# HILLINGDON CCG UPDATE

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| **Relevant Board Member(s)** | Dr Ian Goodman |
| **Organisation** | Hillingdon Clinical Commissioning Group |
| **Report author** | Caroline Morison, Joan Veysey; Jonathan Tymms; Andrew Round |
| **Papers with report** | Update Paper |

## 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>• Sustainability and Transformation Plan (STP) and approach to operating plan 17-19<br>• Children's services at Hillingdon Hospital<br>• IAPT early adopter<br>• Finance<br>• Update on QIPP 2016/2017<br>• Delegation of primary care commissioning<br>• Update on integration<br>• London devolution<br>• Changes to the governing body |
| **Contribution to plans and strategies** | The items above relate to the HCCG's:<br>• 5 year strategic plan<br>• Out of hospital ( local services) strategy<br>• Financial strategy<br>• Shaping a Healthier Future |
| **Financial Cost** | Not applicable to this paper |
| **Relevant Policy Overview & Scrutiny Committee** | External Services Overview and Scrutiny Committee |
| **Ward(s) affected** | 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 Sustainability and Transformation Plan (STP) and operating plan 17 - 19

The NWL STP was submitted to NHS England on 21st October and has now been published. The financial modelling for the STP underpins the approach to our contracting rounds across NWL. The STP finances were contained in the commissioning intentions letters sent to providers on 30th September along with our local plans as set out in the paper to the September board.

Operating plan guidance issued by NHS England states that contracts must be signed by 23rd December 2016, bringing the timeline forward from 31st March. In addition contracts must be agreed for a 2 year period to 2019. Chief Officers and Chief Financial Officers are working with Chief Executives and Directors of Finance across NWL to agree a common process and principles that will support an expedited process including:

- A common set of contract schedules
- A collective focus on a small number of 'big ticket' items (ie transforming outpatient care, reduction in use of escalation beds, redesigning diagnostic pathways)
- System-wide transparency of finances

Locally we continue to progress our contracting discussions to ensure that our delivery of the financial envelope in the STP is underpinned with robust plans across our 10 transformation themes.

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

Since the transition of Ealing paediatric emergency services on the 30 June, the opening of the Paediatric Assessment Unit and the establishment of a resident consultant model, performance against the 4-hour A&E standard for children has improved.

The weekly data shows, from 07/10/2016 up to 04/11/2016 that the 4 hour A&E and UCC waiting time target is now considerably improved for A&E and is being met as shown below:

| **% of patients (<16yrs) seen in A&E & UCC within 4 hours** | | Baseline[1] | 07-Oct | 14-Oct | 21-Oct | 28-Oct | 04-Nov | |
|---|---|---|---|---|---|---|---|---|
| Hillingdon Hospital | A&E | 86.4 | 96.0● | 94.7● | 94.4● | 95.3● | 97.3● | |
| | UCC | 98.2 | 99.0● | 99.0● | 99.0● | 99.0● | 98.0● | |

Notes: [1] = Hospital average pre 30 June 2016; [2] = Performance v baseline; ●● = performance v 95% target

Data is collected on a weekly and monthly basis via the Shaping a Healthier Future Programme (SaHF) and reported to the Children's Forum (formally the SaHF Programme Board).

It should be noted that October was the busiest month for A&E to date with over 1335 attendances.

In the first week of November, Hillingdon are well above the 95% target at 97.3%. Hillingdon have been carefully working to improve their A&E performance, which is clear from the step change in results. Hillingdon are also working with the UCC to ensure breaches caused by late referrals from the UCC are minimised. Hillingdon A&E continues to see high numbers of Ealing

patients, however these remain within the confidence intervals of what was expected from the activity modelling[1].

The new Paediatric Assessment Unit (PAU) continues to see good utilisation, on average there are 8 children through the 4 beds every 24 hours. The resident consultant model is proving to be successful and Hillingdon are continuing to embed the model[2].

The newly refurbished and expanded Paediatric A&E at Hillingdon, provides a suitable environment and facilities for children and their families, including bigger bed bays with chair-beds for parents. The area was formally opened in October by Boris Johnson MP, Secretary of State for Foreign Affairs.

