HILLINGDON CCG UPDATE

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

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Business Planning 2018/19 • Financial position 2017/18 • QIPP performance 2017/18 • ACP update • MSK re-design • 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 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.

Business planning 2018/19

Operating plan guidance issued in February included a range of measures to support CCGs with an additional £1.4 billion during 2018/19 including:

- The requirement for CCGs to underspend 0.5% of their allocations has been lifted for 2018/19, releasing £370 million of CCGs' resources to fund local pressures and transformation priorities (Hillingdon benefit £2m)
- £600 million will be added to CCG allocations for 2018/19 distributed in proportion to updated target allocations (Hillingdon benefit £3m);
- a new £400 million Commissioner Sustainability Fund (CSF) will be created, to enable CCGs to return to in-year financial balance, whilst supporting and incentivising CCGs to deliver against their financial control totals.

Following publication of the guidance the current assessment of the QIPP target for Hillingdon CCG is around £15m. The CCG has identified £13.5m and is working with other CCGs to identify opportunities that will support delivery of the additional £1.5m.

Sector-wide discussions are also in train to ensure that variations to the 2 year contracts signed with providers in December 2016 are agreed by 23rd March. Hillingdon CCG is working closely with Hillingdon Hospital to reconcile financial and activity plans and ensure that the contract structure and growth assumptions align with our transformation programmes.

As reported in previous updates the CCG is working with Hillingdon Health and Care Partners (Hillingdon Hospital FT, CNWL FT, Hillingdon Primary Care Confederation and Hillingdon For All) to agree a capitated budget for the over 65 population to support the delivery of integrated care for the older population. This will form part of the finance and activity discussions with our providers and once agreed will be monitored via the outcomes framework which measures population level outcomes rather than activity.

3.1 Financial position 17/18

Overall at Month 09, the CCG is reporting it is on target against its YTD in-year surplus of £0.4m 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 £3.2m (over 15% 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 £1.9m of balance sheet gains from 16/17 and other budget underspends.

QIPP performance at M09 is reported as £2.4m behind plan YTD (£2m at M08) with a £3.4m FOT shortfall (£3.5m at M08). QIPP schemes are significantly back-ended with £3.7m (34%) still to be delivered in the last 3 months of the financial year in order to achieve the FOT.

With regards to the CCG's actual expenditure rate, achievement of the FOT requires the CCG to reduce its current expenditure run-rate by £1.8m compared to a straight-line extrapolation.

The CCG's 2017/18 exit underlying position at M09 is a surplus of £0.1m (£0.2m surplus at M08), which reflects a deterioration of £5.6m compared to plan. The in-year position is balanced by non-recurrent benefits of £3.4m and balance sheet gains of £1.9m.

Overall Position- Executive Summary Month 9 YTD and FOT

Table 1

EXECUTIVE SUMMARY		Year to Date Month 9			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	163,468	163,948	(480)	217,066	197	(2,617)
Acute/QIPP Risk Reserve	(3,865)	0	0	0	(800)	(3,065)	(526)
Other Acute Commissioning	12,793	9,242	9,408	(166)	12,992	(200)	(20)
Mental Health Commissioning	25,507	18,922	19,177	(255)	25,722	(215)	28
Continuing Care	20,305	14,878	17,929	(3,051)	23,506	(3,200)	(188)
Community	35,501	26,517	26,436	81	35,349	152	(125)
Prescribing	35,955	27,090	27,154	(64)	35,711	245	(74)
Primary Care	41,661	30,544	29,459	1,085	39,881	1,780	0
Sub-total	**385,121**	**290,660**	**293,510**	**(2,851)**	**389,427**	**(4,306)**	**(3,522)**
Corporate & Estates	4,407	3,202	3,181	21	4,361	46	0
TOTAL	**389,528**	**293,861**	**296,691**	**(2,830)**	**393,787**	**(4,260)**	**(3,522)**
Reserves & Contingency							
Contingency	2,086	1,397	0	1,397	0	2,086	0
Uncommitted Reserves	1,764	0	0	0	1,764	0	0
2016/17 Balance Sheet Gains	(1,000)	(1,000)	(2,277)	1,277	(2,898)	1,898	0
RESERVES Total:	**2,849**	**397**	**(2,277)**	**2,674**	**(1,135)**	**3,984**	**0**
Total 2017/18 Programme Budgets	**392,377**	**294,259**	**294,414**	**(155)**	**392,653**	**(276)**	**(3,522)**
Total Programme	**392,377**	**294,259**	**294,414**	**(155)**	**392,653**	**(276)**	**(3,522)**
RUNNING COSTS							
Running Costs	**5,784**	**4,301**	**4,145**	**155**	**5,508**	**276**	**103**
CCG Total Expenditure	**398,161**	**298,560**	**298,560**	**0**	**398,161**	**0**	**(3,419)**
In-Year Surplus/(Deficit)	**488**	**366**	**0**	**366**	**0**	**488**	**0**
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	**7,764**	**5,823**	**0**	**5,823**	**0**	**7,764**	**0**

