

HILLINGDON CCG UPDATE

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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">• Integration of services• Non-Elective Pressures• QIPP• Financial update
Contribution to plans and strategies	The items above relate to the HCCG's: <ul style="list-style-type: none">• 5 year strategic plan• 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 to note this update.

3. INFORMATION

3.1 Non-elective pressures

The Hillingdon Health economy has seen unprecedented levels of demand for non-elective services throughout the year which appear to be higher than those seen in other areas. This includes an increase of 31% in Blue Light Attendances and an increase of walk in patients to the A&E department, also by 31%. This is despite the fact that the Urgent Care Centre is seeing approximately 55% of all patients that attend the A&E department. As a result, The Hillingdon Hospital (THH) is struggling to meet the 4 hour standard for patients being seen treated and discharged from A&E.

Working together, the CCG and THH have instigated a number of actions to try and address this rise in demand in advance of the seasonal pressures expected over the winter period. The plan is divided into three key areas:

- Reducing demand at the front door
- Managing flows within the Trust as effectively as possible
- Supporting timely discharge and support outside of hospital

Local monitoring and governance arrangements have been put in place to ensure these plans deliver the anticipated impact. This includes:

- Weekly operational meetings with daily contact when needed
- Fortnightly senior management / Chief Operating Officers level
- Oversight by HCCG AO and THH CEO monthly
- Oversight by NHSE as required

These actions will only be successful if we are able to stem the flow patients using urgent care for non-urgent needs. To address this, Hillingdon CCG will be leading on a wide ranging public advertising and awareness campaign starting in December. The CCG hopes all local partners will engage in this work to educate the public in appropriate use of emergency services and prepare for the winter months ahead.

3.2 Integration of services

As previously reported to the HWBB, Hillingdon CCG included in its 2012 Out of Hospital Strategy the intention to improve integration between health services in order to improve the experience of care people receive and 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.

A steering group, chaired by a Governing Body Lay Member, is in place with representation from across the local system. The population focus for this work is people over 65 years of age with one or more long term condition living in the north of the Borough. If this programme of work is successful, it will be rolled out across the Borough and may be extended to other population groups such as those with mental ill health.

Progress since the last Health and Wellbeing Board includes sign off of the Integrated Model of Care for Hillingdon in October which represents a big step forward. The next phase of the project includes:

- Developing the operational model including: the measurable outcomes; determining the categories for varying intensity of care; shared access using a care planning process and costs of the model;
- Determining the potential provider model with providers; and
- Calculating the capitated budget.

Further progress reports will be provided at each Health and Wellbeing Board and the CCG would welcome the opportunity to provide more detailed briefings to interested parties.

3.3 QIPP (Quality, Innovation, Productivity, Prevention)

All CCGs are required to set out annual QIPP plans that are designed to lever change within the system through quality and innovation and to deliver efficiency savings to the local health economy through productivity and prevention. The original target for the Hillingdon CCG 2014/15 QIPP was £10.37m. However, significant changes in the demand for non-elective activity have put the achievement of this target under pressure and the projected forecast outturn is £8.1m. A QIPP recovery plan has been agreed by the Governing Body and submitted to NHS England. Progress against this plan is monitored weekly through the Performance Management Office (PMO).

The major actions that we are taking to improve the forecast outturn overlap significantly with actions to reduce and manage more effectively non-elective activity. They include:

- Increasing the number of patients that can be referred to our admission avoidance schemes (Intermediate Care and Ambulatory Emergency Care Pathways).
- Diverting more patients arriving via ambulance into the Urgent Care Centre and/or Rapid Response Service.
- Increasing the number of patients taken home in a safe and timely manner via the Home Safe programme.
- Working with GP practices to reduce GP heralded non-elective activity.
- Ensuring that there is a senior decision maker at the front door of ED during peak periods during the week.

It should be noted that achievement of savings associated with QIPP plans are only one of the drivers of the overall financial position of the CCG.

We have established with THH a Joint Recovery Group for Unplanned Care and another for Planned Care that is focused on the 'critical few' actions that will have the biggest impact on delivery of the CCGs QIPP objectives.

It is noted that the Public Health Team is carrying out a Health Impact Assessment across all savings plans in local health and social care economy to provide assurance that the quality of services is not impacted negatively by the collective impact of our schemes.

3.4 Financial position

Hillingdon CCG inherited a deficit from the predecessor PCT and is recognised as an underfunded CCG. In November 2012, a three year recovery plan was agreed. This plan was updated in November 2013.

Overall, at month 6, the CCG is reporting a break even position at year to date and is forecasting to break even at the year-end on both its Programme and Running Cost budgets.

There is a forecast over-performance on Acute contracts of £5m which has not changed significantly from last month. This is the position after the benefit of the 2014/15 THH transitional support of £5.5m and the marginal rate (45% above the Guaranteed Minimum Sum) has been applied to the THH contract. Without this benefit, the forecast outturn for acute contracts based on month 5 data would increase to an overspend of £12.1m. Over-performance in the acute contracts is largely driven by unexpected levels of non-elective activity.

Overall, the forecast acute over-performance is offset by £1.7m of the Acute risk reserve and FOT under spends in other budgets for example NHS Property Services and High Cost Drugs.

4. FINANCIAL IMPLICATIONS

4.1 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 North West London (NWL) have been allocated non-recurrent funding of £250,000 to support implementation of this programme in 2014/15 under the NWL Financial Strategy.

4.2 NEL pressures

Non-elective pressures are generating the majority of underperformance against QIPP and over performance on Acute contracts.

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