Lane	Clinical Member	Wandsworth CCG
James Blythe	Managerial Member	Wandsworth CCG

Attendees

Name	Designation	Organisation
Jonathan Bates	Director of Commissioning Operations	SWL Alliance
Alison Kirby	Lead Commissioner – CHC and PHB	Wandsworth & Merton CCG
Clare Wilson	Programme Director, UEC & Cancer	SWL Health & Care Partnership
Sarah Taylor	Head of Medicines Optimisation (Chief Pharmacist)	Sutton CCG
Gurvinder Chana	Governance Lead	SWL Health & Care Partnership
Anne Price	Governance Support Officer	SWL Health & Care Partnership

Apologies

Name	Designation	Organisation
Lucie Waters	Managing Director	Sutton CCG

Item	Title	Action
1	**Welcome, Introductions and Apologies –** Convenor	
	The convenor welcomed all to the meeting. The apologies were noted. The meeting was quorate. 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. Consent forms were given to members of the public present to consent to being included in the recording if they asked a question. The convenor informed the members of the public that, following the Committee's decision, questions will be invited on today's agenda, with priority given to written questions received in advance of the meeting.	
2	**Declarations of Interest -** All	
	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. No other declarations of interest were received from the Committee.	
3	**Health Based Place of Safety Business Case** – Tonia Michaelides	
3.1	Following extensive work across London to review the mental health crisis pathway, proposals have been developed to reduce the numbers of Health-Based Places of Safety (HBPOS). Tonia Michaelides presented the paper, which summarised the case for change, work to date and what this means for South West London (SWL). The main points from the discussion were as below: • SWL has one **Health Based Place of Safety (HBPoS) site** with the total capacity of two beds. The HBPoS is provided by South West London and St George's Mental Health NHS Trust (SWLSTG). • In November 2016, SWLSTG opened the Lotus Assessment Suite, an innovative new unit which will provide enhanced mental health assessments for patients who are experiencing a mental health crisis across South West London. The unit provides a safe and calming environment for those in crisis away from A&E. This will allow mental health staff to undertake in-depth and informed assessments of more complex patients who are experiencing a mental health crisis. • There were over 4000 s136 detentions across London in 2015 and police data shows approximately 11% of these occur in SWL. There were over 200 CYP s136 detentions 2015/16 and LAS data suggests approximately 6% were picked up in SWL.	

	• 94% of SWLSTG service users detained under s136 are residents within the trust's catchment area, far greater than the London average of 75% • Service users from South West London have raised concern about the services and care they receive. Specific issues raised include: • The first point of contact with services is seen as vital and situations had escalated when members of staff were unable to de-escalate situations. • The HBPoS was intimidating and service users didn't always feel safe. • Service users didn't always feel listened to by services. • Rights under the MH act and the process for detention were not always communicated to service users. • Follow up care wasn't well coordinated between organisations like GPs, psychiatrists and community support • Service users had issues accessing support outside of office hours and there was a lack of community support to stop people reaching the point of crisis again. • There will be no change to the existing HBPOS at Springfield Hospital. The s136 pathway has already changed and we will continue to ensure the HBPOS meets the pan-London specification. • Recognising the new specification requirement that anyone can access any HBPOS: • Croydon residents will continue to access the Maudsley Hospital HBPOS, which is already meeting the new specification. • SWLStG already has dedicated 24/7 staffing and a S136 coordinator, in line with the new specification. • Work begun at pan-London level to develop a charging framework to enable equitable charging across all HBPOSs for patients not usually resident in that area. • Nurses at SWLStG have all the necessary physical health capabilities as outlined in the new specification. There is also a nursing rotation programme in place between SWLStG and St George's Hospital to continually upskill and train mental health nurses in physical health skills. • A multi-agency pathway group including representation from acute hospital A&Es and the ambulance service has been set up and is having its terms of reference and membership refreshed, in line with the new specification.	
3.2	<u>Questions and Comments</u> **The Committee from Merton asked where in the process SWL is in terms of getting to a section 136 case for change implementation and will there be capacity issues at the single site in Springfield Hospital.** TM responded that section 136 is an element of the mental health crisis pathway. There is still a lot of work to be done. There is already a psychiatric decision unit at Springfield Hospital, which is running successfully; however more work needs to be done with providers and commissioners particularly around the Emergency Department. In terms of capacity, there will be capacity but this needs to be monitored closely.	

