

HILLINGDON CCG UPDATE

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Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	None

1. HEADLINE INFORMATION

Summary	<p>This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:</p> <ul style="list-style-type: none">• QIPP• Finance• Planning Guidance<ul style="list-style-type: none">a) Operating Plan 16/17 one year planb) Planning Guidance – Sustainability and Transformation Plan
Contribution to plans and strategies	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none">• 5 year strategic plan• Out of hospital (local services) strategy• Financial strategy• Shaping a Healthier Future update
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

The following section summarises key areas of work the CCG wishes to bring to the attention of the Health and Wellbeing Board.

3.1 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's QIPP Target for 15/16 is £7.746m and as at M11 we are forecasting to achieve an outturn of £6.836m (variance £0.91m) which is an improvement of ~£41k from M10. The focus of much of the CCG's QIPP programme is on redesigning services to improve quality and outcomes for patients as these release efficiencies and reduce costs overall.

Our 16/17 QIPP Target is £10.5m against which we have identified some £8.6m worth of schemes (an improvement of some £200k since M10).

Key Actions

The key actions for 16/17's QIPP programme are detailed below:

- **Transition Support** – We are reviewing with THH performance against various elements of the Transition Support Package that was agreed between the parties and which supports the CCG's QIPP in a wide range of areas including: Out of Hospital activity, Ambulatory Care and Intermediate Care.
 - Ambulating Patients reduces the bed burden on the hospital and therefore supports the hospital to continue to treat other patients effectively and also to achieve their A&E Performance Standards.
 - Our focus on Out of Hospital Activity is concerned with increasing capacity of the secondary care resources by taking routine activity 'out' of the hospital setting and having those patients seen in a community setting by nurses and therapists with a consultant oversight to ensure consistency and quality.
 - Intermediate Care is about supporting older people to avoid being admitted and helping them to return home safely.

- **LTC/Prevention** – The CCG has engaged Libera Partners to undertake a short, focused piece of work in this area which is due to complete in April 2016 and will help shape the CCG's LTC and Prevention Strategies and QIPP over the next 5 years. We are collaborating with Brent and Harrow CCGs on delivering associated QIPP aligned to the NHS RightCare methodology. The focus of our work is on all three tiers of prevention:
 - **Primary Prevention** – Reducing the prevalence of disease. This needs to be done in partnership with Public Health,
 - **Secondary Prevention** – To improve outcomes for patients with a disease and reduce the progression of the disease.
 - **Tertiary Prevention** – To prevent those with a disease from suffering from exacerbations.

- **MH & Community QIPP** – Negotiations are ongoing with CNWL around Community Services and a 3 Year QIPP, and QIPP for MH. The focus for this are:
 - Ensuring that all of our patients are covered by our community provider irrespective of where they live.
 - Ensuring that our services meet the changing needs of our population.
 - Supporting patients to be treated out of hospital and closer to home.

- **16/17 Opportunities** – The biggest remaining opportunities (by %) remain in the areas of LTCs/Prevention and MH.

The Longer Term Challenge

The CCG also needs to start considering where QIPP for further years will be realised from. Plans are being worked up for 17/18 with focus on LTC/prevention strategies to inform longer term QIPP.

The actions that need to be taken to identify longer term QIPP include:

- Developing the Hillingdon chapter for the NWL Sustainability & Transformation Plan, ensuring health outcomes and quality improvements we have made for the residents of Hillingdon will continue to improve.
- Developing our local 5 Year QIPP Strategy and Planned Care Strategy.
- Working with Transformation Groups to identify the 'significant change' schemes that will enable the system to realise the efficiencies that need to be made.

3.2 Financial position

The CCG's initial financial plan for 2015/16 is to deliver a 1% surplus (£3.482m) and to remove the underlying deficit. The plan is based on the following key deliverables/assumptions:

- Funding from NWL Strategy of £10.3 m plus THH Transitional Support of £3m
- Local QIPP Plan delivery of £7.7m (£8m in 14/15)
- Delivery of 15/16 Acute Activity Plan

Overall, at month 10, the CCG is now forecasting a surplus of £7.482m which is £4m above plan. This increase in the forecast surplus has been achieved through a combination of:- Acute SLA risks not materialising at the anticipated level, utilisation of balance sheet flexibility and some non-recurring slippage on investment plans This additional £4m surplus will be carried forward into 2016/17.

Although the CCG's reported in-year position has improved, the exit rate underlying position at M10 has not changed since month 9 and remains as a small surplus of £1.977m. This underlying position however is contingent on the continuation of NWL Financial Strategy funding into 2016/17 at the same level.

Tables 1 to 4 below summarise the current position.

