

HILLINGDON CCG UPDATE

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Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Update Paper

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• QIPP• Financial update• Primary Care Co-Commissioning
Contribution to plans and strategies	The items above relate to the HCCGs: <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
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board to note this update.

3. INFORMATION

3.1 Integration of services for older people (Hillingdon Integration Project)

The CCG continues to progress its plans for integrated services. Currently the focus is on services for older people aged 65 years or over with one or more long term condition. Plans are fully aligned with integration plans set out in the Better Care Fund (BCF).

The model of care for older people set out in the integration plan recognises two levels of need; complex and moderate/simple needs. Procurement of the moderate/simple needs element of

the model has been completed with practices with service commencement across all GP networks scheduled for July 1st. This element is known as the Integrated Care Programme service (ICP).

Prior to full roll out of the ICP six GP practices in the north of the borough have been holding fortnightly multi-disciplinary teams (MDTs) to pro-actively manage selected patients. They are identified as patients who would benefit from an integrated approach and may be escalating into an unstable position. The MDTs comprise: clinical, voluntary and community personnel and social care is represented. The MDTs are organised and managed by a dedicated coordinator who ensures that actions are carried out and the patient is kept informed. All Practices in Hillingdon will be running MDTs as part of the ICP service from 1st July, utilising learning from the experience of the six practices referred to above. It is anticipated the complex element of the Older People's model of care will be tested in the north of the borough from October 2015.

In addition to befitting patients, MDTs enable testing of components of the whole integrated older people model of care including care coordination and patient tracking to review the outcomes of the interventions.

The CCG is working with the local voluntary sector consortium, Hillingdon 4 All, to develop a service that aims to increase and maintain people's wellbeing, motivation and ability to self-manage their own health needs thereby reducing future hospital admissions and admission to residential care. This will include a single point of access and assessment process. Further detail will be shared as the service is developed and progresses through CCG governance processes.

Local providers (THH, CNWL, Metrohealth GP Network and Hillingdon 4 All) are working together to develop an Accountable Care Partnership (ACP). The ACP will become the integrated provider organisation through which the CCG will commission the older people service model set out in appendix 1. There is an expectation that over time the ACP could expand the range of integrated services it provides.

3.2 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's QIPP plan for 2015/16 is valued at £7.746m. Service redesign associated with QIPP is clinically led via Clinical Working Groups which include clinicians from the CCG and providers. Delivery of QIPP plans is monitored through the weekly Programme Management Office (PMO). At month 1 the CCG still anticipates fully delivery.

The top three schemes in terms of financial value are:

- **Intermediate Care:** This scheme aims to avoid admissions to hospital where alternative and more appropriate alternatives exist. The CCG has agreed a revised tariff structure with THH that enables the Rapid Response element of our Intermediate Care programme to take patients home who have been within the hospital for up to 28 hours (4 hours in the Emergency Department and 24 hours post-Emergency Department) and avoid an admission tariff. The CCG and Trust are working toward achieving 7 patients per day taken home. Work is also underway with both THH and CNWL to reduce drop-out rates between referral and patients taken home. This scheme will benefit patients by enabling them to stay in their normal home, reduce costs in health and support the Trust with internal work to close escalation beds.

- **Musculo-Skeletal Service (MSK):** This is a 3 year programme that has over-delivered in Years 1 and 2. The focus in years 1 and 2 had been on ensuring patients saw the correct clinician first time via a triage service thereby reducing unnecessary out patient appointments and length of time to treatment. The savings in 2015/16 are expected to come from revisions to the way spinal activity is coded and from implementation of a new Pain Service. In addition there will be residual activity reductions associated with the main MSK activities in years 1 and 2 of the programme.
- **Primary Care Prescribing:** This scheme relates to prescribing in General Practice by GPs and seeks to reduce costs through optimising medicines use. This includes for example, reducing use of high cost medicines where cheaper but equally effective alternatives exist and reducing medicines waste. GPs are supported to make these changes by the CCG Medicines Management Team.

3.3 Financial position

The CCG finished the year 2014/15 with a £3.3m in-year surplus and delivered £8m of QIPP savings. However, there remains an underlying deficit of £7.7m. This reflects that the deficit was off set by non-recurrent benefits in 2014/15. Nonetheless this represents a significant achievement for the CCG.

The financial plan for 2015/16 is to deliver a 1% surplus (c£3.5m) and to remove the underlying deficit. This means that Hillingdon CCG is compliant with NHS business rules in this year. The plan is based on the following key assumptions:

- Funding from NWL Strategy of c£10m plus THH Transitional Support of £3m (TBC)
- Local QIPP Plan delivery of £7.7m (£8m in 14/15)
- Delivery of 15/16 Acute Activity Plan

Overall, at month 2, the CCG is reporting a £0.539m surplus position against a £0.58m planned surplus YTD. The CCG is forecasting a £3.482m surplus at year end on Programme Budgets and break even on Running cost budgets in line with the plan. (See summary below).

