HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • NHSE rating 2016/17 • Urgent Treatment Centre procurement • Accountable Care update • Finance update • QIPP delivery • NWL CCGs collaborative working • Changes to Governing Body
Contribution to plans and strategies	The items above relate to the HCCGs: • 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

That the Health and Wellbeing Board notes the 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 NHSE Assurance Ratings 2016/17

Hillingdon CCG has received official confirmation of its assurance rating for 2016-17. The CCG has been rated as 'Good' from the four potential ratings of 'Inadequate', 'Requires improvement', 'Good', and 'Outstanding'.

The improvement and assessment framework (IAF) rates CCGs against a range of indicators under four domains of 'Better Health', 'Better Care', 'Leadership' and 'Sustainability'. These include 6 clinical priority areas of mental health, learning disabilities, cancer, maternity and diabetes.

Key areas of achievement were noted as leadership, quality, performance (including delivery against targets for dementia diagnosis, cancer waits and access to IAPT services) and sustainability. Areas identified for improvement included delivery against the 4 hour A&E standard, use of personal health budgets and ongoing post-diagnosis dementia support, all of which are areas of focus in 2017/18 plans.

Assurance for 2017/18 will follow a similar methodology with workshops being held by NHSE during September to explain any changes in the approach.

3.2 Urgent Treatment Centre Procurement

The CCG is currently working to redesign Urgent and Emergency Care services into an integrated system. Within Hillingdon and NW London, the vision is to create an urgent and emergency care system that is capable of delivering equitable access to the right care first time for the majority of patients through a networked model with services provided along robust pathways 24/7. This will allow people requiring urgent care to be seen or redirected to the most appropriate service more often closer to home, improving satisfaction and reducing confusion, while reducing pressure on our accident and emergency departments. For those with more serious needs we must ensure access to high quality care in appropriate facilities with the right expertise.

The current Urgent Care Centre contract ends on 31st March 2018 which provides an opportunity for the CCG to commission a service that ensures we meet the new NHSE 'Urgent Treatment Centre' specification.

NHSE have produced a set of principles and standards to address the current variation in urgent care provision and provide a more consistent service offering to patients attempting to access urgent care. Our current service meets the majority of the requirements however key changes will include:

- Ability to pre book "urgent" appointments into the UTC via NHS 111, LAS and General Practice where clinically appropriate
- Booking direct appointments from the UTC into general practice where appropriate
- Ability to access and use the "Directory of Services" (DoS) to support effective onward signposting to alternative services
- Providing a 'patient education' function for long term behavioural change – i.e. provide adequate information on appropriate local services.
- IT interoperability with wider integrated urgent care services

We have incorporated feedback from our engagement process into the specification for the service which will be issued in September with the successful bidder notified at the start of December following the procurement process.

3.3 Accountable Care Partnership – progress and next steps

Hillingdon's Accountable Care Partnership has now moved to the testing stage following an assurance process which was approved by HCCG GB in May 2017. Hillingdon Health and Care Partners (HHCP, our Hillingdon ACP) have signed an alliance agreement which was approved by each constituent ACP member board in May 2017. This enables HHCP to formalise a joint commitment to test out new, collaborative working arrangements which deliver agreed outcomes for the care of people aged 65 and over, and to deliver the requirements of the ACP testing phase. We are now in the process of determining whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability. Implementation of the care model for older people is making good progress on the ground. Of the 15 HHCP care connection teams due to be rolled out, 13 teams are operational and 14 teams are fully recruited. All teams will be up and running during September 2017 as planned. Once the teams are at full capacity they are expected to carry a caseload of approximately 750 at any one time.

The H4All Wellbeing Service, which works as a key part of the HHCP model of care continues to demonstrate benefits, and the scope has been extended as a pilot to include people with diabetes who are below the age of 65 and their carers, trialling the carer's activation measure assessment. New pathways where health and care needs have escalated are being embedded including the frailty pathway.

