

# HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Caroline Morison, Joan Veysey; Jonathan Tymms; Sarah Walker
<b>Papers with report</b>	None

## 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>• CCG rating for Patient and community engagement</li><li>• Winter Readiness</li><li>• Urgent Treatment Centre procurement</li><li>• Accountable Care update</li><li>• Finance update</li><li>• QIPP delivery</li><li>• NWL CCGs collaborative working</li><li>• Brunel Partners Academic Centre for Health Sciences</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 Overview and Scrutiny Committee
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**That the Health and Wellbeing Board to note the report.**

## 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 Hillingdon CCG's Assessment against the new Patient and Community Engagement Indicator.**

NHSE have recently reviewed the CCGs' work to engage with the people and communities that we are responsible for commissioning services on behalf of. The new Patient and Community Engagement Indicator aims to evidence Hillingdon CCGs' implementation of the revised statutory guidance on patient and public participation in commissioning health care, and our compliance in fulfilling these statutory duties. CCGs are assessed against 5 domains, and the CCG has been rated as Green for this year's assessment. Of the five domains, two were rated outstanding, and two as good. The Communications and Engagement team will be working over the coming months to better promote the outcomes of the CCGs engagement work which was assessed as requiring improvement.

### **3.2 Winter Readiness**

Hillingdon continues to implement and embed High Impact Schemes which form part of the Urgent Care Improvement Plan, to improve performance of urgent and emergency care in Hillingdon and support winter readiness.

Work has been completed to support Patient flow and SAFER implementation in Hillingdon Hospital, including embedding of red2Green (R2G) and Safer at Hillingdon Hospital, and establishing Surgical Assessment Unit (SAU) & Early Gynaecological Assessment Unit (EGAU) pathways for GP/ UCC referred patients. The Frailty Unit is now fully operational.

To improve integrated discharge, the Discharge to Assess (D2A) pathways were successfully piloted in May for 2 months and following evaluation were re launched on 16<sup>th</sup> October. A discharge partnership week was held on 13<sup>th</sup>-17<sup>th</sup> November to help with expediting discharges with involvement from system wide stakeholders. The Delayed Transfer of Care (DTC) target is currently being achieved as reported in the BCF 1718 report.

To support demand management, all three Primary Care Hubs are now fully operational from mid- October, and the Urgent care Centre (UCC) is successfully redirecting patients into appropriate services during in hours. UCC is able to book appointments through to extended hours primary care hubs during evening's (6:30-8pm) and weekends (8am-8pm). System partners are also working together to enable booking of appointments from 111 & LAS to extended hours hubs. NHS 111 (speak to clinician) target of 40% by October has been met for last 2 months. Care Connection team (CCT) teams are also in place across the borough.

Hillingdon has developed a Winter Readiness Plan which has been ratified by A&E Delivery Board. The plan is currently RAG rated as Amber, and is being further strengthened including more detailed workforce plans to support system wide escalation plans.

### **3.3 Urgent Treatment Centre Procurement**

The redesign of Urgent and Emergency (UEC) care services in Hillingdon is a key priority for 2017/18 and beyond. The CCG is commissioning a service that ensures we meet the new NHSE 'Urgent Treatment Centre' specification, creating 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.

To achieve the necessary scale of service redesign, and to ensure compliance with procurement regulation, the CCG is currently in the process of completing a competitive tender for this service. Following the invitation to tender in September, a rigorous evaluation process has now been completed, and the recommendation from the Procurement Evaluation Panel has been approved by HCCG Governing Body as the basis for notifying the successful bidder.

### **3.4 Accountable Care Partnership update**

The Hillingdon ACP (Hillingdon Heath Care Partners) comprises a single GP confederation, voluntary sector federation, community and acute providers. The service for people age over 65 is live and delivering an integrated model across primary, community and acute care built around care connection teams. We are currently testing how the care model is making a difference to local patients, and developing the capitated payment model in a way that supports a financially sustainable local system.

Care Connection Teams (CCT) are making encouraging progress in taking a proactive approach to identifying the needs of Hillingdon's older residents, using risk scores to identify people at risk of needing acute care or whose needs could escalate resulting in a loss of independence. CCTs are putting in preventative care planning and support which will help to reduce or delay demand on the local health and care system. An additional consultant geriatrician post is also strengthening support for the community teams to facilitate assessment, discharge and provision of specialist support and treatment where needed in order to help prevent readmission. The CCT service model went live in April 2017 and as of September, there has been an impact on the number of hospital admissions during a period that has seen a considerable rise in the number of A&E attendances. Care connection teams are reporting that admissions have been avoided through anticipatory care, and HHCP and HCCG are currently working together to understand the data in the context of a rising trend of non-elective admissions.

