

# HILLINGDON CCG UPDATE

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<b>Organisation</b>	Hillingdon Clinical Commissioning Group
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<b>Papers with report</b>	Update Paper

## 1. HEADLINE INFORMATION

<b>Summary</b>	<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"><li>• Operating plan ratings 15/16</li><li>• Children's services at Hillingdon Hospital</li><li>• Finance</li><li>• Update on QIPP 16/17</li><li>• Update on integration</li></ul>
<b>Contribution to plans and strategies</b>	<p>The items above relate to the HCCGs:</p> <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 Scrutiny Committee
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**That the Health and Wellbeing Board 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 Operating plan ratings 15/16

NHS England published the performance ratings for CCGs on Thursday 21<sup>st</sup> July. The ratings consisted of four levels, 'outstanding,' 'good,' 'requires improvement' and 'inadequate' against five domains, 'well-led,' 'delegated functions,' 'finance,' 'performance' and 'planning'. Across the country 10 CCGs were rated 'outstanding', a further 82 'good' and 91 were found to 'require improvement'. At the same time, NHS England is taking action with each of the 26 CCGs rated as 'inadequate.'

Hillingdon CCG's ratings were as follows:

Well-led	Delegated functions	Finance	Performance	Planning	Headline rating
Good	Good	Requires improvement	Requires improvement	Good	Requires improvement

Whilst achieving a rating of good for three of the five domains our headline rating was impacted by the financial domain rating which has been assessed based on a wholly technical accounting issue that NHS England is clear does not make a material difference to the good running of the CCG. Hillingdon CCG is disappointed to have missed out on a better rating because of this.

The CCG has written to NHS England to highlight that the rating of 'requires improvement' for finance does not feel congruent with Hillingdon's performance (delivery of a surplus beyond our planned target). A response from Anne Rainsberry (Regional Director, London) stated that this was due to a national decision that where continuing healthcare risk pool contributions had been accounted for as Unadjusted Audit Differences it would not be appropriate to rate a CCG as 'Good' for finance. The letter goes on to state that in the view of NHS England, the CCG's financial performance in 2015/16 was sound and acknowledges the major achievement of the CCG in achieving financial turnaround in the years since inception.

### 3.2 Update on Transition of Children's Services

The transition of Children's inpatient and A&E service from Ealing Hospital occurred safely on 30 June 2016. There have been no serious incidents reported and robust operational management arrangements are in place to provide significant programme oversight as the new model of care continues to embed.

Since transition the levels of activity at A&Es and inpatient wards at all sites has remained within the levels predicted by the activity model, which was used to determine how many additional staff and beds were needed at each site. This means that all sites had sufficient additional resource to manage the increased demand caused by the closure of A&E and inpatient services at Ealing Hospital.

The Ealing UCC remains open and the number of children attending all UCCs in NWL has remained steady. The transfer pathways from Ealing Urgent Care Centre (UCC) to other hospital sites are working well and continue to embed. The number of London Ambulance Service and Patient Transport Service transfers from Ealing Hospital is significantly lower than expected. Ealing children who attend Hillingdon Hospital and require follow up outpatient treatment are being repatriated to Ealing, meaning they receive treatment closer to where they live and ensuring that there is not additional pressure on the Hillingdon outpatient service.

The new Paediatric Assessment Unit (PAU) and children's A&E at Hillingdon Hospital, which opened in July, are expected to have a positive impact on A&E performance once they are embedded, as will the resident consultant model which will come into effect in September 2016.

To support the transition seven new paediatric consultant posts were created at Hillingdon, all of which have been appointed to. The new consultants are due to start in September 2016. These new consultant posts ensure there is a consultant paediatrician on site at Hillingdon 24/7, including the weekends, and will cover inpatients, outpatients, the PAU and subspecialties.

Significant capital investment has been put into the major acute hospitals across NW London in order to improve the environment in which children will be seen and treated. This includes:

- Refurbishment and expansion of the Paediatric Accident and Emergency at Hillingdon, which now provides a better environment and facilities for children and their families, including bigger bed bays with chair-beds for parents. It is decorated throughout with child-friendly graphics based on the Hillingdon trail which depicts local landmarks. These graphics were designed with input from children.
- Opening a 4 bedded Paediatric Assessment Unit for children who require a short stay to avoid them being admitted to the ward unnecessarily.