The system wide Hillingdon outcomes framework has been developed which measures the impact of the service model against a number of domains, and this is currently being tested where data is available. HCCG and HHCP have also confirmed baselines for the capitated budget value for 2017/18, and are working jointly to establish the capitated payment model, associated payment mechanisms and risk share arrangements which will be implemented from 18/19. An approach to establishing new funding flows across the health care system has now been tested with HHCP resulting in continuation of the Early Supported Discharge Service for Stroke following a successful service pilot. HCCG and HHCP will be reviewing whether the ACP is on track to meet agreed 2017/18 development objectives, and this mid-year review will be completed in October 2017.

3.4 Financial Position 2017/18

Overall at Month 04, the CCG is reporting it is on target against its YTD in-year surplus of £0.2m and forecasting achievement of its £0.5m planned in-year surplus by year end. However the CCG financial position continues to be extremely tight at M04, with significant YTD and FOT adverse variances in Continuing Care and acute activity.

The acute position at M04 is a YTD overspend of £0.7m and a FOT overspend of £0.8m. The deterioration in the FOT position is largely due to Out of Sector providers in particular LAS.

Over performance in the contract with THH is mainly related to increases in planned care and non-elective activity and cost.

The Continuing Care position is currently a YTD overspend of £1m and a FOT overspend of £2m. This represents a significant increase in the run rate due to a number of high cost placements and 121 packages in Childrens' and Elderly Care.

To achieve its FOT plan, the CCG has now factored in a number of NR benefits into the position as well as deploying all its available reserves and is also reliant on the QIPP outside agreed SLAs being delivered in full (£3.9m).

Overall Position- Executive Summary Month 4 YTD and FOT

Table 1

EXECUTIVE SUMMARY		Year to Date Month 4			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	217,263	72,303	72,987	(684)	218,088	(825)	(439)
Acute/QIPP Risk Reserve	(3,865)	0	0	0	(3,865)	0	399
Other Acute Commissioning	11,751	3,976	4,147	(171)	11,920	(170)	(62)
Mental Health Commissioning	25,291	8,331	8,519	(187)	25,605	(314)	0
Continuing Care	19,837	6,612	7,645	(1,032)	21,833	(1,995)	(4)
Community	35,657	11,662	11,665	(3)	35,624	32	0
Prescribing	35,800	11,923	11,380	543	34,715	1,085	0
Primary Care	41,442	13,041	13,020	21	41,179	263	0
Sub-total	**383,175**	**127,850**	**129,364**	**(1,514)**	**385,100**	**(1,925)**	**(106)**
Corporate & Estates	4,408	1,476	1,569	(93)	4,710	(302)	0
TOTAL	**387,583**	**129,326**	**130,932**	**(1,607)**	**389,810**	**(2,227)**	**(106)**
Reserves & Contingency							
Contingency	2,060	1,523	0	1,523	0	2,060	0
Uncommitted Reserves	1,764	0	0	0	1,764	0	0
RESERVES Total:	**3,824**	**1,523**	**0**	**1,523**	**1,764**	**2,060**	**0**
Total 2017/18 Programme Budgets	**391,407**	**130,848**	**130,932**	**(84)**	**391,574**	**(167)**	**(106)**
Total Programme	**391,407**	**130,848**	**130,932**	**(84)**	**391,574**	**(167)**	**(106)**
RUNNING COSTS							
Running Costs	**5,784**	**1,912**	**1,828**	**84**	**5,617**	**167**	**106**
CCG Total Expenditure	**397,191**	**132,760**	**132,760**	**0**	**397,191**	**0**	**(0)**
In-Year Surplus/(Deficit)	**488**	**163**	**0**	**163**	**0**	**488**	**0**
NOTE							
Historic Surplus/(Deficit)	**7,764**	**2,588**	**0**	**2,588**	**0**	**7,764**	**0**
TOTAL	**405,443**	**135,511**	**132,760**	**2,751**	**397,191**	**8,252**	**(0)**