The H4All Wellbeing Service is showing positive results in enhancing the support given to Hillingdon's older residents, including further improving access to information, addressing social isolation and keeping people active in order to reduce (or delay) utilisation of health and care resources (including adult social care). Health and Wellbeing Gateway has supported 1,218 people with access to information and advice, support from voluntary groups, health coaching and befriending. 718 patients have had PAM assessments conducted since service commencement of which 186 have improved scores indicating improved motivation and self management.

In November, HHCP and HCCG completed a mid-year assurance checkpoint to ensure ACP development remained on track for 17/18, and to inform development of plans for 18/19. This included a joint HHCP and HCCG board to board meeting, which the Council's Corporate Director of Adults, Children and Young People's Services was invited to attend. The outputs of this session have identified key areas to progress by January 2018.

### **3.5 Financial Position 17/18**

Overall at Month 07, the CCG is reporting it is on target against its YTD in-year surplus of £0.3m and forecasting achievement of its £0.5m planned in-year surplus by year end.

There is a significant overspend forecast on the CCG's Continuing Care budget of £2.5m (over 10% of budget) so the achievement of the FOT is dependent upon both full deployment of the CCG's contingency reserve and other non-recurrent items such as £1.7m of balance sheet gains from 16/17 and other budget underspends.

The achievement of the FOT requires £6.9m of measures, of which £3.7m relates to increased QIPP achievement in last 5 months.

QIPP performance at M07 is reported as £1.6m behind plan YTD with a £2.6m shortfall FOT (£1.9m at M06). The QIPP Plan is significantly back-ended with 67% still to be achieved in the last 5 months of the financial year.

With regards to the CCG's actual expenditure rate, achievement of the FOT position requires the CCG to reduce its current expenditure run-rate by £3.3m compared to a straight-line extrapolation. The £3.3m improvement is also net of £1m of Primary Care investment to be spent by year end.

The CCG's 2017/18 exit underlying position at M07 is a surplus of £0.4m (£1.2m surplus at M06), which reflects a deterioration of £5.2m compared to plan. The in-year position is balanced by non-recurrent benefits of £3.5m and balance sheet gains of £1.7m.

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

Table 1

EXECUTIVE SUMMARY	Year to Date 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)
<b>Commissioning of Healthcare</b>							
Acute Contracts	217,263	127,898	128,044	(146)	217,115	148	(2,389)
Acute/QIPP Risk Reserve	(3,865)	0	0	0	(1,322)	(2,543)	0
Other Acute Commissioning	12,499	7,319	7,447	(128)	12,649	(151)	(160)
Mental Health Commissioning	25,507	14,713	14,953	(240)	25,643	(136)	142
Continuing Care	20,305	11,572	13,741	(2,169)	22,838	(2,532)	(134)
Community	35,501	20,519	20,458	60	35,420	81	22
Prescribing	35,955	21,021	21,387	(366)	35,948	8	(167)
Primary Care	41,777	23,259	22,692	567	40,289	1,488	0
<b>Sub-total</b>	<b>384,943</b>	<b>226,300</b>	<b>228,722</b>	<b>(2,422)</b>	<b>388,580</b>	<b>(3,637)</b>	<b>(2,687)</b>
<b>Corporate &amp; Estates</b>	4,408	2,544	2,522	21	4,475	(67)	0
<b>TOTAL</b>	<b>389,351</b>	<b>228,844</b>	<b>231,245</b>	<b>(2,401)</b>	<b>393,055</b>	<b>(3,704)</b>	<b>(2,687)</b>
<b>Reserves &amp; Contingency</b>							
Contingency	1,686	1,224	0	1,224	0	1,686	0
Uncommitted Reserves	1,764	0	0	0	1,764	0	0
2016/17 Balance Sheet Gains	0	0	(1,005)	1,005	(1,694)	1,694	0
<b>RESERVES Total:</b>	<b>3,450</b>	<b>1,224</b>	<b>(1,005)</b>	<b>2,229</b>	<b>70</b>	<b>3,380</b>	<b>0</b>
<b>Total 2017/18 Programme Budgets</b>	<b>392,801</b>	<b>230,068</b>	<b>230,240</b>	<b>(172)</b>	<b>393,125</b>	<b>(324)</b>	<b>(2,687)</b>
<b>Total Programme</b>	<b>392,801</b>	<b>230,068</b>	<b>230,240</b>	<b>(172)</b>	<b>393,125</b>	<b>(324)</b>	<b>(2,687)</b>
<b>RUNNING COSTS</b>							
<b>Running Costs</b>	<b>5,784</b>	<b>3,345</b>	<b>3,173</b>	<b>172</b>	<b>5,460</b>	<b>324</b>	<b>106</b>
<b>CCG Total Expenditure</b>	<b>398,585</b>	<b>233,413</b>	<b>233,413</b>	<b>0</b>	<b>398,585</b>	<b>0</b>	<b>(2,581)</b>
<b>In-Year Surplus/(Deficit)</b>	<b>488</b>	<b>285</b>	<b>0</b>	<b>285</b>	<b>0</b>	<b>488</b>	<b>0</b>
<b>MEMORANDUM NOTE</b>							
<b>Historic Surplus/(Deficit)</b>	<b>7,764</b>	<b>4,529</b>	<b>0</b>	<b>4,529</b>	<b>0</b>	<b>7,764</b>	<b>0</b>
<b>TOTAL</b>	<b>406,837</b>	<b>238,227</b>	<b>233,413</b>	<b>4,814</b>	<b>398,585</b>	<b>8,252</b>	<b>(2,581)</b>

