

# HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
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<b>Papers with report</b>	Update Paper Executive Summary of 16/17 Commissioning Intentions

## 1. HEADLINE INFORMATION

<b>Summary</b>	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"><li>• Commissioning Intentions 17/18</li><li>• Update on QIPP 16/17</li><li>• Finance</li><li>• Planning Guidance -Operating Plan 16/17</li><li>• Children's services at Hillingdon Hospital</li><li>• Update on ACP development</li><li>• Annual Report and Accounts</li></ul>
<b>Contribution to plans and strategies</b>	The items above relate to the HCCGs: <ul style="list-style-type: none"><li>• 5 year strategic plan</li><li>• Out of hospital ( local services) strategy</li><li>• Financial strategy</li><li>• Shaping a Healthier Future</li></ul>
<b>Financial Cost</b>	Not applicable to this paper
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**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 Commissioning Intentions for 2017/18

The CCG is preparing to start drafting its 2017/18 Commissioning Intentions which will be published in October 2016. This will draw on feedback we have received during the year through our engagement work and feedback from our partners from across health and social care.

This year we will be focusing on a smaller number of 'Transformation Themes' such as the transformation of Older Peoples' Services. This will include emergency and non-emergency care, mental health and end of life services as well as continuing to look at how we work with social care for the benefit of residents. This approach reflects the increasingly complex and interconnected nature of health and social care provision.

Building on our engagement work for the Sustainability and Transformation Plan (STP) we will be holding another public event on 13 July to discuss our plans with the public and seek feedback from them on our priorities and how we can continue to deliver our efficiency and quality targets during the coming year. The developing Commissioning Intentions will also return to the Health and Wellbeing Board for review prior to publication and following further engagement with partners including LBH.

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

During 2015/16 a Net QIPP saving of £7.033m was delivered against the QIPP target agreed in the CCG Operating Plan which was set at £5.523m (variance of positive £1.51m). The CCG also set an internal target of £7.746m and therefore underperformed against this target by £713k. This is largely attributable to performance of our CATs and community services (in particular pain, dermatology and cardiology) which we have addressed through our schemes for 2016/17 detailed below.

The 2016/17 Net QIPP saving target is £8.645m and this has been agreed with NHS England.

Highlights of some of the major initiatives that will deliver this saving are identified below:

- **CATS (Community Assessment & Treatment Services)** – For 2016/17 we have agreed with The Hillingdon Hospitals NHS Foundation Trust (THH) that we will enhance the specification that will see more work undertaken in a community setting at a lower tariff. We are also seeking to introduce new CATS for Gastroenterology and Neurology services during 2016/17. This involves making the patient journey smoother, by ensuring appropriate treatments and tests are carried out in primary care prior to referral to the hospital, avoiding unnecessary hospital visits.
- **Community Services (Pain & Dermatology)** – The Dermatology Community Service is now the single point of referral for GPs for all non-2 Week Wait referrals related to Dermatology and represents a better value service for non-urgent appointments. The service is providing patients with clinics in five locations spread across the Borough, improving access for patients and bringing care closer to home for them.

- From July, we will have a new Pain Service mobilised that will provide support to the many patients suffering with chronic pain who previously only had recourse to a spinal injection. The new pain service is likely to operate from at least 3 locations with one in each of the three localities across the Borough.
- **Ambulatory Activity & Intermediate Care** – We have agreed an increased number of patients who can be treated appropriately and safely without being admitted following a presentation at A&E. We are also seeking to secure a tariff reduction for both the new Clinical Decision-making Unit Beds/Chairs and also the Paediatric Short Stay Unit where medical staff can observe patients to ensure they are improving rather than admitting them, thereby also releasing savings. We are investing in additional Care of the Elderly Consultant support to both help patients remain in their normal care setting and also to avoid being admitted if they do arrive at A&E wherever it is in the patient's interests and is safe to do so.
- **Community Contract QIPP** – We have secured a 3 year contract with CNWL which will realise a total of £1.25m of QIPP for the CCG over the 3 years (£356k in 2016/17). Building on good working relationships with CNWL, this gives us both additional continuity and certainty over a 3 year period, allowing us to work with them to genuinely redesign and improve services.
- **End of Life Transformation** – We are seeking to transform services for people in the last phase of life, possibly using funding from Social Finance, through better integration of services including a single point of referral for patients, their families and clinicians including nursing cover 24/7 for patients where needed. This workstream aligns with BCF 'scheme 2 – better care for people at the end of their life', and will ensure that more patients die in their preferred place of death and experience more coordinated care.
- **Primary Care** – The majority of Primary Care Contracts (PCCs) for 2016/17 include an element of QIPP and this will be managed via the Primary Care Support Team (PCST) that replaced the PCI programme.
- **Long Term Conditions (LTCs) & Prevention** – Work undertaken by Libera Partners for the CCG has identified a number of schemes associated with LTCs that need to be worked up, including focusing on managing patients with LTCs more holistically rather than taking a condition specific approach. This work will reinforce the focus on proactive and preventative care undertaken as part of our integration work and will support the eventual roll out of new models of care beyond the Over 65 population.
- **Empowered Patient Programme** – The EPP delivered significant improvements to the quality of lives for patients living with LTCs during 2015/16 and we need to build on this and expand the range of conditions supported.

