

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Choosing Wisely stakeholder letter

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">• Delegation of primary care commissioning• Accountable care partnership progress and next steps• Year-end position 16/17 and financial plan 17/18• QIPP delivery 16/17 and plans for 17/18• Choosing wisely
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
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	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 Delegation of primary care commissioning

On 1 of April 2017, Hillingdon CCG commenced level 3 delegation of primary care (general practice) commissioning. The CCG has established a Primary Care Board, in place of the

previous Co-commissioning Committee, with oversight of contract awards and management, investment, strategy and other key enablers such as workforce and estates development.

The CCG has invested in additional management resource to support the effective delivery of primary care commissioning and is also working collaboratively with members of the contracts team previously situated at NHS England who are now located within NWL.

A primary care strategy is under development with initial focus on general practice. The strategy will focus on the following aspects of primary care in Hillingdon:

- Mapping of current and future health needs of the population in Hillingdon
- New models of 'co-ordinated, proactive and accessible' primary care and how these will meet our residents' needs
- How general practice will be different in 5 years' time for those who use it, work in it and commission it
- How we will support general practice in Hillingdon to be robust and resilient through innovative approaches to workforce, retaining our current clinicians and attracting new ones to the area
- Plans for estates and facilities that are fit for purpose and suitable to deliver the care our residents need

The primary care strategy will build on the priorities set out in the STP and support delivery of the system-wide transformation required for a sustainable health and care system in Hillingdon.

As part of its primary care commissioning responsibilities, the CCG is now leading the process of reviewing personal medical services (PMS) contracts within Hillingdon. The objective of the process is to reduce variation between practices commissioned on general medical services (GMS) contracts and those on PMS contracts. The process was initiated in 2015 by NHS England but was 'paused' whilst negotiations with Local Medical Committees (LMCs) were underway. The process was re-started in December last year and is now devolved to CCGs with assurance of locally developed plans undertaken by NHS England and the London-wide LMCs. The CCG has met with the 9 practices in Hillingdon who currently hold PMS contracts. Initial discussions are underway on the implications of the review for each, the proposed transition process and immediate next steps which include agreeing contract baselines and defining the services in and out of scope of the national contract. Current proposals for re-investment of the funding across all practices focus on access and long term conditions.

Following the end of the pre-election purdah period the CCG will recommence its engagement programme with Hayes residents as part of the procurement process for the APMS contract at the HESA Centre.

3.2 Accountable Care Partnership

In May, the CCG completed a review of the current stage of development of Hillingdon Health and Care Partners (HHCP) prior to taking a decision about moving to the "testing phase" in 2017/18.

The testing phase will build on work carried out to date to determine whether the ingredients for accountable care are robust and fit for purpose. A two year testing period is intended to inform and begin to embed new ways of working as a whole system, with integrated governance arrangements to support delivery of improved outcomes. This will support laying the foundation

for establishing a longer term accountable care contract in Hillingdon, such as a capitated, outcomes-based alliance contract. The testing phase also aims to determine whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability. Next steps in the testing phase will also include an assessment of scale and pace for rolling out integrated accountable care to other population groups, ongoing development of both the ACP and how accountable care is commissioned.

Hillingdon Health and Care Partners (HHCP - an alliance of Hillingdon Hospitals Foundation Trust, Central and North West London Foundation Trust, the Hillingdon GP Confederation and Hillingdon for All) held a launch event for staff on 25 May which was well attended by teams across all organisations. The session was hosted by the Chief Executives of each organisation and set out the vision and ambition for the partnership. On the ground, the new HHCP care connection teams are now in place (1 June) and will begin to mobilise during June and July to deliver the new integrated model of care for people over 65.

3.3 Year-end position 16/17 & 17/18 Financial Plan

3.3.1 2016/17 Outturn

The CCG finished the financial year with an overall surplus of £7.764m which is in line with the CCG's control total for the year. The final outturn surplus was £4.148m higher than the CCG's original plan for the year.

The additional surplus generated at the end of the year was a result of the release of the CCG's uncommitted reserve in line with NHSE requirements. This surplus has been carried forward into the 2017/18 financial year.

In delivering this position, the CCG achieved QIPP savings of £8.2m for the year which was 95% of its planned target (details below).

Although the CCG achieved a surplus of £7.764m, its underlying financial position at the year-end was a £48k surplus. The difference relates to non-recurrent income received of £5.4m and other non-recurrent expenditure benefits of £2.3m.

Executive Summary 2016/17 Outturn Position

Table 1

	Outturn Position			
	Final Budgets (£000)	Outturn Actual (£000)	Variance Sur/(deficit) (£000)	Outturn QIPP Variance (£000)
Commissioning of Healthcare				
Acute Contracts	206,486	213,133	(6,647)	(1,159)
Acute Reserves	2,335	0	2,335	0
Other Acute Commissioning	13,965	14,387	(422)	351
Mental Health Commissioning	25,250	25,144	106	238
Continuing Care	16,004	20,020	(4,016)	(109)
Community	31,847	31,838	9	(60)
Prescribing	35,784	35,434	350	320
Primary Care	6,928	5,647	1,281	0
Sub-total	338,599	345,603	(7,004)	(418)
Corporate & Estates	5,067	4,749	318	0
TOTAL	343,666	350,352	(6,686)	(418)
Reserves & Contingency				
Contingency	2,001	0	2,001	0
Uncommitted Reserves	4,148	0	4,148	0
2015/16 Balance Sheet Gains	0	(3,744)	3,744	0
RESERVES Total:	6,149	(3,744)	9,893	0
Total 2016-17 Programme Budgets	349,815	346,608	3,207	(418)
Planned Surplus/(Deficit)	3,616	0	3,616	0
Total Programme	353,431	346,608	6,823	(418)
RUNNING COSTS				
Running Costs	6,298	5,356	942	0
CCG Total	359,729	351,964	7,764	(418)

3.3.2 2017/18 Financial Plan

The CCG has submitted a financial plan in 2017/18 to deliver a surplus of £7.764m in line with the 2016/17 outturn (this equates to an in-year break-even position after allowing for the carry forward of 2016/17 as noted above).