Year To Date Position- Acute Contracts and Continuing Care

Table 2

Acute Contracts

		Year to Date Month 9		
	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	1,952	1,815	137
Imperial College Healthcare NHS Trust	12,505	9,402	10,047	(645)
London North West Hospitals NHS Trust	18,048	13,519	13,311	208
Royal Brompton And Harefield NHS Foundation Trust	7,901	5,932	5,148	784
The Hillingdon Hospitals NHS Foundation Trust	140,767	106,068	107,213	(1,145)
Sub-total - In Sector SLAs	**181,815**	**136,873**	**137,533**	**(660)**
Sub-total - Out of Sector SLAs	**33,678**	**25,269**	**25,141**	**129**
Sub-total - Non NHS SLAs	**1,769**	**1,325**	**1,274**	**51**
Total - Acute SLAs	**217,263**	**163,468**	**163,948**	**(480)**

Continuing Care

		Year to Date Month 9		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,913	2,185	2,036	148
Mental Health EMI (Over 65) - Domiciliary	199	149	250	(101)
Physical Disabilities (Under 65) - Residential	1,895	1,421	2,288	(866)
Physical Disabilities (Under 65) - Domiciliary	2,370	1,778	1,623	154
Elderly Frail (Over 65) - Residential	1,968	1,476	2,007	(531)
Elderly Frail (Over 65) - Domiciliary	251	188	217	(29)
Palliative Care - Residential	509	382	428	(46)
Palliative Care - Domiciliary	596	447	448	(2)
Sub-total - CHC Adult Fully Funded	**10,701**	**8,026**	**9,299**	**(1,273)**
Sub-total - Funded Nursing Care	**3,025**	**2,269**	**2,176**	**93**
Sub-total - CHC Children	**1,445**	**1,084**	**1,835**	**(751)**
Sub-total - CHC Other	**1,325**	**994**	**1,022**	**(28)**
Sub-total - CHC Learning Disabilities	**3,809**	**2,506**	**3,598**	**(1,092)**
Total - Continuing Care	**20,305**	**14,878**	**17,929**	**(3,051)**

FOT Position- Acute Contracts and Continuing Care

Table 3

Acute Contracts

		Year to Date Month 9			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)
In Sector SLAs							
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,952	1,815	137	2,423	172	(16)
Imperial College Healthcare NHS Trust	12,505	9,402	10,047	(645)	13,383	(878)	(87)
London North West Hospitals NHS Trust	18,048	13,519	13,311	208	17,813	235	(194)
Royal Brompton And Harefield NHS Foundation Trust	7,901	5,932	5,148	784	6,914	987	(40)
The Hillingdon Hospitals NHS Foundation Trust	140,767	106,068	107,213	(1,145)	141,665	(899)	(2,251)
Sub-total - In Sector SLAs	**181,815**	**136,873**	**137,533**	**(660)**	**182,198**	**(383)**	**(2,588)**
Sub-total - Out of Sector SLAs	**33,678**	**25,269**	**25,141**	**129**	**33,167**	**511**	**(29)**
Sub-total - Non NHS SLAs	**1,769**	**1,325**	**1,274**	**51**	**1,701**	**68**	**0**
Total - Acute SLAs	**217,263**	**163,468**	**163,948**	**(480)**	**217,066**	**197**	**(2,617)**