	The Committee from Kingston asked whether or not patients in SWL can access a HBPoS in other STP areas? Yes, patients in SWL can access any of the 20 designated HBPoS sites in London. **The Committee from Sutton commented that they felt assured hearing that the capacity is going to be closely monitored. They highlighted the need for having more of an understanding on the pathways for children and safeguarding.** The pathway for children is not as well developed to date, but is currently being looked at as part of the optimal sites demand and capacity piece of work in each area of the STP site. **The Committee from Wandsworth commented that they have already seen a positive difference in the last six months at Springfield Hospital; however asked what confidence does the system have that the bed modelling in terms of capacity is correct.** TM replied that there are some particular issues around the number of beds and capacity assessment at the moment. However there are ongoing conversations with the Trust around optimal number of mental health beds. There is also a piece of work underway which involves guiding patients to prevent the need of a bed via the preventative work upstream and this work is still in progress. The capacity and bed modelling issues are a challenge; however the programme team are continuing to work closely with the Trust to work through this.	
3.3	The convenor asked the Committee members if they approve the proposal for the single site adult HBPoS in SWL. Each Committee was asked to vote in turn: Croydon – approve Kingston – approve Merton – approve Richmond – approve Sutton – approve Wandsworth – approve The Committee **unanimously approved** the proposal for the single site adult Health-Based Place of Safety at Springfield Hospital, South West London.	
4	**Continuing Healthcare (CHC) and Funded Nursing Care (FNC) Equity and Choice policy** – Alison Kirby / Sarah Blow	
	The South West London Sustainability and Transformation Partnership NHS Continuing Healthcare work programme identified in its objectives for 2018/19 the need to develop a South West London NHS Continuing Healthcare and Funded Nursing Care Choice and Equity Policy. Sarah Blow and Alison Kirby presented the draft policy, which describes the way in which South West London CCGs will make provision for the care of people who have been assessed as eligible for fully funded NHS Continuing	

	Healthcare. It describes the process of decision making for provision after an assessment of eligibility under the National Framework. The policy will guide decision-making on the provision of Continuing Healthcare and ensure that decisions are: • robust, fair, consistent, and transparent • based on the objective Multidisciplinary Team (MDT) assessment of the patient's clinical need • "person-centred", which means that the decision will involve the individual and their family or advocate to the fullest extent possible and appropriate • take into account the need for the CCG to allocate its financial resources in the most cost-effective way; and • offer choice where available in the light of the above factors. The main points from the discussion were as below: • This policy is based on a policy that has been running for approximately 18 months in Wandsworth CCG. • It is a policy that is pertinent to somebody that has already been agreed to be funded as continuing healthcare. • It has been set out to ensure that SWL has a very fair, open and transparent process around making decisions about how money is invested in healthcare in SWL. • It has been set out to work with multidisciplinary teams to identify how we make decisions around placements for people. • There is no cap on the amount of funding; there is no financial sealing, which is a legal requirement for all CCGs. • This process has been very helpful in Wandsworth CCG, in supporting staff to make decisions and there is also the option for individuals to appeal should they not be happy with the decision.	
4.1	<u>Questions and Comments</u> **The Committee from Merton asked to hear comments and feedback from Wandsworth CCG with regards to the use of this policy.** The feedback has been positive. The policy has provided a framework for staff to operate within. Each case is assessed on a case by case basis, looking at the clinical needs of the patient, how they can safely be met, a comparison of cost is done at each setting of care; e.g. at home, or in a residential home to manage the needs of the individual patient. Wandsworth CCG also provided feedback on the positive use of this policy from the complaints angle in regards to exceptions. This policy allows the staff to act with real transparency and objectivity and since implementation of this policy at WCCG, there have been two complaints with regards to the outcome of the exceptions panel; and in both circumstances the staff were able to able to clearly explain the decision making process of the CCG.	