Year To Date Position- Acute Contracts and Continuing Care

Table 2

Acute Contracts

		Year to Date Month 04		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	861	749	112
Imperial College Healthcare NHS Trust	12,505	4,144	4,200	(56)
London North West Hospitals NHS Trust	18,048	5,972	5,654	318
Royal Brompton And Harefield NHS Foundation Trust	7,901	2,635	2,397	239
The Hillingdon Hospitals NHS Foundation Trust	140,767	46,969	48,421	(1,453)
Sub-total - In Sector SLAs	**181,815**	**60,581**	**61,420**	**(840)**
Sub-total - Out of Sector SLAs	**33,678**	**11,144**	**10,989**	**155**
Sub-total - Non NHS SLAs	**1,769**	**578**	**578**	**1**
Total - Acute SLAs	**217,263**	**72,303**	**72,987**	**(684)**

Continuing Care

		Year to Date Month 04		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,913	971	926	45
Mental Health EMI (Over 65) - Domiciliary	199	66	90	(24)
Physical Disabilities (Under 65) - Residential	1,895	632	891	(260)
Physical Disabilities (Under 65) - Domiciliary	2,370	790	701	89
Elderly Frail (Over 65) - Residential	1,968	656	926	(270)
Elderly Frail (Over 65) - Domiciliary	251	84	75	9
Palliative Care - Residential	509	170	194	(24)
Palliative Care - Domiciliary	596	199	261	(63)
Sub-total - CHC Adult Fully Funded	**10,701**	**3,567**	**4,065**	**(498)**
Sub-total - Funded Nursing Care	**3,025**	**1,008**	**1,075**	**(67)**
Sub-total - CHC Children	**1,445**	**482**	**817**	**(335)**
Sub-total - CHC Other	**1,325**	**442**	**484**	**(43)**
Sub-total - CHC Learning Disabilities	**3,341**	**1,114**	**1,204**	**(90)**
Total - Continuing Care	**19,837**	**6,612**	**7,645**	**(1,032)**

FOT Position- Acute Contracts and Continuing Care

Table 3

Acute Contracts

	Year to Date Month 04		Forecast Outturn Position		
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
In Sector SLAs					
Chelsea And Westminster Hospital NHS Foundation Trust	749	112	2,260	335	
Imperial College Healthcare NHS Trust	4,200	(56)	12,950	(445)	(8)
London North West Hospitals NHS Trust	5,654	318	17,303	745	6
Royal Brompton And Harefield NHS Foundation Trust	2,397	239	7,544	357	(28)
The Hillingdon Hospitals NHS Foundation Trust	48,421	(1,453)	142,814	(2,048)	(408)
Sub-total - In Sector SLAs	**61,420**	**(840)**	**182,871**	**(1,056)**	**(438)**
Sub-total - Out of Sector SLAs	**10,989**	**155**	**33,450**	**229**	**(0)**
Sub-total - Non NHS SLAs	**578**	**1**	**1,767**	**2**	**0**
Total - Acute SLAs	**72,987**	**(684)**	**218,088**	**(825)**	**(439)**

Continuing Care

	Year to Date Month 04		Forecast Outturn Position		
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EMI (Over 65) - Residential	926	45	2,668	245	
Mental Health EMI (Over 65) - Domiciliary	90	(24)	270	(71)	
Physical Disabilities (Under 65) - Residential	891	(260)	2,485	(590)	
Physical Disabilities (Under 65) - Domiciliary	701	89	1,992	378	
Elderly Frail (Over 65) - Residential	926	(270)	2,863	(895)	
Elderly Frail (Over 65) - Domiciliary	75	9	225	26	
Palliative Care - Residential	194	(24)	588	(79)	
Palliative Care - Domiciliary	261	(63)	853	(258)	
Sub-total - CHC Adult Fully Funded	**4,065**	**(498)**	**11,945**	**(1,244)**	**0**
Sub-total - Funded Nursing Care	**1,075**	**(67)**	**3,213**	**(188)**	**0**
Sub-total - CHC Children	**817**	**(335)**	**1,766**	**(321)**	**0**
Sub-total - CHC Other	**484**	**(43)**	**1,380**	**(55)**	**(4)**
Sub-total - CHC Learning Disabilities	**1,204**	**(90)**	**3,529**	**(188)**	**0**
Total - Continuing Care	**7,645**	**(1,032)**	**21,833**	**(1,995)**	**(4)**

