

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Kuldhir Johal
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: <ul style="list-style-type: none">• The Recovery Plan• Prime Ministers Challenge Fund and the creation of GP Networks• Integration of services within health
Contribution to plans and strategies	The items above relate to the HCCGs: <ul style="list-style-type: none">• Out of hospital strategy• Financial strategy
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update for information.

3. INFORMATION

3.1 Financial Recovery Plan

In November 2012, Hillingdon CCG agreed a three year Financial Recovery Plan designed to bring the CCG back into financial balance. This Plan was revised in November 2013 to reflect new planning guidance and financial allocations. Specifically, it was noted nationally that CCGs with inherited deficits were underfunded against the national formula whilst CCGs with an inherited surplus were over funded against the

formula. For Hillingdon CCG this equates to being underfunded by approximately £23m per year.

In 2013/14, the CCG set a deficit budget of £12.25m. Through robust financial management and the delivery of recurrent savings of £9.177m as part of the QIPP programme, the CCG reduced this deficit significantly and closed the 2013/14 financial year with a reduced deficit of £5.007m.

A balanced budget has been set for 2014/15. This is dependent on agreement by NHS England of a North West London Financial Strategy. The QIPP programme for 2014/15 has been set at £10.3m and will be monitored through the CCG's Programme Management Office (PMO) function. A further £2m of savings are being sought for the programme. At Month 2, forecasts are based on very limited activity data. However, there are activity and financial pressures noted in non-elective admissions and some planned care areas such as dermatology and gynaecology. Mitigation actions are in place for these schemes.

Non-elective activity is an area of particular pressure both locally and nationally and has impacts across health and social care. A senior manager group has been clearly identify the causative factors and to align actions across organisations to maximise efficiency and manage an apparent increase in acuity of patient need and absolute numbers. Further updates will be provided to future Health and Wellbeing Board meetings as we enter the winter period.

3.2 Prime Ministers Challenge Fund and GP Networks

The 8 CCGs in North West London were successful in a joint bid against the Prime Ministers Challenge Fund (PMCF) money. This money is being used to support GP practices in developing new ways of working together and providing accessible care to their patients. Most of the funding is being released to GP networks that can show that they are bringing member practices into networks with the structure and governance to plan and deliver services at a greater scale. Six GP networks have formed in Hillingdon over recent months.

The money is particularly earmarked for improving the IT infrastructure to allow patients to book appointments online and have access to their own healthcare records; to enabling GP practices to share their skills and expertise and offer services to patients from other practices within the network; and to promote more consistently high quality primary care across network practices. Although the focus is on infrastructure and planning, the objective is to research and propose services which will expand access in primary care and join up delivery to patients.

3.3 Integration of services

Hillingdon CCG included in its 2012 Out of Hospital Strategy the intention to improve integration between health services. The national Whole Systems Integrated Care Pioneer Programme provided an opportunity to take that intention forward more rapidly. The 8 CCGs in North West London and 7 of the Local Authorities put forward a joint bid to participate in this programme and were successful. Under this programme, each CCG

is taking forward its aspirations for integration at a local level working with their local stakeholders, whilst benefitting from the lessons learnt in other CCGs and the ability to carry out some elements once across the 8 CCGs for example, legal advice on network formations.

Hillingdon is in an almost unique position in London in that it has a single main acute care provider, a single community and mental health provider and is co-terminous with the Local Authority. There are clear overlaps between this programme and the Better Care Fund. To ensure capacity is not diluted and to provide coherency for local providers the two elements of local integration have been aligned as far as possible. For example, both schemes are focusing on the elderly and use care planning and co-ordination as a central plank of delivery.

Whilst the BCF is targeted at all people over 75 years in Hillingdon, the pioneer project is being piloted in the north of the Borough and will focus on approximately 1000 patients in the first instance. Patients will be over 75 years of age and have one or more long term condition. GPs will remain at the centre of care provided to these patients but will work in very different ways with other care providers including the development of staff that will work across all organisational boundaries. Care will be more anticipatory in nature, prevent people from escalating to higher levels of dependency or crisis point and support more personalised self-management of long term conditions. Hillingdon is particularly fortunate to have five local voluntary sector providers that have chosen to work together in a consortium, called Hillingdon 4 All, in order to participate in this work. This will strengthen our ability to work on reducing social isolation as well as benefiting from innovation and experience from the voluntary sector.

Integral to this programme is the removal of organisational barriers to integrated working. This will be supported through the development of capitated budgets, longer term contracts and integrated IT structures. In preparation for this local health providers are beginning to explore different organisational forms (joint venture, alliance models, etc) to enable the development of a provider network and to consider the impact and opportunities for staff. The pilot proposal will be finalised in October 2014 with the service model anticipated to go live by April 2015.

4. FINANCIAL IMPLICATIONS

Hillingdon CCG is required to achieve its financial control total at year end.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- Hillingdon CCG Financial Recovery Plan
- Hillingdon CCG Out of Hospital Strategy
- Hillingdon Primary Care Development Plan
- North West London Whole Systems Pioneer bid
- North West London Prime Minister Challenge Fund bid