

HILLINGDON CCG UPDATE

Joint Health and Wellbeing Strategy

The Health and Wellbeing Board agreed the publication of the draft Joint Health and Wellbeing Strategy at its September meeting. Officers from the CCG and local authority have worked collaboratively to produce a strategy that aligns a range of current programmes and priorities across Hillingdon across health and social care under five 'Delivery Areas.'

1. **Prevention** of disease and ill-health through tackling risk factors, early detection, early intervention and proactive case management in primary care. We will work with parents and carers of babies, and children and young people, in order to give the next generation the best start in life with strong public health and social care engagement and support.
2. We will ensure healthcare services are delivered consistently by incentivising the integration of care services to improve the management of **long term conditions**. We will also address variation in health outcomes, particularly when it comes to caring for people with cancer, cardiovascular disease, respiratory disease, diabetes and dementia. We will reduce early deaths from circulatory diseases (heart disease and stroke) through early detection and prevention; and through improving quality and safety of treatment services.
3. We will achieve better experience and greater choice for **older people** in our communities. We will ensure care is coordinated between social, primary, community and acute care services to manage multiple conditions and frailty. We will reduce isolation and loneliness, especially for people suffering from multiple conditions and for their carers.
4. We will improve outcomes and opportunities to live well in Hillingdon for children and adults with **mental ill health needs and learning disability**.
5. We will ensure we have safe, high quality, **sustainable services**, seven days a week.

At the same time we are developing a system-wide outcomes framework that will tell us specifically how we are progressing against the priorities described above such as 'increasing the rate of adults taking part in physical activity to England average' and 'increasing the rates of cancers diagnosed at stages 1 and 2'.

The plan is currently out to consultation and available on the council website with the intention to bring a report of the consultation findings to the December board along with a refined outcomes framework.

Better Care Fund

The CCG and local authority submitted our Better Care Fund Plan to NHS England in September and have been advised that it has been approved with no conditions.

The plan covers 2017/18 and 2018/19 and focusses on joint initiatives that support the delivery of our older people's programmes (aligned with area 3 of the Joint Health and Wellbeing Strategy). These are:

- **Developing the Accountable Care Partnership (ACP)** and the Council giving full consideration to its involvement
- **Developing a single point of access for older people** - Bringing services together into a single service with a single point of access has proved successful for Carers in Hillingdon.
- **An integrated approach to supporting Carers** - Implementing NHSE's integrated approach to assessing Carer health and wellbeing. The plan looks at identifying 'hidden' and 'young'

Carers and the provision of support and break opportunities. It also covers the development of self-help options such as self-assessment and improving support to Carers of people admitted to hospital.

- **Getting hospital discharge right** - The plan is proposing to bring together the various services involved in facilitating discharge from hospital into the community, e.g. Homesafe, Rapid Response, Reablement, the Night Sitting Service and Prevention of Admission/Readmission to Hospital Service (PATH) into a single, integrated hospital discharge service delivered by a lead provider within the ACP.
- **Exploring use of Disabled Facilities Grant flexibilities** - Developing a business case to use flexibilities to address anticipated needs and support hospital discharge, e.g. home/garden clearance, home deep cleaning, home fumigation, furniture removals to set up micro-environment, etc;
- **Joint market management and development approach** – This includes:
 - Development of all age, joint brokerage arrangements for homecare, short and long-term nursing home placements and Direct Payments and Personal Health Budgets as a pilot;
 - Commissioning of integrated homecare provision in 2017/18;
 - Commissioning of integrated palliative care at home provision in 2017/18;
 - Development of an integrated commissioning model for nursing home placements from 2019/20;
 - Supporting care homes - This links to the Improving health in care homes programme but also includes converting spot purchase arrangements into block contracts to guarantee capacity.
- **Closer alignment between Adult Social Care and Care Connection Teams** - Allocating social care staff to Care Connection Teams supporting extra care schemes.
- **Development of specialist Dementia Resource Centre (DRC)** - Maximising benefits from purpose-built DRC at Grassy Meadow Court extra care scheme.