	The Committee from Kingston CCG and Richmond CCG asked for the following minor amendments to be made in regards to the SWL CCGs NHS CHC and Funded Nursing Care Choice and Equity Policy: 1. Section 13 page 16 - remove the reference to GP in the first sentence so it reads : *First, you can speak to:* ***the health care professional who is referring you****, as set out in the boxes above.* 2. On page 17, first bullet point - remove the reference to '*Ask your GP practice, they can tell you how to contact your local clinical commissioning group'* – and include contact details for the CCG in the policy Alison Kirby confirmed that the above recommended amendments will be made to the draft policy. **The Committee from Croydon commented that the policy is being reviewed by the CCGs Quality Committee and are very supporting of it.** Comments noted.	
4.2	The convenor asked the Committee members if they approve the adoption of the proposed NHS Continuing Healthcare and Funded Nursing Care Choice and Equity Policy for South West London CCGs. Croydon – approve Kingston – approve Merton – approve Richmond – approve Sutton – approve Wandsworth – approve The Committee **unanimously approved** the adoption of the proposed NHS Continuing Healthcare and Funded Nursing Care Choice and Equity Policy for South West London CCGs.	
5	**Commissioning Intentions and Planning Framework** – Jonathan Bates	
	Each year commissioners in the NHS are required to set out their priorities for the coming year and how they will improve the health of the communities they serve. This SWL CCGs document outlines our priorities for 2019-20 based on feedback received following discussions with local representatives of patients and the public, our member practices and other key stakeholders. Those discussions continue after these documents are sent and published as a process of continual improvement and to inform contractual negotiations. Jonathan Bates presented the tabled supporting summary which highlighted the Commissioning Intentions for programmes of work across SWL (including further work on acute, mental health, community, primary care and integrated care partnerships). He also presented the commissioning intentions and local healthcare priorities in each local care system.	

	The main points from the discussion were as below: • The commissioning intentions set out what SWL needs to do around its national statutory duties, what we can expect to achieve around our performance standards, how we work together to integrate with local health and care partners, how we are going to meet the health need requirements of the local population and how we are going to meet our financial duties and responsibilities too. • This is the first step in the process. • There are three further influences on the commissioning and planning round this year; local health and care plans, the ten year national plan and national operating guidance. <u>SWL working at scale – priorities</u> • **Urgent & Emergency Care** – working as a system to meet the 4 hour wait focus in 2019/20. Working across providers ensuring consistence across the 7 UEC pillars. An agreed focus on linking better to capacity in primary care and ensuring people with MH needs in A&E have greater focus as part of our joint work. • **Primary Care** – developing a workforce and recruiting more staff to help resilience across the system. Ensuring their a models of delivery for primary care at scale, using MDT's to work better with patients, improving access to GP's by improving online and extending GP hours across evenings and weekends making best use of capacity. • **Cancer** – to focus on prevention, early diagnosis and Living with and Beyond Cancer – improving screening rates and developing our local FIT bowel screening service, commissioning more diagnostic capacity, and improving outcomes for patient. A focus on our waiting targets. • **Mental Health** – more support for the crisis pathway and community provision, increasing provision for perinatal MH and having a focus on children and young people in particular self-harm. Improving IAPT Services and working towards a more sustainable model across SWL. • **Planned Care** – focus on MSK, ENT and Ophthalmology so that more work can be done closer to the patient and we release capacity in our busy hospitals. Expanded work for long term conditions with a continues focus on diabetes. Rollout of the national first contact practitioner competency framework for MSk in all settings. • **Maternity Services** – Personalisation and choice with choice champions and better access to education and information, continuity of carer to meet our aspirations around the continuity pathway. Improving safety of our maternity services. Improving access to and quality of postnatal care and perinatal mental health services. • **Learning Disabilities** – continuing to transform the care of people with LD by ensuring we have the right accommodation, staffing and	

	training for staff who work with people with LD. Continuing with TC Programme of work across SWL. • **Children and Young People** – early intervention to promote resilience, reducing waiting times for CYP for services and proving the right support for parents and families who support CYP. Improving access to services and improving quality through evaluation. Targeted interventions where required. • **Continuing Healthcare (CHC), Personal Health Budgets (PHB) and End of Life Care (EOLC)** - Developing and aligning policies and processes across SWL, implementing a SWL improvement plan to support gaps identified. Building on current work around PHBs, training, education and development of teams. Enhancing the use of CMC and supporting digitalisation in the Care Homes.	
5.1	<u>Questions and Comments</u> **The Committee from Merton asked whether there was any insight into what is likely to come in the 10 year plan, already reflected in this commissioning intentions documents. Also given the scale of the contents of these intentions, has any thought been given to the capacity within CCGs and across the system to deliver these intentions?** In terms of the 10 year plan, SROs are being asked to comment and provide information with regards to proposals in specific areas across SWL; e.g. cancer – being asked for views in an engagement type mode. SROs are engaged in the process of inputting into the 10 year plan – perhaps more in some workstreams than others; however we are still awaiting the final version. In terms of capacity against delivery of what is in the plans, there is a real challenge; however the SWL at scale priorities have been identified and it will be really important to keep checking in to ensure that the right resources are in the right areas to ensure delivery of these priorities across SWL. This is an ongoing process, which will need to be closely monitored on an ongoing basis. **The Committee from Wandsworth commented on the changing approach to the actual contracting arrangements themselves and asked where we are in terms of discussing these proposals with the providers.** This section of the intentions was not part of the original paper which went to Governing Bodies at the beginning of September 2018. The intention is to have greater consistency of how we manage the contracting round and how we manage our relationships with our providers where possible. There is a driver about doing things together in an integrated way; this is always a challenge in a system that is driven by payment by result type approach, but we do set out our aspirations as commissioners here. It is a document which has been shared with providers and some early feedback has already started to come through.	