Overall Position

	Outturn			YTD Month 10		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme Costs:						
Revenue Resource Limit	342,805	342,805	0	280,419	280,419	0
Net Programme Costs	(339,323)	(335,780)	3,543	(277,517)	(274,596)	2,921
Surplus / (Deficit)	3,482	7,025	3,543	2,902	5,823	2,921
Running Costs:						
Revenue Resource Limit	6,401	6,401	0	4,743	4,743	(0)
Net Running Costs	(6,401)	(5,944)	457	(4,743)	(4,304)	440
Surplus / (Deficit)	0	457	457	(0)	440	440
CCG Surplus / (Deficit)	3,482	7,481	4,000	2,902	6,263	3,361

Table 1

Year to Date Variances

08G Hillingdon CCG Month 10	Year to Date Variance £m	Commentary on Year to Date Variance
<i>QIPP Variance - Acute</i>	-0.892	The shortfall relates to non-delivery to date of Planned Care schemes at THH (MSK and Dermatology).
<i>QIPP Mental Health Commissioning</i>	-0.048	
<i>Other Acute Commissioning</i>	-0.022	
<i>Continuing Care</i>	-0.005	
<i>Prescribing</i>	-0.025	
<i>Community</i>	0.120	
QIPP Variance Total	-0.872	
<i>Acute SLA</i>	0.315	
<i>Prescribing</i>	-0.142	
<i>Mental Health Commissioning</i>	-0.167	
<i>Continuing Care</i>	-0.221	
Sub-Total Adverse Variances	-0.215	
<i>Acute Reserves</i>	1.206	Acute reserves will be utilised in last two months of the year.
<i>Other Acute Commissioning</i>	0.78	
<i>Community</i>	0.140	
<i>Primary Care</i>	1.683	Driven by underspends on Local Incentives Schemes £461k, £5 Per Head Older People Investments of £417k, ICP Project £292k and GP Networks £216k.
<i>Corporate & Estates Costs</i>	0.199	
<i>Running Costs</i>	0.44	Underspend on Quality Premium £207k and Reserves £250k.
Sub-Total Released Reserves/Underspends	4.448	
Total	3.361	

Table

Forecast Outturn Variances

08G Hillingdon CCG Month 10	YTD Variance £m	Forecast Variance			Commentary on Position
		Projected (Straight Line) £m	Adjust £m	Forecast Outturn Variance £m	
<i>QIPP Variance - Acute</i>	-0.892	-1.070	0.040	-1.030	
<i>Mental Health Commissioning</i>	-0.048	-0.058	0.010	-0.048	
<i>Other Acute Commissioning</i>	-0.022	-0.026	-0.001	-0.027	
<i>Continuing Care</i>	-0.005	-0.006	0.053	0.047	
<i>Prescribing</i>	-0.025	-0.030	-0.044	-0.074	
<i>Community</i>	0.120	0.144	0.037	0.181	
QIPP Variance Total	-0.872	-1.046	0.096	-0.951	
<i>Acute SLA - Non QIPP</i>	0.315	0.378	0.377	0.755	
<i>Acute Reserves</i>	1.206	1.447	-3.705	-2.258	Acute reserves will be utilised within the last two months of the year.
<i>Mental Health Commissioning</i>	-0.167	-0.200	-0.105	-0.305	
<i>Continuing Care</i>	-0.221	-0.265	-0.343	-0.608	M12 Provision £200k for in year appeal cases and additional cases in last 2 months as per Caretrack.
<i>Prescribing</i>	-0.142	-0.170	-0.004	-0.174	
Sub-Total Adverse Variances	0.991	1.189	-3.780	-2.590	
<i>Other Acute Commissioning</i>	0.78	0.936	2.491	3.427	THH Paeds FOT underspend of £1.1m and release of 14/15 Acute Creditors of £1.6m offset by UCC Main Contract (£0.140m) and THH Devices and Fees (£0.088m).
<i>Community</i>	0.14	0.168	-0.121	0.047	
<i>Primary Care</i>	1.683	2.020	-0.244	1.776	Expenditure expected on ICP Project, LIS AND £5 per Head Older People investment towards the end of the year.
<i>Corporate & Estates Costs</i>	0.199	0.239	0.568	0.807	The 14/15 Property Services creditor of £582k is released into the FOT.
<i>Running Costs</i>	0.44	0.528	-0.070	0.458	
<i>14/15 Creditors Balance</i>	0	0.000	1.026	1.026	Relates to the release of various 14/15 Creditors.
Sub-Total Released Reserves and underspends	3.242	3.890	3.651	7.541	
Total	3.361	4.033	-0.033	4.000	