	Forecast Outturn			YTD Month 2		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme Costs:						
Revenue Resource Limit	342,624	342,624	0	55,536	55,536	0
Net Programme Costs	(339,142)	(339,142)	0	(54,955)	(54,997)	(41)
Surplus / (Deficit)	3,482	3,482	0	580	539	(41)
Running Costs:						
Revenue Resource Limit	6,194	6,194	0	950	950	0
Net Running Costs	(6,194)	(6,194)	0	(950)	(950)	0
Surplus / (Deficit)	0	0	0	0	(0)	0
CCG Surplus / (Deficit)	3,482	3,482	0	580	539	(41)

3.4 Primary Care Co-Commissioning

Hillingdon CCG formally entered Joint Commissioning of Primary Care services (GP services only) with NHS England on 1st April 2015. Each CCG Joint Commissioning Committee is

individual to the CCG with the eight NWL committees choosing to meet in common. This will ensure the CCGs can benefit from aligning strategies and effort where helpful whilst maintaining local sovereignty and decision making. The first Hillingdon Joint Committee included participants from Hillingdon CCG, NHS England, alongside representatives from Healthwatch and Londonwide LMC (Local Medical Committee). Hillingdon CCG will work with the London Borough Hillingdon to agree how the Hillingdon Health and Wellbeing Board wishes to be involved in co-commissioning and represented at future meetings. This could be as part of the Hillingdon Primary Care Joint Commissioning Sub-Group which will take work forward at a local level and inform agendas of the Joint Commissioning Committee.

Two meetings of the Hillingdon CCG and NHS England Joint Committees have been held. The scope of the committees' work has the potential to drive forward radical change in local primary care, in terms both of service improvement to benefit patients and support of other transformational work. Future committees will be held in public.

To ensure good governance in relation to co-commissioning of primary care, the CCG approved an updated Conflict of Interest Policy at its March 2015 Governing Body.

As part of its work on Co-Commissioning, Hillingdon CCG is developing a new "offer" to general practice to support delivery of sustainable services now and in future. This will include development of "wrap around" contracts to enable GPs to deliver services as individual practices and in networks of GP practices.

3.5 Shaping a Healthier Future update

The 'Shaping a Healthier Future (SaHF) programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. The principles behind this are: putting the patient at the centre of the NHS; providing more accessible care; and establishing centres of excellence so that more expertise is available more of the time.

Under SaHF, maternity, neonatal and paediatric in-patient services will be consolidated at fewer sites, resulting in the closure of some services at Ealing Hospital. These changes have the unanimous support from all medical directors in NW London, who have written to the Health Secretary setting out that 'there is a very high level of clinical support for this programme across NW London' and that these changes will 'save many lives each year and significantly improve patients' care and experience of the NHS.'

The changes will improve maternity services by:

- Having more senior consultant cover in maternity units and moving towards 24/7 consultant cover on the labour ward
- Improving the midwife-to-birth ratio
- Upgrading facilities at all six hospital sites – Northwick Park, Hillingdon, West Middlesex, St Mary's, Queen Charlottes and Chelsea and Westminster.
- Continuing to deliver antenatal and postnatal care locally in Ealing
- Ensuring that for most women the care they receive before and after the birth is provided by a midwife from the same hospital as where they give birth.
- Expanding the number of community midwives and investing in the home birth team
- Providing a midwife-led unit alongside every maternity unit in North West London

Most women from the borough of Ealing who choose to give birth at Hillingdon, West Middlesex, Northwick Park, Queen Charlotte's and Queen Mary's Hospitals will still be able to have the majority of their antenatal and postnatal appointments at Ealing Hospital.

These plans were subject to public consultation and reviews by the Independent Reconfiguration Panel (IRP), a group of national healthcare experts, and the London Clinical Senate. The IRP supported the proposals and the Secretary of State subsequently committed the programme to proceeding with the changes. Update to the Hillingdon Council External Services Overview and Scrutiny Committee have been provided at regular intervals.

The Hillingdon CCG Governing Body delegated the final decision on the timing of changes to the Ealing Maternity Unit to Ealing CCG. At its Governing Body meeting on 20 May 2015 the Ealing CCG reviewed the outcomes of the assurance process undertaken with providers of maternity services across NWL. They concluded that proposals to close Ealing Hospital Maternity Unit should be implemented from 1 July 2015. When making this decision the CCG considered findings from an assurance process carried out earlier in the year with all providers affected by the change. All of the papers for this meeting are available to view on the Ealing CCG website at: www.ealingccg.nhs.uk

Capacity for an additional 3000 births has been created in the receiving Trusts. The annual number of births in Ealing Hospital is 2500. Therefore capacity for future population growth has been factored in to planning assumptions. Closure of the Ealing unit will lead to an additional 800 births per year at Hillingdon Hospital and a new centralised booking service for North West London has been put in place to support women when booking at their preferred location. To support this transfer of patients the Hillingdon Hospitals Foundation Trust (THH) have created 12 additional beds, a new triage area and an additional 24 midwives will be recruited. 10 of these midwives have already transferred from Ealing Hospital and agency staff will be utilised whilst the Trust completes its recruitment process for the remaining 14. The ratio of midwives to patients will be 1:30.

Expectant mothers in Hillingdon will continue to have their babies at Hillingdon Hospital if that is their preferred location and they will not be disadvantaged as a result of these changes.

As the maternity unit is closing it is also necessary to close the neo-natal unit on 1 July 2015. Again a full assurance process has been carried out to ensure providers affected by the change are fully prepared and capable of providing additional capacity.

At the Ealing CCG Governing Body meeting on 20 May 2015 it was agreed that the date paediatric services should close is 30 June 2016. A programme of work to ensure affected providers have the necessary capacity in place will take place over the coming months and further updates provided to the Health and Wellbeing Board nearer the time.

4. FINANCIAL IMPLICATIONS

There is a QIPP financial target of £7.7m in 2015/16.

The CCG will develop a Capitated Budget to underpin delivery of the integrated older people model of care (complex and non-complex) from April 2016. Whilst integrated services work is not expected to generate any cost pressures it is expected to address the challenges of future costs of demographic change.

The CCG benefits from a transfer of funds of £10m in this financial year as part of the NWL Financial Strategy.

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
- Hillingdon CCG Operating Plan 2015/16