The first pilot to provide paediatric integrated community clinics becomes operational in December. This is a small scale test of viability to transform paediatric outpatient services to a GP setting, increasing GP paediatric knowledge and skills and brings a number of professionals together in multi-disciplinary meetings for children and young people with specific challenges to the system. There is a strong emphasis on co-production with families using the service to gather learning and ensure there are positive outcomes.

The remaining priorities for Hillingdon CCG are to:

- Commission a Critical Care Level 1 service.

Priorities for wider paediatrics include:

- Continue to implement the SEND agenda
- Remodel paediatric services, using co-production as a way forward. This will include community services, using technologies and providing an integrated model where it makes sense for families / carers, children and young people

The Children's Health Partnership Group which included members from the local health, education and social care partnership was suspended in January 2016. This group is now being revised and refreshed as the strategic transformation group for children and young people; 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 November 18th 2016.

### 3.3 IAPT early adopter bid

The CCG and CNWL have been successful in their joint bid to become a national early implementer of the new access targets for Improving Access to Psychological Therapies (IAPT).

Currently 4,344 people a year with anxiety and depression in Hillingdon are offered evidence based talking therapies, of which 50% of people will achieve recovery following therapy. The CCG has increased resources year on year since 2013 to improve access to talking therapies.

Currently 15% of our population with common mental health needs are accessing treatment, and this additional funding will increase this number to 25% by 2020. This will mean that 7,500

[1] Paediatric Weekly Dashboard Shaping a Healthier Future. Week Ending 04/11/2016

[2] A/A

people of people in Hillingdon with common mental health needs will be accessing treatment every year. 6% of this increased capacity will be focused on people with long term physical health conditions such as COPD and Diabetes where improved access to mental health support can lead to improved health outcomes. The additional funding will be used to increase the number of staff offering talking therapies, including back fill to enable new staff to be trained. The CCG and CNWL are working together as part of the National Early Implementer Network to start mobilising these changes from January 2017.

The employment Trailblazer also goes live in December, and it is anticipated that about 70% of those clients being supported back into work will be receiving IAPT services.

### 3.4 Financial position

Overall, at month 7, the CCG is achieving its YTD planned surplus of £2.1m. The CCG is reporting to achieve its £3.6m planned surplus by Year End, although this is in part due to some non-recurrent benefits (see below).

Whilst the CCG continues to report achievement of its planned YTD and FOT financial targets, there remain 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 contract with THH relates to higher than planned increases in Accident & Emergency activity and also OP referrals in a number of specialties. Emergency admissions have reduced from last year but costs have increased due to an increase in the length of stay and 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 £2.9m (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, older people and also Section 117s.

To achieve its forecast outturn plan, the CCG has now deployed most of its available reserves, in both programme and running costs, and has also factored in non-recurrent balance sheet gains from 2015/2016 (£2.2m) into the FOT.