Continuing Care

		Year to Date Month 9			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)
Mental Health EMI (Over 65) - Residential	2,913	2,185	2,036	148	2,684	229	
Mental Health EMI (Over 65) - Domiciliary	199	149	250	(101)	334	(134)	
Physical Disabilities (Under 65) - Residential	1,895	1,421	2,288	(866)	2,942	(1,047)	
Physical Disabilities (Under 65) - Domiciliary	2,370	1,778	1,623	154	2,141	229	
Elderly Frail (Over 65) - Residential	1,968	1,476	2,007	(531)	2,611	(643)	
Elderly Frail (Over 65) - Domiciliary	251	188	217	(29)	287	(36)	
Palliative Care - Residential	509	382	428	(46)	625	(115)	
Palliative Care - Domiciliary	596	447	448	(2)	660	(64)	
Sub-total - CHC Adult Fully Funded	**10,701**	**8,026**	**9,299**	**(1,273)**	**12,283**	**(1,582)**	**0**
Sub-total - Funded Nursing Care	**3,025**	**2,269**	**2,176**	**93**	**2,879**	**146**	**0**
Sub-total - CHC Children	**1,445**	**1,084**	**1,835**	**(751)**	**2,145**	**(700)**	**0**
Sub-total - CHC Other	**1,325**	**994**	**1,022**	**(28)**	**1,416**	**(91)**	**(149)**
Sub-total - CHC Learning Disabilities	**3,809**	**2,506**	**3,598**	**(1,092)**	**4,782**	**(973)**	**(39)**
Total - Continuing Care	**20,305**	**14,878**	**17,929**	**(3,051)**	**23,506**	**(3,200)**	**(188)**

3.3 QIPP performance 17/18

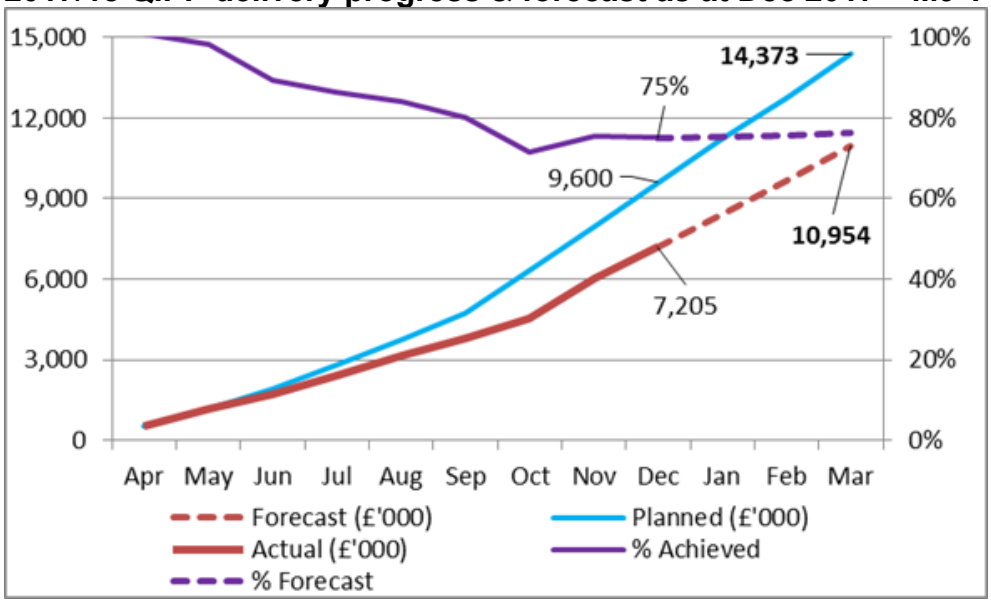
The 2017/18 QIPP target is £14.4m, or 4% of the CCG allocation.

The CCG is £2,395k behind target for M9 (Nov), achieving £7,205k of £9,600k YTD plan, or 75% delivery. QIPP delivered grew £1,1193k from M7.

