HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
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: • Primary Care Co-Commissioning • Integration of services • A&E Changes • Commissioning Support Service Transition
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital strategy • Financial strategy
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

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

3. INFORMATION

3.1 Primary care co-commissioning

Over recent years, the eight Clinical Commissioning Groups (CCGs) of North West London have developed a strong track record of working together to support, as appropriate, the achievement of the vision and outcomes of each of the constituent CCGs. This enables Hillingdon CCG to retain a clear focus on meeting the needs of the Hillingdon population whilst at the same time accessing additional support and input from other CCGs in North West London to address current challenges in health care.

One of the most significant challenges identified has been in relation to the current commissioning arrangements for primary care. Primary care is the starting point for most people's health care needs and it is important that we develop primary care to meet these health care needs safely and effectively now and going forwards. Despite a commitment to alignment, NW London CCGs and NHS England (NHSE) are constrained in their individual ability to drive transformation of primary care. CCGs are unable to easily shift funding from other parts of the health system to primary care or invest in enablers such as estates or IT and the NHSE local management resource is too remote and constrained by national imperatives to drive local change. These constraints are of particular significance for NW London where all CCGs, together will partner organisations, hold the shared vision of the General Practice being the centre of coordinating care and the need and commitment to invest significantly in out of hospital primary care services to deliver the Shaping a Healthier Future (SaHF) programme within the agreed timescales and improve the outcomes and experience of care for our population.

In May 2014, NHSE wrote to all CCGs inviting submissions of Expressions of Interest (EOI) in Primary Care Co-commissioning with EOI to be received by 20 June 2014. The letter outlined three forms of primary care co-commissioning:

- Category A: Greater CCG involvement in influencing commissioning decisions made by NHS England area teams;
- Category B: Joint commissioning arrangements, whereby CCGs and area teams make decisions together, potentially supported by pooled funding arrangements; and
- Category C: Delegated commissioning arrangements, whereby CCGs carry out defined functions on behalf of NHSE and area teams hold CCGs to account for how effectively they carry out these functions.

In the limited time available, the CCGs and NHSE / NW Area team engaged with Governing Bodies and constituent practices, Londonwide LMCs, patients and communities through the Whole Systems Lay Partners Advisory Group and NW London Patient and Public Representative Group (PPRG), pioneer partner organisations and other groups such as the Local Pharmaceutical Committee. All agreed that it was appropriate to *explore* primary care co-commissioning through a NW London EOI. This decision was confirmed by the NW London Collaboration Board and NHSE / London Region prior to submission of the Expression of Interest (EOI). The EOI: *'Delivering Better Outcomes of Care in North West London* outlined the benefits expected from co-commissioning, the workstreams to be established and the proposed next steps including governance arrangements. The EOI stated that the interest was in Category B: establishing joint commissioning arrangements.

All CCGs across London submitted expressions of interest, with most working across Strategic Planning Groups and looking also to establish joint commissioning arrangements.

NHSE / London Region has now established a short-life Primary Care Co-commissioning collaborative group with NHSE Primary Care Commissioners, Primary Care Transformation team, Local Area Directors, CCG representatives from each EOI and the Office of CCGs. It is intended that this group will support activities, co-designing the programme of work that will support the co-commissioning process across London. The three main areas of work that have been identified for taking forward in the immediate term are:

- Developing the financial principles required to support co-commissioning;
- Describing the possible governance models that could be put in place to enable co-commissioning; and

- Outlining the potential changes to current operating models for both NHSE and CCGs.

The proposed timeline is designed to enable CCG Governing Bodies to make the decision in public at their meetings in October / November to enter into primary care joint commissioning arrangements with NHSE and to establish a shadow 'Committee in Common'. In addition, the CCG Governing Bodies will in November agree the conditions to be met in order to confirm at March Governing Body meetings that they will move from shadow to full arrangements. These decisions will need to be taken in parallel by NHSE / London. Full guidance has not yet been received from NHSE nationally about the assurance process that will be required to enter into joint commissioning arrangements and therefore all NW London arrangements will need to be flexible enough to meet national requirements.

A fuller presentation can be made to the Hillingdon Health and Wellbeing Board at a future date if required.

3.2 Integration of services

Hillingdon CCG included in its 2012 Out of Hospital Strategy the intention to improve integration between health services. The purpose of integrating care is twofold. Firstly, to improve the experience of care people receive, for example, they should only have to tell their story once, they should have a clear understanding of what care they should be receiving and what to do in any given situation and clinicians should be empowered to meet a person's needs quickly and safely whether they are seen in the GP practice, community services or a hospital setting. Secondly, to improve the outcomes of care; no person's care should be compromised because they have fallen through a gap in services. An integrated approach to planning and delivery of services will prevent this from happening and lead to better outcomes.

The national Whole Systems Integrated Care Pioneer Programme provided an opportunity for the 8 CCGs in North West London to take that intention forward more rapidly. Each CCG is taking forward its aspirations for integration at a local level working with their local stakeholders. In Hillingdon, this includes working with social care on schemes integral to the Better Care Fund, for example, alignment of the Reablement Service with the Rapid Response service which is designed to help older people avoid admission to hospital and the ability of social care services to support 7 day working. Hillingdon CCG is benefitting support and from the lessons learnt in other CCGs and the ability to carry out some elements of the programme once across the 8 CCGs, for example, legal advice on network formations. This support includes non-recurrent financial support to enable implementation of the Hillingdon CCG Out of Hospital strategy.