The plan complies with NHSE Business Rules, including retention of 0.5% of its funding as uncommitted at the planning stage in 2017/18 (£1.8m) in addition to the usual 0.5% contingency.

The plan includes the requirement to deliver a 4% QIPP in 2017/18 of c£14m (net). This is significantly higher than the £8m delivered in 2016/17 and in previous years.

The CCG's financial plan for 2017/18 now includes for the first time the Primary Care delegated budgets of £38.2m previously held by NHSE.

SUMMARY	FOT 16/17 £000s	Budgets 2017/18 £000s
Acute	227,520	225,592
Mental Health	25,144	25,075
Continuing Care	20,020	19,838
Community	31,838	36,025
Primary Care*	5,647	41,388
Prescribing	35,434	35,799
Corporate (incl. Running Costs)	10,105	9,788
Total Programme & RC	355,708	393,505
Reserves & Contingency	(3,744)	3,568
TOTAL CCG Expenditure	351,964	397,073
RRL	359,729	404,835
Surplus/(Deficit)	7,765	7,762
*17/18 Budget includes PC delgated Budgets		

3.4 QIPP delivery 2016/17 and plans for 2017/18

During 2016/17, the CCG delivered a net QIPP saving of £8,227k against a target of £8,645k (variance of £418k below target). QIPP delivery in 2015/16 was £7,033k.

2017/18 is anticipated to be a challenging year for the NHS and the level of QIPP delivery required of the CCG to meet local and NWL needs reflecting this. The CCG has an internal target of £12.6m net QIPP delivery, with a stretch aim of £14m. This represents a 70% increase on the 2016/17 QIPP delivery and presents a significant challenge to Hillingdon locally, and NWL as a system.

Highlights of some of the major 2017/18 initiatives are listed below:

- *Ambulatory Care Pathways*. The CCG and Hillingdon hospitals are working to clarify pathways to support identification and treatment of urgent and emergency care needs of attendees to A&E.
QIPP value (all unplanned care) - £2m
- *MSK pain management, CATS service and pathways*. The CCG is working to develop a fully integrated MSK pathway to ensure a seamless patient experience from referral to rehabilitation.
QIPP value (all planned care) - £1.6m
- *Multi-morbidities*. The CCG is continuing to embed and develop care for patients with multi-morbidities, with emphasis on long term conditions management of diseases such as diabetes, respiratory, and cardiovascular.

QIPP value (all long term conditions) - £2m

- *Older people's care.* The CCG is working closely with the Hillingdon Health and Care Partners Accountable Care Partnership to develop enhanced service coordination and offer for Hillingdon patients aged 65 and over, with developments in Care Connection Teams and frailty pathways. This also includes a pilot end of life single point of access and urgent support with a palliative overnight nursing service in collaboration with Social Finance.
QIPP value - £2.2m
- *Mental Health.* Hillingdon CCG is a proactive participant in the NWL LikeMinded programme and continues to work to improve services for those with learning disability and serious mental illness, as well as acting to address early anxiety and stress to improve general health and well-being.
QIPP value - £1m

We continue to build on our programme of medicine's management and have work underway on delivering transformation to children's services as well as continuing to release contractual savings on our community contract with CNWL. Further schemes are being worked up as part of the 'stretch' on our target.

3.5 Choosing Wisely

Across NWL, the 8 CCGs have embarked on a period of engagement on a set of proposals regarding changes to the way that we prescribe in the area. These proposals will be going to the CCG Governing Body for a decision on 14 July 2017 and we are entering a three week period of engagement before that date. Feedback from the engagement process will feed in to our final proposals for discussion at the Governing Body meeting.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NWL is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge. These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents.

If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NWL to ensure consistency across the eight boroughs and are similar to initiatives taking places in other parts of the country including areas of Greater London. It consists of the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
2. In general, GPs will not prescribe certain medicines and products (listed in stakeholder letter appended) which can be bought without a prescription
3. To reduce waste we will ask patients to order their own repeat prescriptions

It is important to view these proposals in the context of the transformation we are making to our health system across NWL. As we move from a reactive model of care that waits for people to

get ill, to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support
- Free up prescribers' time for clinical care
- Avoid unnecessary appointments for patients
- Reduce unnecessary spend on prescriptions
- Minimise unwarranted prescribing

The specific items recommended to be part of these proposals are covered in the stakeholder letter appended to this paper. We will be engaging on these proposals with GPs and other stakeholders across NWL, including Council Members, Healthwatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at <https://choosingwiselynlondon.commonplace.is>. We shall be promoting this website around the Borough to ensure the widest possible participation in this engagement.

We will also await with interest the results of any national consultations taking place on this topic and will ensure that our policies align with any national policy revisions that result.

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