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

**Table 2**

### **Acute Contracts**

	Final Budgets (£000)	Year to Date Month 07		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
<b>In Sector SLAs</b>				
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,527	1,372	155
Imperial College Healthcare NHS Trust	12,505	7,350	7,693	(343)
London North West Hospitals NHS Trust	18,048	10,577	10,239	338
Royal Brompton And Harefield NHS Foundation Trust	7,901	4,614	4,103	512
The Hillingdon Hospitals NHS Foundation Trust	140,767	83,095	84,204	(1,109)
<b>Sub-total - In Sector SLAs</b>	<b>181,815</b>	<b>107,164</b>	<b>107,611</b>	<b>(448)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>33,678</b>	<b>19,698</b>	<b>19,454</b>	<b>244</b>
<b>Sub-total - Non NHS SLAs</b>	<b>1,769</b>	<b>1,036</b>	<b>978</b>	<b>58</b>
<b>Total - Acute SLAs</b>	<b>217,263</b>	<b>127,898</b>	<b>128,044</b>	<b>(146)</b>

### Continuing Care

	Final Budgets (£000)	Year to Date Month 07		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,913	1,699	1,662	37
Mental Health EMI (Over 65) - Domiciliary	199	116	189	(73)
Physical Disabilities (Under 65) - Residential	1,895	1,105	1,728	(623)
Physical Disabilities (Under 65) - Domiciliary	2,370	1,383	1,221	161
Elderly Frail (Over 65) - Residential	1,968	1,148	1,543	(395)
Elderly Frail (Over 65) - Domiciliary	251	146	158	(11)
Palliative Care - Residential	509	297	271	26
Palliative Care - Domiciliary	596	347	349	(2)
<b>Sub-total - CHC Adult Fully Funded</b>	<b>10,701</b>	<b>6,242</b>	<b>7,122</b>	<b>(879)</b>
<b>Sub-total - Funded Nursing Care</b>	<b>3,025</b>	<b>1,765</b>	<b>1,865</b>	<b>(100)</b>
<b>Sub-total - CHC Children</b>	<b>1,445</b>	<b>843</b>	<b>1,522</b>	<b>(680)</b>
<b>Sub-total - CHC Other</b>	<b>1,325</b>	<b>773</b>	<b>814</b>	<b>(41)</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,809</b>	<b>1,949</b>	<b>2,418</b>	<b>(469)</b>
<b>Total - Continuing Care</b>	<b>20,305</b>	<b>11,572</b>	<b>13,741</b>	<b>(2,169)</b>

## FOT Position- Acute Contracts and Continuing Care

Table 3

### Acute Contracts

	Final Budgets (£000)	Year to Date Month 07		Forecast Outturn Position		
		YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
<b>In Sector SLAs</b>						
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,372	155	2,391	204	(14)
Imperial College Healthcare NHS Trust	12,505	7,693	(343)	13,225	(720)	(72)
London North West Hospitals NHS Trust	18,048	10,239	338	17,494	553	(178)
Royal Brompton And Harefield NHS Foundation Trust	7,901	4,103	512	7,028	873	(33)
The Hillingdon Hospitals NHS Foundation Trust	140,767	84,204	(1,109)	142,185	(1,419)	(2,064)
<b>Sub-total - In Sector SLAs</b>	<b>181,815</b>	<b>107,611</b>	<b>(448)</b>	<b>182,323</b>	<b>(508)</b>	<b>(2,360)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>33,678</b>	<b>19,454</b>	<b>244</b>	<b>33,121</b>	<b>557</b>	<b>(29)</b>
<b>Sub-total - Non NHS SLAs</b>	<b>1,769</b>	<b>978</b>	<b>58</b>	<b>1,670</b>	<b>99</b>	<b>0</b>
<b>Total - Acute SLAs</b>	<b>217,263</b>	<b>128,044</b>	<b>(146)</b>	<b>217,115</b>	<b>148</b>	<b>(2,389)</b>