	The Committee from Merton asked about contracting, particular in relation to planned care. The conversations which have been happening locally, particularly with St Georges are, could we go further, and certainly one of the big barriers for us to getting the pathways right for patients has been the type of tariff based system. Is there anything that we can start to signal at SWL level at wanting to move away from this? Will there be time to do something significantly different in terms of contracting for planned care in 19/20? The document does say that the current outpatient model is obsolete as previously signalled. We are saying to providers that we want to do this in a different way. Different parts of SWL are in different places on this. JB agreed to have further conversations outside of this meeting in terms of where we want to go and how to align this with clinical priorities in 19/20. This is only a degree of ambition given where we are in the contracting round. there is work going on across London on this. Everyone recognises that this is a model that we want to change. There is a real openness from the providers to work together to help deliver this change. It is also important to flag in our commissioning intentions, that if this does not get resolved by 1st April 2019, we can still say at any point in the year, that we would like to start doing things differently now with the agreement of our providers at any point. **The Committee from Croydon asked for clarification on what is the Committee being asked to ratify today– is it the commissioning intentions document or is it the process / approach which is being followed?** The Committee are being asked to ratify the full document. There has been extensive engagement with CCG teams (Directors of Commissioning, Directors of Finance etc.) who have all seen and signed off the approach. It is being discussed with Managing Directors and Accountable Officers across SWL too. Whilst it is being built up in different parts and it is an evolving document, the Committee are being asked to sign off the whole document. JB clarified that the contents of the contracting intentions section will not actually happen until you sign your contracts with your providers, so the second section, has been shared with finance Directors and Directors of Commissioning, but actually the things in it will not enact until you sign your contracts with your providers.	
5.2	The convenor asked the Committee members if they formally ratify the Commissioning Intentions document and direction of travel. Croydon – agree & support Kingston – agree & support Merton – agree & support Richmond – agree & support Sutton – agree & support Wandsworth – agree & support The Committee **unanimously ratified** the Commissioning Intentions document and direction of travel.	

FOR INFORMATION ITEMS		
6	**New diabetes glucose monitoring system (Freestyle Libre®) criteria, implementation and impact for SWL** – Sarah Taylor	
	The FreeStyle Libre® flash glucose monitoring system is a device for the self-monitoring of glucose levels. Unlike traditional finger-prick devices (that measure the glucose level in the blood), FreeStyle Libre® measures the glucose level in the interstitial fluid, via a sensor that sits just under the skin. It can provide a near-continuous record, which is produced by the patient scanning the sensor with their reader-device, as and when required. FreeStyle Libre® was added to the drug tariff, and therefore available to prescribe on FP10, in November 2017. In November 2017, a national position statement was issued by the NHSE Regional Medicines Optimisation Committee (RMOC) for FreeStyle Libre®, for local adaption/adoption and implementation. Sarah Blow introduced the paper and explained that this paper is here for information to ensure that all CCGs have full understanding of the process for implementation of the Freestyle Libre® technology, including the criteria for stopping use of the technology, the financial risks associated with implementation of the technology, and the steps in place to mitigate this. She highlighted that this is a pilot that has been recommended by the regional medicines management optimisation committee for London and SWL are implementing this across SWL according to the criteria that the medicines optimisation group have proposed.	
6.1	<u>Questions and Comments</u> **The Committee from Sutton commented in reference to bullet point 2 on page 3 in regards to implementation 'Specialist Centre are to provide an annual update in usual appointment clinic that patient is benefitting from FreeStyle Libre® and therefore should continue.' The Committee felt that this bullet point does not really make sense.** Sarah Taylor responded that the intention with implementing this guidance is actually that no new appointments are necessary, so the whole point of the annual review is that this is actually a review; that should be happening anyway and that additional capacity is not needed in order to undertake this and as part of this process, there is various criteria that the patient needs to meet in order to continue with treatment, and this will all be assessed in the information provided back to the GP to support ongoing prescribing. ST confirmed that this bullet point is explained clearer in the supporting documentation which comes from the clinicians in hospitals to the GPs. **The Committee from Merton raised a question, following the response from patients at Mertons' recent AGM, who are already using this system and have been funding it themselves and because of its success for their HBA1C has dropped down below the eligibility criteria; which could mean that they are therefore no longer eligible for this to be available for them on the NHS – has this been acknowledged?** The process is the same for all patients, regardless of whether they have been self-funding originally, or whether they are new patients, in that the treatment will be overseen by the hospitals. The assessment criteria will be as if they	