3.5 QIPP update

2017/18 QIPP M4 YTD Performance

Since the last HWB, the 2017/18 QIPP target has increased from £12.6m to £14.4m, or 4% of the CCG allocation. The CCG is £332k behind target for M4, achieving £2,482k of £2,813k YTD plan.

Workstream	2017/18 Net Target Savings £'000	M4 Actual £'000	M4 Plan £'000	Difference £'000
Unplanned Care	(1,978)	(368)	(254)	114
Planned Care	(1,684)	(209)	(430)	(221)
Long Term Conditions	(2,160)	(351)	(438)	(87)
Older Peoples	(1,723)	(314)	(441)	(127)
Mental Health	(1,186)	(404)	(404)	0
Prescribing	(2,042)	(414)	(414)	0
Community & Primary Care	(1,403)	(186)	(186)	0
End of Life	(412)	(104)	(128)	0
Complex patients	(100)	(6)	(6)	0
Children & Young People	(354)	(126)	(113)	13
S&T	(1,331)	0	0	0
Total	**(14,373)**	**(2,482)**	**(2,813)**	**(332)**

Key risks for achieving 2017/18 QIPP:

- The CCG has historically delivered c£8m QIPP. £14.4m represents an additional 80% ask on historic delivery.
- No longer any 'easy' QIPP schemes and a lack of 'new' schemes to address productivity without an associated risk to quality of delivery/access.
- Provider capacity issues, notwithstanding efforts to improve process efficiencies and patient flows between organisations.
- Delayed implementation of QIPP programmes resulting in reduced in-year savings.
- Time to implement and embed transformation.

In mitigating these risks, the CCG has a robust QIPP plan that has been recognised by NHS England as having identified all the potential opportunities in the system, matching those outlined by RightCare and CEP. We nevertheless continue to look for additional opportunities to mitigate risk of non-delivery.

The focus of 2017/18 QIPP programme is largely transformational. These are not easy, nor 'new' schemes, but will result in care closer to home and in the community, avoiding expensive acute episodes. Furthermore, there is a greater focus on prevention, with investments in long term conditions and primary care capacity with primary care delegation. We have several demand management schemes aimed to help direct patients to the right care and prevent an acute attendance. Other opportunities are occurring in regards to assuring referral pathways and associated community/social care service support, as well as integrated care in relation to the ACP and other joined-up working. Continued attention and support to provider efficiency and best practice will also be important to a sustainable health system in Hillingdon.

2017/18 Workstream performance– exception reporting

Planned Care

Planned Care QIPP programmes have experienced delays to implementation of procurements due to the need for deep dives in several contracts that have come due for expiration, some of which have also underperformed in delivery.

Long Term Conditions

Underperformance in LTCs is due to roll out of programmes.

Older People's
Current underperformance in Older People's programmes are driven by the phasing in the return on investment in the Care Connection Teams, which have recently been fully recruited to (2014/15 teams) and have begun reporting from M4. Delivery should balance toward target over the 2017/18 FY.

3.6 NWL CCGs collaborative working

NWL CCGs are currently reviewing collaborative working arrangements to ensure we maximise our ability to take a strategic and transformational approach to commissioning. Current areas of focus are the future role of the Accountable Officer and the contracting function. Corporate functions such as finance, quality and performance will also form part of the review.

3.7 Changes to CCG Governing Body

We are pleased to welcome Sarah Crowther to the Governing Body as our new lay member for public and patient involvement and engagement. Sarah brings extensive knowledge, skills and experience of working in the third sector in Hillingdon and we very much look forward to working with her.

4. 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