# HILLINGDON CCG UPDATE

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| **Relevant Board Member(s)** | Dr Ian Goodman |
| **Organisation** | Hillingdon Clinical Commissioning Group |
| **Report author** | Ceri Jacob; Jonathan Tymms, Mark Eaton |
| **Papers with report** | None |

## 1. HEADLINE INFORMATION

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| **Summary** | This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:<br>• Integration of services<br>• QIPP<br>• Financial update<br>• Transformation Programme |
| **Contribution to plans and strategies** | The items above relate to the HCCG's:<br>• 5 year strategic plan<br>• Out of hospital strategy<br>• Financial strategy |
| **Financial Cost** | Not applicable to this paper |
| **Relevant Policy Overview & Scrutiny Committee** | External Services |
| **Ward(s) affected** | All |

## 2. RECOMMENDATION

**That the Health and Wellbeing Board notes this update.**

## 3. INFORMATION

### 3.1 Integration of services

The CCG continues to progress its plans for integrated services. This update will cover the integration of services project taking place in the north of the Borough as part of the Whole System Pioneer programme and updates on progress since the last update to the Health and Wellbeing Board in December 2014.

The project targets people over 65 years with one or more long term condition (LTC). It is aligned with integration set out in the Better Care Fund (BCF). Partners include:

- Metro Health GP Network

- Care 4 You GP Network
- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central and North West London NHS Foundation Trust (CNWL)
- Hillingdon 4 All (voluntary sector consortium)

The model of care set out in the integration model recognises two levels of need; complex and moderate/simple needs. Procurement of the moderate/simple needs element of the model is underway and we anticipate this element of the model will go live in Q1 of 2015/16 in the north of the Borough, and across the rest of the Borough by Q3.

In January, the NWL CCGs submitted a collective bid to be part of the national Vanguard programme to test some of the service provider models set out in Simon Stevens Five Year Forward View. The NWL bid was not successful. However; Hillingdon, Harrow and Tri-Borough CCGs have been asked to go forward to the next stage of the selection process as stand-alone applications. The next step in the process is to attend an event in the first week in March where further details on the next phase of the process will be set out.

**3.2 QIPP (Quality, Innovation, Productivity, Prevention)**

The CCG's original QIPP Target for 2014/15 was £10.37m. However, due predominantly to a significant (>10%) increase in demand for unplanned care services (especially the Urgent Care Centre and the Emergency Department at Hillingdon Hospital), some of the CCG's QIPP Schemes relating to unplanned care services have failed to realise the expected benefits. The projected year-end outturn is £8.3m. *This is an improvement on the projected £8.1m that was forecast as at the December 2014* Health and Wellbeing Board. The ~£200k swing in forecast outturn over the period from December 2014 to March 2015 is despite the significant increase in admission avoidance activities that the CCG has been working with The Hillingdon Hospital (THH) and CNWL to implement, and has been counter-acted by slippages in some of our planned care schemes including Dermatology and Pressure Relieving Mattresses.

The major actions we are taking to address the continued pressure on our unplanned care services include:

1. Working with THH to increase Ambulatory Emergency Care pathway activity and referrals to the Rapid Response Service. This includes ensuring that THH has a senior decision maker at the 'front door' of ED during peak hours.
2. Focusing on increased communications to patients promoting alternatives to ED.
3. Working with those practices that are outliers in terms of numbers of patients attending ED to help them to better manage patients in primary care.

The CCG is also close to finalising our QIPP Plans for 2015/16 and have set the level at £7.7m. This reflects the diminishing returns that can be obtained from the residual service lines that have not been reviewed previously, as well as risks associated with QIPP in our Community and Mental Health services which are subject to contract negotiations. To secure QIPP achievement for following years, the CCG is ramping up our transformational change activities and this is covered later in this report.

In terms of on-going assurance of our QIPP Schemes, the CCG produces a monthly Programme Management Office (PMO) and QIPP Recovery plan that is shared and discussed with the Governing Body and submitted to NHS England. Progress against this plan is monitored weekly through the CCG's Performance Management Office (PMO).

In addition, we continue working with THH on 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.

### 3.3 Financial position

The CCG is now forecasting a £2,7m surplus at year end on Programme Budgets and a £0.5m surplus on running cost budgets. This £3.2m total surplus is guaranteed by NHSE to be carried forward into 2015/16.

Although the CCG's in-year financial position has improved, it should be noted the CCG's forecast underlying financial position at year end is a deficit of £7.7m. This compares with the planned underlying position for 2014/15 which was for the CCG to be in recurrent balance by the year end.

The deterioration in the underlying position compared to plan in 2014/15 relates largely to the Acute over performance and the shortfall in QIPP delivery, both of which are largely associated with significant increases in non-elective activity over the year. In-year, these have been offset by a combination of additional non-recurrent allocations, slippage on investment plans and other non-recurrent underspends.

### 3.4 Transformation programme

Recognising that the CCG needs to think differently about how and where services are delivered to ensure it can meet the growing and changing needs of patients whilst continuing to operate within its existing financial envelope the CCG has embarked on a wide ranging transformation programme that encompasses six key areas:

- Long Term Conditions
- Children's Services
- Older Peoples' Services
- Mental Health
- Primary Care
- IT

The CCG has established a Transformation Group in each of these six areas and invited appropriate representation from partner organisations. The Transformation Groups report to the overall CCG Transformation Group and will also be accountable to the Whole System Transformation Board. The expectation is that the Transformation Maps (that set out the plans for each Transformation Groups) will start to take shape from April onwards.

## 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.

## 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