Table 3

Forecast Outturn Actuals

08G HILLINGDON MTH 10	YTD £m	Forecast Spend			Commentary on Adjust Column
		Projected (Straight Line)	Adjust £m	Forecast Outturn £m	
<i>QIPP YTD - Acute</i>	(3.185)	(3.822)	(0.030)	(3.852)	
<i>QIPP YTD - Continuing Care</i>	(0.101)	(0.121)	(0.058)	(0.179)	
<i>QIPP YTD - Prescribing</i>	(1.242)	(1.490)	0.044	(1.446)	
<i>QIPP YTD - Mental Health</i>	(0.190)	(0.228)	(0.010)	(0.238)	
<i>QIPP YTD - Community</i>	(0.315)	(0.378)	(0.064)	(0.442)	
<i>QIPP YTD - Re-provision (excl outpatient ophthalmology)</i>	2.580	3.096	0.374	3.470	QIPP Re-provision Schemes to be spent in the last two months of the year.
<i>QIPP YTD - Running Cost</i>	(0.533)	(0.640)	0.001	(0.639)	
QIPP Total	-2.986	-3.5832	0.2572	-3.326	
<i>Acute SLAs - Non QIPP</i>	157.384	188.861	(0.346)	188.515	This is due to phasing of SLA contracts and seasonal adjustments.
<i>Continuing Care</i>	14.952	17.942	(0.009)	17.933	
<i>Other Acute Commissioning</i>	22.678	27.214	(1.936)	25.278	THH Paeds and Maternity funding accounted for in full in ytd position and 14/15 acute creditors to be released in M12.
<i>Winter Pressures</i>	0.616	0.739	0.324	1.063	Winter Pressures forecasted for the last two months of the year.
<i>Mental Health</i>	19.074	22.889	0.700	23.589	Relates to new allocations to be spend by year end for CAMHS, Psychiatric Liaison and Eating disorders along with planned investments which will be spent in the last two months of the year.
<i>Corporate & Estates Pressures</i>	4.434	5.321	(0.594)	4.727	14/15 Property Service Creditor for the onerous lease on Kirk House will be released into the position at year end.
<i>Prescribing</i>	30.404	36.485	(0.346)	36.139	Due to seasonal factors with local drugs expenditure.
<i>Primary Care</i>	2.363	2.836	1.540	4.376	Various Primary Care schemes planned for the latter part of the year.
<i>Community Services</i>	25.143	30.172	0.363	30.535	BCF and Wheelchair services to be spent in latter part of the year, partially offset by CNWL Contract phasing.
Sub-Total	274.062	328.873	-0.0454	328.829	
<i>SLA - Acute Contracts Risk Reserve</i>	0.000	0.000	5.703	5.703	Additional provision for in year investment in schemes to reduce emergency admissions and re-investment of contract penalties to be utilised in latter part of the year.
<i>Contingency</i>	0.000	0.000	1.634	1.634	Contingency not utilised in year to date position.
<i>14/15 Creditors Balance</i>	0.000	0.000	(1.026)	(1.026)	14/15 creditors will be released into the position in the latter part of the year.
Sub-Total Released Reserves and underspends	0.000	0.000	6.311	6.311	
<i>Running Cost</i>	4.837	5.804	0.779	6.583	
Net YTD Spend	278.90	334.68	7.04	341.72	

Table 4

The full budget report is available at <http://www.hillingdonccg.nhs.uk/publications2>

3.3 Planning Guidance 2016 to 2021

In December 2015 NHS England published “Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21”. This document sets out requirements of CCGs for the next five years. Separately to this document the CCG will receive guidance on the BCF for 2016/17.

Planning is required to take place at two levels:

- An organisation based 1 year Operating Plan
- A place based 5 year Sustainability and Transformation Plan (STP)

a) Operating Plan 16/17.

The CCG’s annual Operating Plan for 16/17 is due for final submission on April 11th. The Operating Plan sets out the CCG’s aspirations against our constitutional targets for the year ahead as well as detailing the underlying growth assumptions (demographic and non-demographic) and the mitigating QIPP Schemes that help to manage demand growth.

The 1 year Operating Plan includes the following 9 must dos’:

- Develop an Sustainability and Transformation Plan
- Return the system to aggregate financial balance
- Local plan to address sustainability and quality of primary care
- Achieve access standards for A&E and ambulance waits
- Maintain the RTT target
- Maintain the 62 day cancer target and improve 1 year survival rates
- Two additional MH targets (1st episode psychosis treatment and IAPT waiting times)
- Transform care for people with learning disabilities
- Develop an affordable plan for to make improvements in quality – particularly for organisations in special measures

A summary of the key aspects of the Operating Plan are given below.