	were starting from new, so the patient will be assessed from the start of treatment to the point where they are at now, so no patient will be disadvantaged. **The Committee from Wandsworth asked for some clarification on implementation to be added into the supporting guidance and materials so self-funding patients are reassured that they can still access the treatment regardless of the previous HBA1C levels of control.** Further clarification will be added into the guidance and supporting documents.	
6.2	This agenda item was for information only. The Committee members **noted** the paper.	
7	**Public Questions**	
	Members of the public present were invited to ask questions of the Committee relating to the business being conducted. No written questions had been received in advance of the meeting. <u>Questions asked at the meeting</u> 1. **In relation to mental health care and acute bed, the term capacity has been used several time. If the committee is unsure of the demands now, and ongoing into the future, can the committee consider stopping selling NHS land until you know for sure that you will not need it next year or in the next ten years.** The CCGs do not hold capital or land. In terms of demand and capacity, a good piece of work has been done across London to understand the demand and capacity and we do believe that the Health Based Places of Safety piece of work will meet the demand. If they do not, then this will be reviewed. A lot of really positive feedback has been received from the police about accessing those services and how they have somewhere to take patients now where they will be seen quite quickly and they get the right care. 2. **Given the SWL is failing to hit A&E targets, waiting times, cancer targets, ambulance waiting times, can the committee consider getting these things right before continuing to make financial cuts.** The CCGs do not hold capital or land. 3. **Is it true that this group is intending to move forward to become an Accountable Care Organisation (ACO) and, thus transforming our NHS into a group of separate units, the formation of which has no legal or political authority when it talks about integrated care systems?** Although this question did not relate to the business of the meeting, the convenor allowed the question to be answered. It is not the intention of this group to become an ACO. An Accountable Care Organisation is an integrated	

	care system, as described by the National Team to us; a partnership of organisations working across health and social care and this is what we are working across locally in SWL. we want the absolute best care for our local population, so would be open to learn from best practice and share learning across different systems, but this does not result in a change in organisational structures. SWL have not agreed to any organisational structures and if this was the intent, we would engage with the patients and public of SWL. 4. **In reference to the Commissioning Intentions agenda item, there was a reference to extensive public engagement, do you have numbers to indicate how extensive this was and can you tell us how many people expressed support for your plans?** We have been trying to engage locally with patients and the public. This has been in relation to the local health and care plans. There have also been two workshops arranged for setting out the SWL cancer strategy and approximately 50 people attended the first workshop and 40 people attended the second workshop; these numbers included members of the public, patients, volunteers etc. The Committee from Wandsworth confirmed that in relation to the Wandsworth Merton Health Care Plans, there is ongoing input and engagement from members of the public and approximately 20 members of the public attended a recent event organised. 5. **What happens when a patient's personal health budget is all exhausted?** Personal health budget holders should have regular contact with their NHS team, so if their situation changes the care plan is reviewed and budget adjusted accordingly.	
8	**Any Other Business** - All	
8.1	No other business was raised at this meeting.	
9	**Close of meeting** - Convenor	
9.1	The convenor thanked the membership of the Committee for their attendance. The meeting closed at 18:30pm	

Minutes agreed by: Carol Varlaam
Role: Convenor
Date: 17.10.2018