Year-end delivery is forecast at £10,954k, or 76% of the QIPP target, as at M9 (Dec). This has improved slightly from £10,916 (75%) FYE forecast at M8 (Nov). An average delivery of £1,250k per month is forecast to achieve this.

Performance is impacted by delays to mobilisation of a number of STP projects, below-trajectory performance in long term conditions and primary care initiatives against challenging targets to support delivery of the required QIPP target. Where delivery against planned care QIPP has been challenged the CCG is claiming credits against a number of services that have not delivered their contracted impact in 17/18.

2017/18 QIPP delivery progress & forecast as at Dec 2017 – M9 YTD



3.4 ACP Update

Hillingdon is currently in year one of the two year testing period (2017-19) of the development and implementation of an integrated care system for people age 65 and over. Work has accelerated on the capitated payment model and risk /gain share approach, with the CCG and Hillingdon Health and Care Partners (HHCP) working jointly to develop arrangements for scaling up in 2018/19. This includes HHCP and CCG testing how to share collective responsibility for risk and gain which is proportionally shared between partners based on the ability of each party to impact on costs and savings. This will enable greater focus on managing risk as an integrated care system rather than transferring risk between parties. When developed and tested, these features will enable care to be organised and delivered regardless of provider/organisation, with ability to flex resources to secure the best outcomes, based on agreed population outcomes.

Work is also progressing on the development of both the care model with Care Connection Teams fully recruited to, and the population outcomes framework.

The mid-year review of progress for 2017/18 has been completed. As well as highlighting significant progress, the mid-year review has identified learning and areas where pace and scale can be accelerated to embed improvements for residents. This will include greater alignment of clinical transformation programs across HHCP and CCG commissioners where these can address system challenges. Hillingdon will continuing to develop and test capitated payment, risk share and outcomes in 2018/19, the learning from which will inform the

development of longer term arrangements for an integrated care system (accountable care) in Hillingdon by 2021 as part of our Sustainability and Transformation Plan.

3.5 Musculo-skeletal (MSK) pathway redesign

Hillingdon CCG is re-designing the MSK services' pathway. The proposed MSK service will be delivered as a single service, this will address the current challenges of fragmentation and duplication of referrals which impacts patient experience and leads to inefficiencies in the health system. The CCG plans to commission a seamless, pathway-based model, which would deliver the full spectrum of services from acute orthopaedic to community-based services as part of a single specified contract. The implications of the changes for patients are captured below:

Changes to access to MSK services:

- Single Point of Access: Patients will be referred to a single triage point to ensure that they access the most clinically treatment in a timely manner. The CCG is also looking at ways to speed up access to physiotherapy and avoid unnecessary GP appointments.
- The current proposals seek to increase the opening times available as these are currently limited.
- There will be no withdrawal of in-patient, out-patient, day patient or diagnostic facilities
- The current service is delivered from hospital and community sites. It is possible that the locations of service delivery may change depending on which provider is awarded the contract following the procurement process. .
- It is not anticipated that the changes will unduly affect access to MSK services for people with protected characteristics. An Equality Impact Assessment is currently being undertaken and will be presented to the March Patient and Public Involvement/ Engagement Committee

Changes to the methods of service delivery:

- We are exploring a model of self-referral which will involve initial telephone triage, followed by a booking into face to face physiotherapy if patients require it.
- There will be provision in the new specification for the potential development of new technology methods of service delivery (e.g. Skype consultations, apps, web-based information/support)

It is envisaged that the proposed changes to the MSK pathway will not affect the type of services and/ or the range of services available to local people. However, the manner in which patient access the service is likely to change and therefore, the CCG will shortly be commencing engagement during February and March to ensure that individual service users and patient groups potentially affected by these changes are engaged in order to inform the service specification and contribute to the on-going development of the local MSK service. Prioritised groups for engagement include:

- Patients using current MSK services (and who have done so within the last 12months) and Current Service Providers
- Local groups supporting residents who are likely to have particular conditions relevant to MSK services e.g. Pensioners, over 50 clubs, residents with arthritis, joint pain and/ or similar conditions
- Carers/families
- Local residents/ Members of General Public
- GPs