To ensure the ongoing monitoring of paediatrics, data from the paediatric dashboard will be built into the Integrated Performance Report (IPR) and monitored through the CCG Quality and Safety Committee.

The remaining priorities for Hillingdon Hospital are to:

- Transition to their consultant resident model in September 2016 which will help to deliver an improved clinical service for children.
- Open four additional inpatient beds which are scheduled for September 2016. Due to seasonal activity levels these beds are not required before October 2016.
- Develop an improvement plan and trajectory for paediatric A&E performance.
- Work with the CCG to ensure winter readiness
- Future planned developments include transferring paediatric services into community working alongside GPs and developing a Critical Care Level 1 service.

Work is also underway to re-establish the Children's Health Partnership Group which included members from the local health, education and social care partnership and was suspended in January 2016. This group is now being revised and refreshed as the Strategic Transformation Group; with the aim of being an action and change management group, with task and finish groups reporting to the Strategic Group. Key work streams include: vulnerable children and young people including SEND, Maternity, Acute Services and Emotional Health and Wellbeing. The first meeting is planned for October 2016.

### **3.3 Financial position**

Overall, at month 4, the CCG is achieving its YTD planned surplus of £1.2m. The CCG is reporting to achieve its £3.6m planned surplus by Year End.

Whilst the CCG continues to report achievement of its planned YTD and FOT financial targets, there are a number of risks within the CCG's financial position which mainly relate to over-

performance on the CCG's main Acute Contracts and also significant financial pressures in its Continuing Care budgets.

The over-performance on the contracts with THH relates to higher than planned increases in Accident & Emergency activity and also OP referrals in a number of specialties. Whilst elective activity is down on plan spend is significantly above plan, likewise emergency activity has reduced from last year but costs have increased due to an increase in the acuity of patients at THH.

There is also significant over performance at London North West Hospitals (mainly stroke related activity), Imperial (Non-Elective and Maternity) and the Royal Brompton.

Continuing Care costs are currently projected to increase by £3m (20%) compared to last year. Part of this increase in overall cost (c£900k) relates to the recently announced national increase in Funded Nursing Care reimbursement. In addition there have been significant increases in activity and placements relating to Palliative Care, Elderly and also Section 117s.

As a consequence of these emerging financial risks the CCG is currently in the process of developing an action to mitigate these pressures to ensure it achieves its financial targets for the year. These include:

- increasing the resource available to assess and review continuing health care packages
- working with THH to understand the difference in performance and spend
- continuing dialogue with the Royal Brompton on the causes of the over performance
- addressing out of area over performance collectively across Brent, Hillingdon and Harrow