Target	Aspiration for 16/17	Notes
A&E 4 Hour Waits	Achieve the 95% standard throughout the year whereby patients are seen and either treated or discharged within 4 hours.	This has been a challenge across the NHS particularly during Q3 and the hospital and CCG are working closely to improve the resilience of the system and therefore reliably deliver this target during 16/17.
Diagnostic Waits	Ensure that no more than 1% of patients wait more than 6 weeks for a diagnostic test throughout the year.	Historically THH have exceeded the minimum standard and we expect this to continue into 16/17.
Referral to Treatment (RTT)	Achieve (and ideally exceed) the standard that 92% of patients have substantive treatment started within 18 weeks of a referral.	Historically THH have exceeded this target and we expect this to continue into 16/17. The national focus has moved to incomplete pathways for the RTT standard.

Cancer Waits	Achieve (and ideally exceed) the 62 Cancer Wait Standard whereby 85% of patients start definitive treatment within 62 days.	Again, THH have historically exceeded this standard and we expect this to continue into 16/17.
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The underlying growth assumptions shown in the table below:

Area	Unmitigated Growth	Mitigated Growth (via QIPP Schemes)	Notes
Referrals	4.1%	0.7%	These improvements will be achieved mostly via CATS.
Consultant Led OPFA	4.1%	0.8%	
Consultant Led OPFUP	3.6%	-2.6%	
Elective Admissions	3.0%	2.6%	This will be achieved via our LTC Schemes.
A&E Attendances	4.1%	2.3%	This will be achieved via our EPP and LTC Schemes.
Non-Elective Admissions	4.1%	-6.1%	This will be achieved via increased Ambulatory Activity.

Commissioner and Provider plans need to align in terms of activity planning, and these targets and growth assumptions have been agreed with THH.

b) Sustainability and Transformation Plan (STP).

The NHS Five year Forward View (FYFV) sets out the requirement to develop a shared five-year Sustainability and Transformation Plan that will formalise the start of a longer term journey to achieve the best possible outcomes for people and the system in the next five years.

A local Hillingdon plan will be developed to address the health and care “gaps” described in the Five year Forward View. Developing the STP will bring together local leaders, clinicians and the public, and the plan will include all health activity including commissioned by NHS England. The STP will be written at a local CCG level and clearly set out the impact on Hillingdon patients.

The individual CCG plans will then be aggregated up to a North West London Strategic Partnership Group level for submission to NHS England in June 2016. The plan will need to answer three key questions:

- How will Hillingdon close the health and wellbeing gap?
- How Hillingdon drive transformation to close the care and quality gap will (includes 7 day working)?
- How will Hillingdon close the finance and efficiency gap?

A Hillingdon STP Local Partners task and finish group started in February to develop the Hillingdon chapter of the NWL STP to meet national requirements and build on local work already underway. Work includes:

- Agreeing our local vision to close the health and wellbeing gap, the quality and care gap and the finance and efficiency gap.

- Complete a gap analysis against the 32 STP national priorities to understand our starting point(what plans do we already have in place) and the scope and scale of the challenge ahead (what are we planning to do)
- From the gap analysis, to confirm key priorities for local focus and developing plans by June 2016.

This work will be completed by end of March and form the base case for first STP submission in April 2016.

Access to centrally held transformation funds (see below) from 2016/17 will be based on the quality and ambition of the local STP.

The planning guidance also sets out the creation of a centrally held Transformation Fund that CCGs and providers will be able to access if certain criteria are met. As noted above, the STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. At a national level the fund will consist of £1.8 billion sustainability funding to support providers and the achievement of aggregate financial balance across the health system. The addition of other funding streams that support transformation will create a total fund of £2.1 billion.

The fund provides an opportunity for the CCG and partners to attract significant funding into the local health economy to benefit our local population. It is therefore imperative that a robust and meaningful Sustainable and Transformation Plan is developed collaboratively by the CCG, Council, providers and our patients / residents.

Updates will be provided in future papers and the HWBB is asked to comment on potential approaches to engaging the Board in development of the STP. Oversight of the development of the STP will be through the Hillingdon Transformation Board, and the HWB is required to approve final STP plan before submission.

4. FINANCIAL IMPLICATIONS

The QIPP plan is forecast to achieve an outturn of £6.836m (£0.91m below the CCG's internal target) which is an improvement of £41k from M10.

The CCG is on target to exceed its financial plan in 2015/16 by £4m. This additional surplus will be carried forward into 2016/17 for the benefit of the local health economy

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
- London Primary Care Strategic Commissioning Framework