As the work progresses we will be submitting quarterly reports against the four national metrics; reducing non-elective admissions for the over 65s, reducing permanent placements in care homes and acute bed days lost to delayed transfers of care as well as ensuring the effectiveness of reablement services.

Urgent Treatment Centre Procurement

The CCG is redesigning our 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 and the bid evaluation process is now underway with the outcome to be announced in December following evaluation and moderation panels.

Primary care strategy

Hillingdon primary care commissioning board has approved the Hillingdon Primary Care Strategy. The main challenges addressed through the strategy are:

- local demographics and long-term conditions
- workforce
- infrastructure
- policy and strategic drivers including GP forward view and the Strategic Commissioning Framework for London
- level 3 commissioning

The strategy articulates a set of objectives whose implementation would meet these challenges and deliver the primary care elements of the STP and Joint Health and Wellbeing Strategy.

These are:

- Prevent ill-health working with partners and engaging patients in the management of their own health
- Manage patients with complex conditions in a co-ordinated and integrated way
- Support access to general practice by increasing capacity, managing demand and drawing from technological approaches
- Supporting general practice resilience and improving efficiency, especially by promoting collaborative working and economies of scale

In order to deliver these objectives a range of investment has been made available via the GP Forward View, Health Education England, and thanks to level 3 delegation, control on primary medical services funding allocations that provide headroom for investment.

A set of practical priorities emerge from the analysis of the challenges for the CCG to focus on, these areas are to:

- Manage and develop provider landscape: supporting the development of GP confederation and general practice resilience
- Commission outcome based contracts at appropriate levels: this includes developing new models of care, addressing variation and commissioning up-scale out of hospital care from general practice collaborative structures
- Commission proactive and co-ordinated care, especially for people with LTCs, multimorbidities and complex needs: this focuses on case finding, collaborative care planning, and self-management; it also promotes a transformational approach to the care of people with more than one condition.
- Enable better, appropriate access to general practice
- Focus on recruitment, retention, and develop additional capacity and broader skill mix to meet growth in demand: this also means embedding the roles and functions that are being created in general practice to support self-help, improve patient access and release clinicians time.
- Commission preventative care programmes focused on local needs, integrated with partners

Each area is subject to a delivery plan, which will drive the efforts of the CCG and partners and provide the basis for monitoring progress.

The strategy suggests a direction of travel for general practice that is based on at-scale collaboration and service integration led by general practices themselves via their own Confederation.

This will also help Hillingdon move closer to accountable care, where general practice can play a leading role in creating a more efficient and effective system of care without unnecessary barriers, and focused on improving patient experience and outcomes.

The strategy will continue to evolve as the landscape of general practice changes and we are committed to further work with other primary care professionals to include areas such as pharmacy in the future development of this document.

Financial position

Overall at Month 05, 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 (Slide 7).

Risk to delivery of the planned surplus is significant with a substantial amount of savings profiled for the last 6 months of the year.

The main areas of cost pressure are acute contracts (£1.2m overspend FOT) and Continuing Care (£2.1m FOT). The latter is mainly due to significant cost pressures within Learning Disabilities, Children's Complex Placements, Elderly Frail, PPSD and MH 117s.

Prescribing Wisely

The Prescribing Wisely (previously 'Choosing Wisely') initiative went live on October 30th following assurance of additional work requested relating to the equalities impact assessment. Information is available in GP practices, online and at pharmacies. There will be ongoing work to evaluate the impact of the initiative.

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. At a series of additional governing body meetings held in September all 8 CCGs agreed to move to the appointment of a single accountable officer and a single chief financial officer across the sector. Agreement was also reached to develop further thinking on the form and function of a joint committee to make decisions on areas where a collaborative approach would provide greater commissioning leverage such as acute contracting. Work on revisions to the management structure to support the single AO and CFO roles is also underway. It is anticipated that the outputs from this work will come to Governing Bodies in December/January in preparation for membership votes at the start of 2018.