## Overall Position- Executive Summary Month 4 YTD and FOT

Table 1

EXECUTIVE SUMMARY	Year to Date Position (Month 4)						Forecast Outturn Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	Month 03 YTD Variance (£000)	Month 02 YTD Variance (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
<b>Commissioning of Healthcare-Programme</b>									
Acute Contracts	207,180	68,662	71,076	(2,414)	(1,544)	(325)	212,301	(5,121)	(996)
Acute Reserves	1,893	1,411	0	1,411	1,466	123	406	1,487	0
Other Acute Commissioning	12,684	3,597	3,380	217	87	63	11,949	735	225
Mental Health Commissioning	24,836	8,122	8,100	22	11	80	24,689	147	88
Continuing Care	16,266	5,354	6,196	(842)	(261)	(123)	18,944	(2,678)	(24)
Community	31,116	10,310	10,189	121	95	11	30,785	331	27
Prescribing	35,784	11,933	11,985	(51)	7	4	35,895	(111)	0
Primary Care	6,215	1,787	1,724	63	114	74	6,003	212	0
<b>Sub-total</b>	<b>335,974</b>	<b>111,177</b>	<b>112,649</b>	<b>(1,472)</b>	<b>(25)</b>	<b>(94)</b>	<b>340,972</b>	<b>(4,998)</b>	<b>(680)</b>
Corporate & Estates	4,399	1,466	1,455	11	25	65	4,301	98	0
<b>TOTAL</b>	<b>340,373</b>	<b>112,643</b>	<b>114,104</b>	<b>(1,461)</b>	<b>(0)</b>	<b>(28)</b>	<b>345,273</b>	<b>(4,900)</b>	<b>(680)</b>
<b>Reserves &amp; Contingency</b>									
Contingency	2,289	763	0	763	0	0	0	2,289	0
Uncommitted Reserves	4,149	0	0	0	0	0	4,149	0	0
2015/16 Anticipated Creditor Balance	0	0	0	0	0	0	(1,399)	1,399	0
Other Balance Sheet Gains	0	0	(393)	393	0	0	(393)	393	0
<b>RESERVES Total:</b>	<b>6,438</b>	<b>763</b>	<b>(393)</b>	<b>1,156</b>	<b>0</b>	<b>0</b>	<b>2,357</b>	<b>4,081</b>	<b>0</b>
<b>Total 2016-17 Programme Budgets</b>	<b>346,811</b>	<b>113,406</b>	<b>113,711</b>	<b>(305)</b>	<b>(0)</b>	<b>(28)</b>	<b>347,630</b>	<b>(819)</b>	<b>(680)</b>
Planned Surplus/(Deficit)	3,616	1,205	0	1,205	904	603	0	3,616	0
<b>Total Programme Budgets</b>	<b>350,427</b>	<b>114,611</b>	<b>113,711</b>	<b>900</b>	<b>904</b>	<b>574</b>	<b>347,630</b>	<b>2,797</b>	<b>(680)</b>
<b>RUNNING COSTS</b>									
Running Costs	6,279	2,107	1,803	305	0	28	5,460	819	0
<b>CCG Total</b>	<b>356,706</b>	<b>116,719</b>	<b>115,514</b>	<b>1,205</b>	<b>904</b>	<b>603</b>	<b>353,090</b>	<b>3,616</b>	<b>(680)</b>

## Year To Date Position- Acute Contracts and Continuing Care

**Table 2**

ACUTE CONTRACTS		YTD Month 4		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
<b>In Sector SLAs</b>				
Chelsea And Westminster Hospital NHS Foundation Trust	2,353	783	783	0
Imperial College Healthcare NHS Trust	12,066	3,998	4,294	(296)
London North West Hospitals	16,594	5,482	5,977	(496)
Royal Brompton And Harefield NHS Foundation Trust	6,442	2,147	2,628	(481)
The Hillingdon Hospitals NHS Foundation Trust	131,788	43,688	45,559	(1,871)
The Hillingdon Hospitals NHS Foundation Trust - Transitional Support	3,300	1,100	0	1,100
<b>Sub-total - In Sector SLAs</b>	<b>172,543</b>	<b>57,198</b>	<b>59,241</b>	<b>(2,043)</b>
<b>Out of Sector SLAs</b>				
<b>Sub-total - Out of Sector SLAs</b>	<b>32,359</b>	<b>10,705</b>	<b>11,090</b>	<b>(385)</b>
BMI Headquarters	2,228	743	711	32
Specsavers Limited	51	17	34	(18)
<b>Sub-total - Acute SLAs</b>	<b>207,180</b>	<b>68,662</b>	<b>71,076</b>	<b>(2,414)</b>

Continuing Care		YTD Month 4		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health AMI (Under 65) - Residential	59	20	19	0
Mental Health AMI (Under 65) - Domiciliary	0	0	3	(3)
Mental Health EMI (Over 65) - Residential	2,865	955	945	10
Mental Health EMI (Over 65) - Domiciliary	277	92	112	(19)
Physical Disabilities (Under 65) - Residential	2,015	672	841	(169)
Physical Disabilities (Under 65) - Domiciliary	2,201	734	593	141
Elderly Frail (Over 65) - Residential	951	317	448	(131)
Elderly Frail (Over 65) - Domiciliary	92	31	60	(30)
Palliative Care - Residential	381	127	203	(76)
Palliative Care - Domiciliary	424	141	227	(86)
<b>Sub-total - CHC Adult Fully Funded</b>	<b>9,265</b>	<b>3,088</b>	<b>3,451</b>	<b>(362)</b>
<b>Sub-total - Funded Nursing Care</b>	<b>2,095</b>	<b>698</b>	<b>960</b>	<b>(262)</b>
<b>Sub-total - CHC Children</b>	<b>1,263</b>	<b>421</b>	<b>529</b>	<b>(108)</b>
<b>Sub-total - CHC Other</b>	<b>661</b>	<b>152</b>	<b>256</b>	<b>(103)</b>
<b>Sub-total - CHC Adult Joint Funded</b>	<b>2,982</b>	<b>994</b>	<b>1,000</b>	<b>(6)</b>
<b>Total - Continuing Care</b>	<b>16,266</b>	<b>5,354</b>	<b>6,196</b>	<b>(842)</b>