Further schemes are being worked up as 'stretch' on our target and also in preparation for the 2017/18 Commissioning Intentions referred to above that will be published in October 2016.

### **3.3 Financial Position**

In order to comply with NHS England business rules, the CCG is required to make an annual surplus (excess of allocation over spend) and hold contingency. In 2015/16, the CCG completed the financial year reporting an in-year surplus of £7,525k, which comprises a £6,455k surplus at year end on programme budgets and a £1,070k surplus on running cost budgets.

The surplus of £7,525m is £43k higher than the CCG's control total of £7.482m and £4.043m higher than the CCG's original financial plan. The additional surplus will be carried forward into 2016/17.

At month 12, the CCG reported an underlying surplus of £2m. The difference between this and the reported in-year surplus of £7.5m is accounted for by a combination of one-off factors, e.g., additional in-year allocations, slippage on investment plans (including the underspend on enhanced primary care services), balance sheet gains from 2014/15 and other non-recurrent underspends.

The turnaround in the CCG's financial position from a historic underlying deficit to an underlying surplus at the end of 2015/16 is largely due to higher growth in its resource allocation (the CCG received a 7.6% increase in 2015/16).

By the end of 2015/16, the CCG's distance from its funding target has reduced to 4% under target (from 9% under at the start of 2014/15).

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

### **3.4 HCCG Operating Plan 16/17**

The CCG submitted its 2016/2017 operating plan to NHS England at the end of May. We are awaiting formal confirmation of assurance. However, early indications are that it has been received positively and is one of the few in London to be fully compliant with NHS England requirements.

### **3.5 Update on Transition of Children's Services**

The Shaping a Healthier Future programme, led by local clinicians, proposed changes to services in North West London that would transform and improve the quality of care and services for the local population. Proposals for new models of care included reconfiguring the way in which children's in-patient care is delivered in North West London.

These changes will consolidate children's inpatient services from six sites to five sites in North West London resulting in the closure of children's in-patient services at Ealing Hospital and the re-distribution of Ealing's children inpatient and Accident and Emergency activity to the major hospital sites in North West London. This includes the introduction of new short stay Paediatric Assessment Units at the major acute hospitals. Agreement to proceed with the transition of children's services on 30 June 2016 was taken on 18 May 2016.

The programme of work to ensure a safe transition of children's services has been subject to robust assurance processes which include approval to the transfer by Hillingdon Hospitals NHS Foundation Trust at their trust board in April 2016, and assurance by HCCG Governing Body members following discussion on the proposed model of care, activity flows and developments with staffing prior to the decision.

### ***What changes will happen?***

The Accident and Emergency department at Hillingdon is being rebuilt and enlarged and will open in July 2016. This will include the development of a Paediatric Assessment Unit. Paediatric Assessment Units, staffed by specialist children's doctors, are being introduced at the major hospitals across North West London. There is currently a high proportion of children who are admitted to wards in North West London because they have been assessed in Accident and Emergency but cannot be discharged home as they require further observation and/or assessment. The paediatric assessment unit will provide a more effective clinical service for children who require a period of observation and assessment and ensure children do not stay in hospital longer than they need to. In September 2016, the Hillingdon Hospital will also open an additional 4 children's inpatient beds.