## Overall Position- Executive Summary Month 7 YTD and FOT

### Table 1

| EXECUTIVE SUMMARY | | YTD Month 7 | | | Forecast Outturn Position | | |
|---|---|---|---|---|---|---|---|
| | Final Budgets (£000) | YTD Budget (£000) | YTD Actual (£000) | Variance Sur/(deficit) (£000) | FOT Actual (£000) | FOT Variance Sur/(deficit) (£000) | FOT QIPP Variance (£000) |
| **Commissioning of Healthcare** | | | | | | | |
| Acute Contracts | 206,485 | 120,670 | 123,717 | (3,047) | 211,638 | (5,154) | (1,278) |
| Acute Reserves | 2,588 | 1,298 | 0 | 1,298 | 945 | 1,643 | 0 |
| Other Acute Commissioning | 13,117 | 6,935 | 6,642 | 292 | 12,635 | 482 | 268 |
| Mental Health Commissioning | 25,216 | 14,422 | 14,395 | 26 | 25,344 | (128) | 132 |
| Continuing Care | 16,074 | 9,260 | 11,044 | (1,784) | 19,011 | (2,937) | (90) |
| Community | 30,928 | 17,966 | 17,871 | 95 | 30,843 | 85 | 70 |
| Prescribing | 35,784 | 21,033 | 20,590 | 443 | 35,138 | 646 | 210 |
| Primary Care | 6,296 | 3,196 | 3,018 | 178 | 6,091 | 205 | 0 |
| **Sub-total** | **336,487** | **194,780** | **197,277** | **(2,498)** | **341,644** | **(5,157)** | **(688)** |
| **Corporate & Estates** | 4,573 | 2,645 | 2,628 | 16 | 4,458 | 115 | 0 |
| **TOTAL** | **341,060** | **197,424** | **199,906** | **(2,481)** | **346,103** | **(5,042)** | **(688)** |
| **Reserves & Contingency** | | | | | | | |
| Contingency | 2,293 | 1,337 | 0 | 1,337 | 0 | 2,293 | 0 |
| Uncommitted Reserves | 4,149 | 0 | 0 | 0 | 4,149 | 0 | 0 |
| 2015/16 Balance Sheet Gains | 0 | 0 | (1,050) | 1,050 | (2,227) | 2,227 | 0 |
| **RESERVES Total:** | **6,442** | **1,337** | **(1,050)** | **2,387** | **1,922** | **4,520** | **0** |
| | | | | | | | |
| **Total 2016-17 Programme Budgets** | **347,502** | **198,761** | **198,856** | **(94)** | **348,024** | **(522)** | **(688)** |
| **Planned Surplus/(Deficit)** | 3,616 | 2,109 | 0 | 2,109 | **0** | **3,616** | **0** |
| **Total Programme** | **351,118** | **200,871** | **198,856** | **2,015** | **348,024** | **3,094** | **(688)** |
| | | | | | | | |
| **RUNNING COSTS** | | | | | | | |
| **Running Costs** | **6,279** | **3,206** | **3,112** | **94** | **5,757** | **522** | **0** |
| | | | | | | | |
| **CCG Total** | **357,397** | **204,077** | **201,967** | **2,109** | **353,781** | **3,616** | **(688)** |

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

### Table 2

| ACUTE CONTRACTS | | YTD Month 7 | | |
|---|---|---|---|---|
| | SLA Value (£000) | YTD Budget (£000) | YTD Actual (£000) | Variance Sur/(deficit) (£000) |
| **In Sector SLAs** | | | | |
| Chelsea And Westminster Hospital NHS Foundation Trust | 2,353 | 1,382 | 1,403 | (21) |
| Imperial College Healthcare NHS Trust | 12,066 | 7,060 | 7,329 | (270) |
| London North West Hospitals | 16,594 | 9,629 | 10,126 | (497) |
| Royal Brompton And Harefield NHS Foundation Trust | 6,442 | 3,758 | 4,652 | (894) |
| The Hillingdon Hospitals NHS Foundation Trust | 131,788 | 77,119 | 80,138 | (3,020) |
| The Hillingdon Hospitals NHS Foundation Trust - Transitional Support | 3,300 | 1,925 | 0 | 1,925 |
| **Sub-total - In Sector SLAs** | **172,543** | **100,872** | **103,649** | **(2,777)** |
| **Sub-total - Out of Sector SLAs** | **32,000** | **18,666** | **18,910** | **(244)** |
| **Sub-total - Non NHS SLAs** | **1,942** | **1,133** | **1,159** | **(26)** |
| **Total - Acute SLAs** | **206,485** | **120,670** | **123,717** | **(3,047)** |