## FOT Position- Acute Contracts and Continuing Care

Table 3

ACUTE CONTRACTS	YTD Month 4		Forecast Outturn Position	
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)
<b>In Sector SLAs</b>				
Chelsea And Westminster Hospital NHS Foundation Trust	783	0	2,353	0
Imperial College Healthcare NHS Trust	4,294	(296)	12,820	(754)
London North West Hospitals	5,977	(496)	17,461	(867)
Royal Brompton And Harefield NHS Foundation Trust	2,628	(481)	7,400	(958)
The Hillingdon Hospitals NHS Foundation Trust	45,559	(1,871)	137,245	(5,457)
The Hillingdon Hospitals NHS Foundation Trust - Transitional Support	0	1,100	0	3,300
<b>Sub-total - In Sector SLAs</b>	<b>59,241</b>	<b>(2,043)</b>	<b>177,278</b>	<b>(4,735)</b>
<b>Out of Sector SLAs</b>				
<b>Sub-total - Out of Sector SLAs</b>	<b>11,090</b>	<b>(385)</b>	<b>32,761</b>	<b>(402)</b>
BMI Headquarters	711	32	2,157	70
Specsavers Limited	34	(18)	105	(54)
<b>Sub-total - Acute SLAs</b>	<b>71,076</b>	<b>(2,414)</b>	<b>212,301</b>	<b>(5,121)</b>

Continuing Care	YTD Month 4		Forecast Outturn Position	
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)
Mental Health AMI (Under 65) - Residential	19	0	58	1
Mental Health AMI (Under 65) - Domiciliary	3	(3)	3	(3)
Mental Health EMI (Over 65) - Residential	945	10	2,801	64
Mental Health EMI (Over 65) - Domiciliary	112	(19)	362	(85)
Physical Disabilities (Under 65) - Residential	841	(169)	2,474	(459)
Physical Disabilities (Under 65) - Domiciliary	593	141	1,717	484
Elderly Frail (Over 65) - Residential	448	(131)	1,345	(394)
Elderly Frail (Over 65) - Domiciliary	60	(30)	181	(89)
Palliative Care - Residential	203	(76)	608	(227)
Palliative Care - Domiciliary	227	(86)	754	(330)
<b>Sub-total - CHC Adult Fully Funded</b>	<b>3,451</b>	<b>(362)</b>	<b>10,303</b>	<b>(1,038)</b>
<b>Sub-total - Funded Nursing Care</b>	<b>960</b>	<b>(262)</b>	<b>2,928</b>	<b>(833)</b>
<b>Sub-total - CHC Children</b>	<b>529</b>	<b>(108)</b>	<b>1,740</b>	<b>(477)</b>
<b>Sub-total - CHC Other</b>	<b>256</b>	<b>(103)</b>	<b>972</b>	<b>(312)</b>
<b>Sub-total - CHC Adult Joint Funded</b>	<b>1,000</b>	<b>(6)</b>	<b>3,000</b>	<b>(18)</b>
<b>Total - Continuing Care</b>	<b>6,196</b>	<b>(842)</b>	<b>18,944</b>	<b>(2,678)</b>

### 3.4 Update on QIPP 16/17

The 16/17 Net QIPP Target is £8.673m. Current FOT as at M4 is (£680k) giving a FOT of £7.993m, a reduction of £70k since M3.