An update setting out the focus of the pilot (people over 75 years of age, with one or more long term condition, living in the north of the Borough) was provided at the July Health and Wellbeing Board. Since that meeting, work on defining the model of care with health and voluntary sector provider colleagues in more detail has continued and is expected to be finalised by early September.

The Hillingdon WSIC pilot has been selected as one of four CCG pioneers in North West London to be included in the Nuffield Trust deep dives. It is hoped this will provide additional learning to partners involved in the WSIC pilot. HCCG is awaiting further detail on the process.

It is anticipated that the service model will go live by April 2015.

3.3 A&E changes

As part of the implementation of the acute reconfiguration programme, "Shaping a Healthier Future", Central Middlesex Hospital and Hammersmith Hospital A&E departments will close on 10 September 2014.

The impact of these closures on surrounding A&E departments has been carefully modelled and demonstrates that the flow of patients from these A&E departments to the Hillingdon Hospital department will be minimal. In addition, in a recent survey we carried out of around 350 patients attending the A&E units at Central Middlesex and the Hammersmith hospitals, only three people said they would go to the Hillingdon Hospital when we asked them what alternative facility they would use if they needed treatment.

Both hospitals will retain their urgent care centres that are open 24 hours a day, every day of the year. It should be noted that the urgent care centre at the front of Hillingdon A&E is now seeing over 60% of people that attend with an urgent care need.

To ensure stability within the system during this change a number of actions have been taken.

North West London Hospitals NHS Trust which manage both Northwick Park (NPH) and the Central Middlesex (CMH) hospitals, has undertaken a considerable amount of work to plan for the transfer of Central Middlesex's A&E services to Northwick Park. This has included investment in new facilities at Northwick Park such as extra bed provision at the site for the small estimated rise in emergency admissions resulting from the CMH A&E closure.

Patients will also have improved access to other emergency services, such as acute assessment, intensive treatment units, operating theatres and wards.

Working with the hospitals, the CCGs have set up a virtual control room which will monitor patient flows at the two hospitals in the weeks following closure. If any issues do arise, they can be spotted quickly and we can take action to address them.

3.5 Commissioning Support Service (CSS) transition

HCCG is responsible for commissioning a range of services across acute, community and mental health care for the residents of Hillingdon. In addition to this and as noted above, HCCG is participating with the other 7 NWL CCGs in the implementation of an ambitious acute hospital redesign programme "Shaping a Healthier Future" (SaHF). To implement SaHF effectively, NWL CCGs have developed Out of Hospital Strategies in order to move significant levels of care into the community.

To achieve this programme of work, high quality and robust commissioning support is required. Concerns had been raised by all 8 CCGs about the provision of services by the NWL Commissioning Support Unit and it was agreed that an independent review of options for securing high quality commissioning services should be carried out. Following this review, the HCCG Governing Body approved a business case to move the existing Commissioning Support Unit services in house in May 2014.

The four key improvements to be delivered as part of this process are:

- **Outcomes and quality** – The services meet the commissioning needs of the CCGs and enable them to make good clinical commissioning decisions and effect transformational

change by providers for the benefit of patients, such as the Whole Systems Integrated Care Pioneers and delivery of *Shaping a Healthier Future.*

- **Responsiveness and integration** – Commissioning support services are responsive to the day to-day needs of the CCG teams, focused on the success of the CCGs and integrated with clinical commissioning staff. This results in greater visibility and control of services that are managed in line with the intent of the CCGs.
- **Agility and capability for change** – The services are flexible in reaction to changing strategic demands and that the CCGs have the greatest ability to change the way commissioning support services are organised.
- **Affordability and relative cost** – The cost of the services to the CCG are within the agreed limits, recognising that this will need to become lower as running cost allocations are reduced, and represent the optimum use of running costs.

The current CSU contract lapses on 30 September 2015. To ensure the services are in-housed by this date, a transition programme has been put in place. Currently the programme is on target to deliver by 30 September 2014.

For Hillingdon, the changes above mean the CCG will be in a position to exert much tighter control over the commissioning support it receives including for example, the provision of data on activity and outcomes of care and the contracting process.

4. FINANCIAL IMPLICATIONS

4.1 Primary Care Co-commissioning

As this programme is still in the early, exploratory phase at the moment, financial implications have not been fully identified. However, it is not intended to create a cost pressure in CCGs that do participate.

4.2 Integration of services

In the longer term, integration of services is expected to generate savings to the system through improved quality and outcomes of care and reduced duplication. The development of capitated budgets is central to the WSIC agenda and is a tool to remove perverse incentives and increase focus on prevention as providers, working in networks, are contracted to provide whole pathways of care rather than individual elements. Further detail on this element will be provided to the Health and Wellbeing Board in future updates. All CCGs in NWL have been allocated non-recurrent funding of £250,000 to support implementation of this programme in 2014/15 under the NWL Financial Strategy.

4.3 A&E Changes

No local financial implications for Hillingdon CCG. However, Hillingdon Hospital has been allocated additional funding of £97,000 by the CCG to bring forward some Winter Pressure schemes to provide additional assurance on system resilience.

4.4 Commissioning support transition

Currently, CCG management costs are capped at £25 per head of population. This includes the costs of commissioning support. The transition of commissioning support services will achieve the 10% reduction in management costs required by all CCGs in 2015/16.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- North West London Whole Systems Pioneer bid
- Delivering Better Outcomes of Care in North West London