| CONTINUING CARE | | YTD Month 7 | | |
|---|---|---|---|---|
| | Annual Budget (£000) | YTD Budget (£000) | YTD Actual (£000) | Variance Sur/(deficit) (£000) |
| Mental Health AMI (Under 65) | 59 | 34 | 3 | 32 |
| Mental Health EMI (Over 65) - Residential | 2,865 | 1,672 | 1,874 | (202) |
| Mental Health EMI (Over 65) - Domiciliary | 277 | 162 | 170 | (8) |
| Physical Disabilities (Under 65) - Residential | 2,015 | 1,175 | 1,446 | (271) |
| Physical Disabilities (Under 65) - Domiciliary | 2,201 | 1,284 | 1,046 | 238 |
| Elderly Frail (Over 65) - Residential | 951 | 555 | 769 | (215) |
| Elderly Frail (Over 65) - Domiciliary | 92 | 54 | 114 | (60) |
| Palliative Care - Residential | 381 | 222 | 415 | (193) |
| Palliative Care - Domiciliary | 424 | 247 | 463 | (215) |
| **Sub-total - CHC Adult Fully Funded** | **9,265** | **5,405** | **6,299** | **(894)** |
| **Sub-total - Funded Nursing Care** | **2,095** | **1,222** | **1,574** | **(352)** |
| **Sub-total - CHC Children** | **1,263** | **737** | **944** | **(208)** |
| **Sub-total - CHC Other** | **657** | **266** | **473** | **(207)** |
| **Sub-total - CHC Adult Joint Funded** | **2,794** | **1,630** | **1,753** | **(123)** |
| **Total - Continuing Care** | **16,074** | **9,260** | **11,044** | **(1,784)** |

## FOT Position- Acute Contracts and Continuing Care

### Table 3

| ACUTE CONTRACTS | YTD Month 7 | | Forecast Outturn Position | |
|---|---|---|---|---|
| | YTD Actual (£000) | Variance Sur/(deficit) (£000) | FOT Actual (£000) | FOT Variance Sur/(deficit) (£000) |
| **In Sector SLAs** | | | | |
| Chelsea And Westminster Hospital NHS Foundation Trust | 1,403 | (21) | 2,404 | (51) |
| Imperial College Healthcare NHS Trust | 7,329 | (270) | 12,694 | (629) |
| London North West Hospitals | 10,126 | (497) | 17,052 | (458) |
| Royal Brompton And Harefield NHS Foundation Trust | 4,652 | (894) | 8,140 | (1,699) |
| The Hillingdon Hospitals NHS Foundation Trust | 80,138 | (3,020) | 137,039 | (5,252) |
| The Hillingdon Hospitals NHS Foundation Trust - Transitional Support | 0 | 1,925 | 0 | 3,300 |
| **Sub-total - In Sector SLAs** | **103,649** | **(2,777)** | **177,331** | **(4,788)** |
| **Sub-total - Out of Sector SLAs** | **18,910** | **(244)** | **32,428** | **(428)** |
| **Sub-total - Non NHS SLAs** | **1,159** | **(26)** | **1,880** | **62** |
| **Total - Acute SLAs** | **123,717** | **(3,047)** | **211,638** | **(5,154)** |

| CONTINUING CARE | YTD Month 7 | | Forecast Outturn Position | |
|---|---|---|---|---|
| | YTD Actual (£000) | Variance Sur/(deficit) (£000) | FOT Actual (£000) | FOT Variance Sur/(deficit) (£000) |
| Mental Health AMI (Under 65) | 3 | 32 | 3 | 56 |
| Mental Health EMI (Over 65) - Residential | 1,874 | (202) | 3,237 | (372) |
| Mental Health EMI (Over 65) - Domiciliary | 170 | (8) | 248 | 29 |
| Physical Disabilities (Under 65) - Residential | 1,446 | (271) | 2,382 | (367) |
| Physical Disabilities (Under 65) - Domiciliary | 1,046 | 238 | 1,805 | 396 |
| Elderly Frail (Over 65) - Residential | 769 | (215) | 1,413 | (462) |
| Elderly Frail (Over 65) - Domiciliary | 114 | (60) | 211 | (119) |
| Palliative Care - Residential | 415 | (193) | 750 | (369) |
| Palliative Care - Domiciliary | 463 | (215) | 834 | (410) |
| **Sub-total - CHC Adult Fully Funded** | **6,299** | **(894)** | **10,883** | **(1,618)** |
| **Sub-total - Funded Nursing Care** | **1,574** | **(352)** | **2,731** | **(636)** |
| **Sub-total - CHC Children** | **944** | **(208)** | **1,507** | **(244)** |
| **Sub-total - CHC Other** | **473** | **(207)** | **926** | **(269)** |
| **Sub-total - CHC Adult Joint Funded** | **1,753** | **(123)** | **2,963** | **(169)** |
| **Total - Continuing Care** | **11,044** | **(1,784)** | **19,011** | **(2,937)** |