### Continuing Care

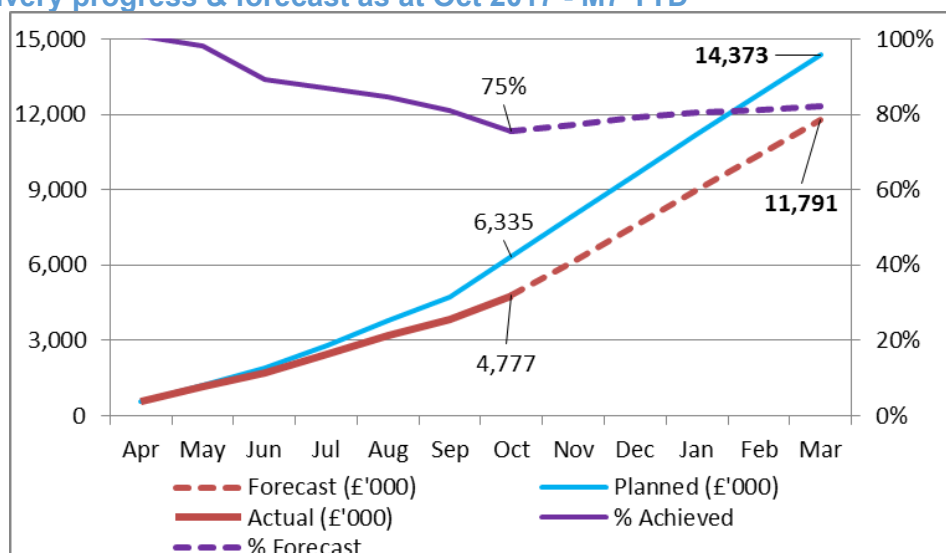
	Final Budgets (£000)	Year to Date Month 07			Forecast Outturn Position		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EMI (Over 65) - Residential	2,913	1,699	1,662	37	2,840	73	
Mental Health EMI (Over 65) - Domiciliary	199	116	189	(73)	355	(156)	
Physical Disabilities (Under 65) - Residential	1,895	1,105	1,728	(623)	2,846	(951)	
Physical Disabilities (Under 65) - Domiciliary	2,370	1,383	1,221	161	2,069	301	
Elderly Frail (Over 65) - Residential	1,968	1,148	1,543	(395)	2,611	(643)	
Elderly Frail (Over 65) - Domiciliary	251	146	158	(11)	302	(52)	
Palliative Care - Residential	509	297	271	26	496	13	
Palliative Care - Domiciliary	596	347	349	(2)	587	9	
<b>Sub-total - CHC Adult Fully Funded</b>	<b>10,701</b>	<b>6,242</b>	<b>7,122</b>	<b>(879)</b>	<b>12,106</b>	<b>(1,405)</b>	<b>0</b>
<b>Sub-total - Funded Nursing Care</b>	<b>3,025</b>	<b>1,765</b>	<b>1,865</b>	<b>(100)</b>	<b>3,011</b>	<b>14</b>	<b>0</b>
<b>Sub-total - CHC Children</b>	<b>1,445</b>	<b>843</b>	<b>1,522</b>	<b>(680)</b>	<b>1,976</b>	<b>(531)</b>	<b>0</b>
<b>Sub-total - CHC Other</b>	<b>1,325</b>	<b>773</b>	<b>814</b>	<b>(41)</b>	<b>1,458</b>	<b>(133)</b>	<b>(95)</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,809</b>	<b>1,949</b>	<b>2,418</b>	<b>(469)</b>	<b>4,287</b>	<b>(478)</b>	<b>(39)</b>
<b>Total - Continuing Care</b>	<b>20,305</b>	<b>11,572</b>	<b>13,741</b>	<b>(2,169)</b>	<b>22,838</b>	<b>(2,532)</b>	<b>(134)</b>

### 3.6 QIPP delivery

The 1718 QIPP target is £14.4m, or 4% of the CCG allocation.

The CCG is £1,809k behind target for M7 (October), achieving £4,777 of £6,335k YTD plan, or 75% delivery. QIPP delivered grew £945k from M6. We are forecasting year end delivery of £11,791k, or 82% of the QIPP target, as at M7 (October).