Initial modelling of expected patient flows indicated that between 18-23% of children who currently receive Accident and Emergency and inpatient care at Ealing will attend Hillingdon Hospital. This equated to approximately 1,400 children a year attending Hillingdon Accident and Emergency with around 230 children a year being seen in the new Paediatric Assessment Unit and 325 a year being admitted to an inpatient bed. Revised projections based on the growth in Ealing activity to date indicate that the number of attendances may be closer to 1,800. A significant proportion of these will be for UCC (or 'Type 3') activity which can still be managed at Ealing. We are putting measures in place to monitor and manage the impact of the change including weekly activity monitoring and monthly quality reports focussed on paediatric flows. The Hillingdon Hospital Trust has confirmed that the investment in clinical models, staffing and physical environment will enable them to manage this level of activity effectively.

A detailed communications strategy and accompanying implementation plan are in place to accompany the transition and this includes active communication with GPs and residents of Hillingdon Borough.

### **3.6 Accountable Care Partnership (ACP) Development**

The Hillingdon vision for Accountable Care is that, by 1 April 2017, Hillingdon will have a formally constituted ACP Joint Alliance, comprising four partners (H4All, the Hillingdon GP Network, CNWL and THH) ready to receive an outcome based capitated contract from the CCG for delivering integrated care for people over 65 years. The aim is to develop this Alliance to become an organisation that can deliver Hillingdon health and care services for agreed populations through a fully capitated budget.

## What will this mean for the people of Hillingdon?

- A primary care focused model of care, where care is joined up to meet peoples' health and care needs jointly, delivered at locality level and better supporting GPs to care for their local populations.
- More use of third sector social support- an emphasis on prevention of ill health and self care- keeping older people independent, fit and healthy for longer.
- Delivery of outcomes that people tell us matter to them; better quality of coordinated care plans and delivery, keeping people in their own homes longer.
- Value for money and productivity – providers working together, utilising the resources and people we have to greater effect, efficiency, less duplication and separate business cases. Doing more, better and for less.
- Reductions in pressure on the acute hospitals with lower unplanned attendances and admissions and shorter stays when admission is needed.
- Hillingdon recognised as a great place to receive care.

There is a considerable work plan to be undertaken in the next 9 months for both the CCG and partner providers to deliver an outcome based contract and an ACP that delivers this vision. This includes design and agreement of an ACP contract to provide integrated health services for the over 65s from April 2017. Financial modelling needs to show how the changes will deliver financial viability both for the four partners and for the CCG. In order for the CCG to have confidence to contract with a new vehicle, from 1 April 2016, a fully-ready shadow contract arrangement should be in place by 1 October 2016, and provider due diligence process completed.

Development of whole systems integrated care is a key element of Hillingdon CCG plans to deliver the Five Year Forward View, to commission high quality care to improve health outcomes for Hillingdon patients and to set the scene for how services will be reshaped by 2017-2020. HCCG is committed to testing new care models and commissioning these via an ACP from April 2017, subject to an appropriate due diligence process. This aligns with our local STP and Local Service (Out of hospital) plan to enable high quality care and a sustainable health and care economy.

### 3.7 Annual Report and Accounts

The CCG Annual Report and Accounts have been formally signed off by external auditors who are assured that they:

- give a true and fair view of the financial position of NHS Hillingdon Clinical Commissioning Group as at 31 March 2016 and of its net operating expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care Act 2012 and the Accounts Direction issued thereunder.

They are available to view at:

[http://www.hillingdonccg.nhs.uk/publications2?media\\_item=7276&media\\_type=10#file-viewer](http://www.hillingdonccg.nhs.uk/publications2?media_item=7276&media_type=10#file-viewer)

### **3.8 Chief Operating Officer**

Caroline Morison has joined the CCG as Chief Operating Officer following Ceri Jacobs moving on to a new role at NHS England. Caroline has previously worked within the NWL Collaboration of CCGs and at Tower Hamlets CCG and PCT.

#### **4. FINANCIAL IMPLICATIONS**

None in relation to this update paper.

#### **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