### 3.4 2016/2017 QIPP

The 2016/2017 net QIPP target is £8,673k. Current FOT at M7 is £7,946k, showing a variance of £688k. This is an improvement of £37k on M6 FOT.

A summary of performance against each area is below:

| QIPP Category | Comment |
|---|---|
| Unplanned Care | Performing well with a FOT currently £201k above target |
| Planned Care | Focus needed as FOT currently £493k below target. This has worsened by £49k since M6. Currently predicting that ~ 80% + of the original £2,734k target will be delivered |
| Long Term Conditions | Key area of concern – FOT currently £199k below target. This has worsened by £21k since M6 and now just ~ 60% of the original £519k planned saving are being predicted to be delivered |
| Older People | Focus needed as FOT currently £320k below target. This is an improvement of £75k on the M6 position. Currently predicting that ~ 70% + of the original £1,107k target will be delivered |
| Mental Health | Performing well with a FOT currently £38k above target |
| Prescribing | Performing well with a FOT currently £174k above target |
| CHC | Area of concern – FOT currently £90k below target. This has worsened by £66k since M6 and there is significant known overspend is this area |

**Planned Care** - At M7 the FOT is £2,241k, a shortfall of £493k. This is £49k worse than the M6 position. The two areas where slippage has occurred is the Ophthalmology and Gastroenterology Clinical Assessment and Treatment Service (CATS) schemes.

For Ophthalmology there continues to be slippage in the June 16 start date however the CWG has met and is now active.

For Gastroenterology (CATS) there has been slippage in the October 16 start date. The CWG met in mid Nov 16 and is now active. The M6 – M7 slippage of £39k is unlikely to be recovered. A clinical pathway review is now underway.

**Older People, Intermediate Care -** At M7 the FOT is just £89k, a shortfall of £210k. This is £15k worse than the M6 position. Savings are directly linked to the Care of the Elderly Consultant (COTE) avoiding admissions in A&E. The first COTE consultant started in Sep 16.

**Long Term Conditions** – The respiratory project is still suffering slippage largely due to lack of progress on discussions between providers however the providers have committed to support the schemes.

Significant focus and attention is being paid to the delivery of the 2016/2017 QIPP schemes to minimise / reverse scheme slippage thus maintaining / improving the current FOT position. Actions to support this include:

- Work continues on implementing a 'quick win' project for Cancer including tariff changes given that all outpatient activity is being charged as first appointments
- Work continues 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. Proposals have been requested covering 500, 600 and 700 patients
- Agreement of a new CDU Tariff for the patient chairs that will come into use from Dec 16 with an expected benefit of ~ £100k in 2016/17
- Agreement on a reduction in costs for GP Out of Hours Services for opted out Practices with an expected benefit of ~ £10k+ in 2016/17
- Further savings arising from NHS111 with an expected ~ £50k for 2016/17 from Dec 16

### 3.5 Delegation of primary care commissioning

Responsibility for commissioning primary care (general practice) currently sits with NHS England. As part of the changes set out in the NHS Five Year Forward View NHS England are encouraging CCGs to take on a greater role in the commissioning of primary care.

Hillingdon CCG currently commissions jointly with NHS England (known as 'level 2' delegated commissioning). However NWL CCGs are considering whether to apply for and take on 'level 3' delegated commissioning from April 2017. This would mean that commissioning decisions related to primary care would be solely determined at a CCG level.

Work is ongoing to better understand the opportunities and risks related to level 3 delegation. Whilst an expression of interest will need to be made by 5th December, NHS England have

extended the deadline for agreement by members to 28th February in order to allow sufficient time for engagement and buy-in from local practices.