## 1718 QIPP delivery progress & forecast as at Oct 2017 - M7 YTD



### Summary 1718 M7 Actuals Delivery v Plan

Workstream	1718 Target £'000	M6 YTD Act £'000	M7 Actual £'000	M7 Plan £'000	M7 YTD Var £'000
Unplanned Care	(1,978)	(575)	(718)	(739)	(21)
Planned Care	(1,684)	(484)	(487)	(884)	(396)
LTCs	(2,160)	(477)	(496)	(1,021)	(525)
Older Peoples	(1,723)	(636)	(720)	(853)	(132)
Mental Health	(1,186)	(518)	(625)	(702)	(77)
Prescribing	(2,042)	(652)	(872)	(866)	6
Comm&PrimCare	(1,403)	(293)	(397)	(550)	(153)
End of Life	(412)	(75)	(75)	(244)	(169)
Complex patients	(100)	(28)	(40)	(40)	0
C&YP	(354)	(214)	(215)	(215)	(1)
Corporate Costs		-	(40)	0	40
S&T	(1,331)	-	(91)	(222)	(131)
<b>Total</b>	<b>(14,373)</b>	<b>(3,980)</b>	<b>(4,777)</b>	<b>(6,335)</b>	<b>(1,558)</b>

Note that QIPP is reported as a negative figure as it represents a cost saving to the organisation when reporting target, actual and planned QIPP figures. A negative figure in the final column showing YTD variation indicates that QIPP delivery is behind plan (and vice versa).

QIPP delivery has been impacted by:

- The CCG has historically delivered c£8m QIPP. As such, £14.4m represents an additional 80% ask on historic delivery. At present the CCG is forecast to deliver £11.8m QIPP for 1718, which would be almost 150% more QIPP delivered than in previous years.
- There are no longer any 'easy' QIPP schemes and a lack of 'new' schemes to address productivity without an associated risk to quality of delivery/access. This is a challenge being faced by the entire NHS across England.
- 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. The bulk of the 1718 QIPP program is transformational (rather than transactional), and service improvements take time to



implement, embed, and see through the improvement in the relevant patient outcome metrics.

- The CCG has faced unprecedented increases in CHC costs as well as unplanned care. Whilst overall our planned care activity has fallen, these cost pressures in CHC and unplanned care episodes work against QIPP successes.
- We are undertaking a number of service reviews in planned care to address non-delivery of QIPP and transformation.
- New investment in long term conditions, community and primary care are taking time to deliver on anticipated QIPP and have an up-front investment/back-ended return profile.

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 17/18 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.

There is a need for strong public health programme plan, and we particularly note childhood vaccination, suicide prevention, and alcohol and drug addiction support for residents for which acute activity in liver issues has significantly increased in 1718.

Commissioners are currently assessing QIPP opportunities for 1819. We are developing an 1819 STP programme plan to progress joined up working and delivery of STP goals as part of the Joint Health and Wellbeing Strategy, the next iteration of which has been undergoing public consultation.

### **3.7 NWL CCGs collaborative working**

NWL CCGs are currently reviewing collaborative working arrangements. The current areas of focus are the establishment of a joint committee, the future role of the Accountable Officer and other corporate functions such as finance, quality and performance, and the contracting function. Members are continuing to work up proposals, with the aim that these will be voted on by CCGs in January 2018. Future collaborative working arrangements will retain strong local decision making and engagement, whilst maximising our ability to take a strategic and transformational approach to commissioning across NWL CCGs.

### **3.7 Brunel Partners Academic Centre for Health Sciences**

The official launch of the Brunel Partners Academic Centre for Health Sciences took place on the 17<sup>th</sup> November, which is a pioneering new partnership between Brunel University, The Hillingdon Hospitals NHS Foundation Trust and Central and North West London NHS Foundation Trust (CNWL). The centre will enable research and development of new methods of

health care delivery while training future generations of health and social care professionals to adapt to the changing way health and social care is delivered. The key areas of focus which will drive the future activity of the centre are:

- Research and innovation- where researchers from a range of disciplines can come together to address key problems in health and social care
- Educating the workforce – offering integrated training that meets our local organisational need
- Quality improvement to support clinically safe care while helping the NHS achieve its ambition to continually improve.
- Outcomes based Care – sharing knowledge and best practice through collaborative events.

This development is built on a shared ambition to create a better future for the NHS which combines the power of education and research, evidence based treatments and therapies and digital technology to accelerate innovation and transform health and social care for the next generation of patients and professionals.

#### **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 2017/18
- London Primary Care Strategic Commissioning Framework