The key areas of focus are:

- **MSK** – Discussions with THH around the QIPP for 16/17 have not progressed quickly despite the funding provided in the Transition Support process. Work with THH is on-going and further options will need to be explored to bring performance back in line and develop a way to progress into 17-18 onwards.
- **Intermediate Care** – The appointment of a Care of the Elderly Consultant will improve performance in this area. Discussions with THH are centred on a blended tariff for Homesafe and Rapid Response Service for all patients with a zero length of stay that will significantly improve the financial performance of this area.
- **Long Term Conditions** – The LTC Projects (Respiratory, Cardiology and Diabetes) have slipped largely due to lack of progress on discussions between providers. We are therefore establishing an Operational Delivery Group across all three areas to focus on accelerating these project areas.

Significant actions we are taking to secure the current 16/17 QIPP include:

- Implementing a 'quick win' project for Cancer including tariff changes given that all outpatient activity is being charged as first appointments.
- Attempting to accelerate our LTC QIPP Schemes as well as focusing on new schemes for 17/18 around LTCs and Prevention.
- Seeking to agree to have a clinical advice and triage service for Gastroenterology and Neurology with THH.
- Seeking to agree to increase the number of patients ambulated which will increase the overall QIPP.

Other significant areas of stretch for QIPP we are exploring are:

- Agreeing a new Paediatric Assessment Unit Tariff which will offset the large zero length of stay (ZLOS) tariffs we are being charged. Expected benefit: £170k+ in 16/17.
- Agreeing a new CDU Tariff for the Chairs that will come into use from December. Expected benefit: £100k in 16/17.
- Agreeing a new blended Tariff for Homesafe & Rapid Response Service for patients admitted with a ZLOS. Expected benefit £100k+ in 16/17.
- Agreeing a reduction in costs for GP Out of Hour Services for opted out Practices. Expected benefit £50k+.
- Further savings arising from NHS111. Expected additional £50k for 16/17 from December onwards.

The above areas will also generate ~£500k of the 17/18 QIPP target.

### 3.5 Update on integration

The Hillingdon vision for Accountable Care is that by April 1<sup>st</sup> 2017, Hillingdon will have a formally constituted ACP Joint Alliance ready to receive an outcome based capitated contract

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from the CCG for delivering integrated care for people over 65 years. This will enable the testing and refinement of the commissioning approach and assurance of the provider capability to deliver the new ways of working required. Since the June update to the HWBB, HCCG has been working with the ACP Shadow Board to develop the finance, contracting and governance arrangements that will need to be in place from April 2017.

Heads of Terms have now been agreed between HCCG and ACP Provider Parties outlining how the ACP and HCCG will work to develop an initial contracting and payment model to commence from Financial Year 2017/18. The likely contractual model will be an Alliance Contract model underpinned by individual NHS Standard Contracts with each Provider Party for the population segment of over-65. The aim is to draft an Alliance Agreement by October 2016, which will require a number of key contractual and financial issues to be agreed by respective provider boards.

A new Joint CCG/ACP finance and business development group has been convened to progress these discussions and fully develop the capitated payment model, risk and gain share arrangements, scope of service and length of contract agreement.

The shadow ACP providers have continued to test and evaluate elements of the care model that will deliver improved outcomes for people in Hillingdon. This includes a primary care focused model with access to multi-disciplinary care connection teams, supporting GPs to provide coordinated care for their local populations. Piloting use of the third sector offering signposting, patient activation to support self-care and peer support via the Hillingdon Health and Wellbeing Gateway commenced in April 2016. Community consultant geriatricians will be introduced from October 2016 providing specialist support to reduce pressure of unplanned attendances and admissions to acute hospital. This work has informed the development of a specification and outcomes for the integrated service for people over 65 years, which will be agreed by HCCG Governing Body and delivered from April 2017.

Whole systems integrated care for people over 65 is a key element of the Hillingdon STP, to enable high quality, coordinated care, improved health outcomes and financial sustainability. The Hillingdon STP will provide the opportunity to ensure benefits from new health care models funded through an outcome based capitated payment model are aligned with HWB ambition to explore further integration of health and care via the Better Care Fund 3 year plan from 2017.

#### **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