### 3.6 Update on integration

Whole systems integrated care for people age 65 and over is a key element of the Hillingdon STP, to enable high quality, coordinated care, improved health outcomes and financial sustainability. The local STP plan outlines our intention to develop care models and supporting system enablers to encourage greater integration in the delivery of health care between the current separate providers, moving to a single outcomes based contract for people aged 65 and over, funded through a capitated payment.

The key features of this approach are:

- An alliance of providers offering integration of services and partnership working at significant scale.
- An integrated model of care for people age 65 years and over which improves care outcomes and patient experience.
- Outcomes based specification which incentivises improved outcomes and system wide transformation.
- Capitation payment for a defined population to ensure effective use of resources and incentivise care in the best setting.
- Risks and gain share with commissioners and ACP partner organisations.
- Alliance contract between ACP and commissioners.
- System enablers including information sharing.

Hillingdon CCG has now developed the specification for integrated care for people age 65 years and over. This describes the scope of services, key elements of the care model and the outcomes required to ensure care is safe and effective and delivers improved patient outcomes. An outcomes framework will form part of the outcome based contract, which includes: patient related outcomes based on the National voices “I statements”, system metrics to monitor the processes needed to ensure the outcomes are achieved, core quality requirements, and areas of specific clinical focus. These areas of clinical focus include continence, falls, medicines optimisation and social isolation.

Since the September update to the HWBB, the Joint ACP Development Board have continued to jointly develop the 5 year capitated budget and payment model, associated risk and gain share arrangements, and contractual arrangements that will need to be in place from April 2017. The ACP (Hillingdon Health and Care Partners) are continuing to develop their new governance arrangements under an alliance contract for the care of people aged 65 , and are gearing up to test these arrangements from April 2017.

Prior to April 2017 the CCG will need to be assured that the ACP can meet the requirements of commissioners and will be able to deliver the contract and outcomes framework for integrated, high-quality and cost effective services. Commissioners also need to be assured that any alliance agreement is robust and sustainable over the proposed life of the contract agreement and enables substantial progress in ACP development and capability. This will involve the CCG carrying out a ‘due diligence’ type assurance process prior to signing a contract for the 2017/18 testing year, addressing a number of key development areas in partnership during that year, including service integration and quality improvement, finance and capitation, risk and reward

and capturing new developmental outcome measures, as well as carrying out a robust 'most capable provider' procurement process throughout 2017/18.

April 2017 onward will be a testing phase characterised by live running of an ACP and the underlying outcome based contract, to enable substantial progress in ACP development and capability, and earnable significant ramp up from April 2018 to full capitated budget for 65 years and over.

### 3.7 London devolution

Discussions are ongoing across London with regards to the next phase of the devolution proposal. Key areas of focus are currently estates and integration. The London Health and Care Devolution programme requested that CCG governing bodies note the progress of the programme and review and comment on the proposals for the next phase. In addition CCGs have been asked to support the development of the final devolution agreement and delegate authority to a named individual to agree and sign the agreement on behalf of the CCG.

Hillingdon CCG governing body noted the progress made however has not currently agreed to support the devolution agreement. A request has been made to the programme to provide further evidence of benefit from the five pilot sites in London and a clearer description of how the devolution process aligns with and supports the STP process.

### 3.8 Changes to governing body

Dr Reva Gudi has stepped down from the CCG Governing Body. Reva has made a significant contribution to the CCG during her time on the Governing Body and more recently in her role as Vice-Chair, in particular through her work with the Local Authority which will have a lasting impact on the way care is delivered to Hillingdon residents. We thank Reva for her leadership and commitment and wish her all the best in her general practice work.

The process to select a new representative for practices in Hayes and Harlington is underway and a new member will join GB from the December meeting. The election for vice-chair will take place once the new GP member has joined.

Jan Norman, Director of Quality for Brent, Harrow and Hillingdon CCGs, will be retiring in December, we are in the process of recruiting to the post. We thank Jan for her contribution to the development of the quality agenda in Hillingdon.

## 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