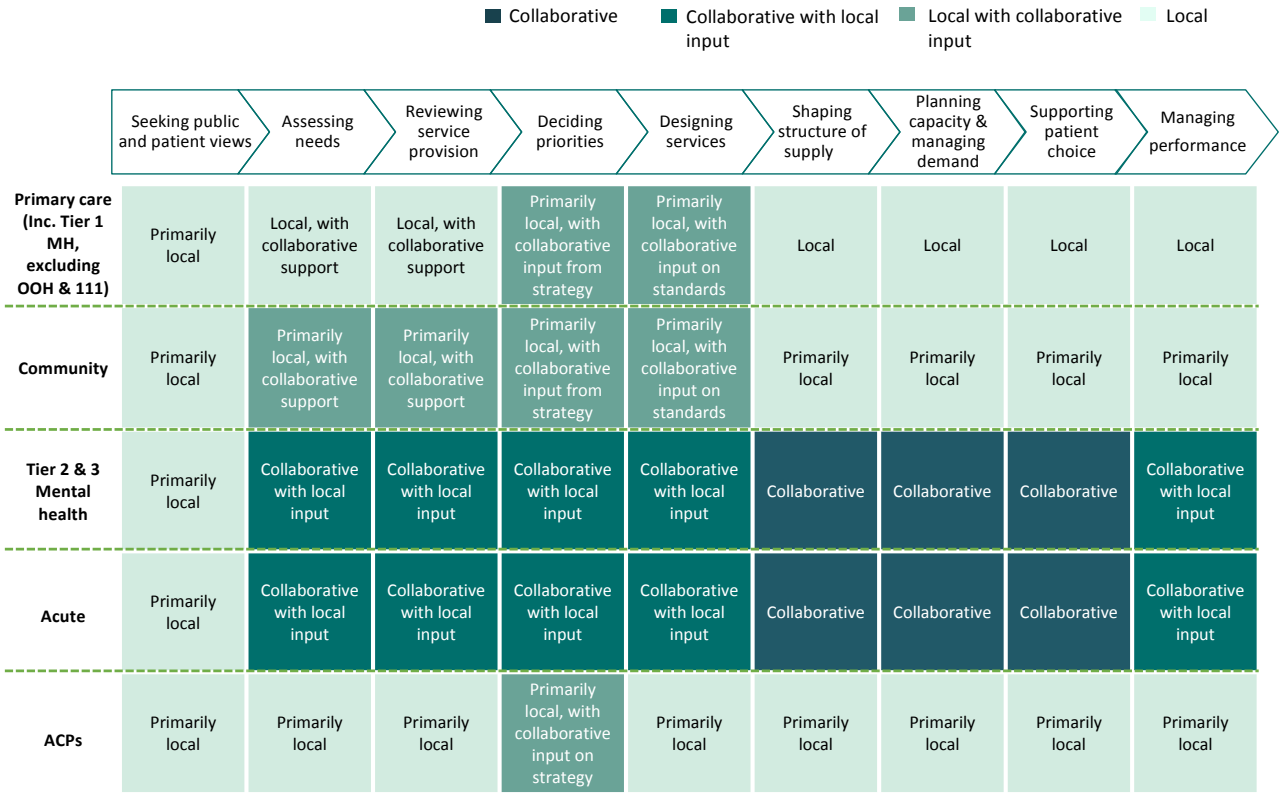
Following the engagement process a report will be compiled incorporating all responses with the findings fed into the service specification.

3.6 Collaborative working

Hillingdon CCG has been working with the other 7 NWL CCGs to further develop and strengthen collaborative commissioning across our eight CCGs. In September we agreed in principle to establish a Joint Committee and to appoint a shared Accountable Officer (A.O.) and a shared Chief Financial Officer (C.F.O.), as well as to carry out further detailed design work in relation to:

- The operating model for a Joint Committee
- The current operating models of the Governing bodies and associated committees
- A refreshed financial strategy for NW London
- Developing the organisational design of CCGs in support of more collaborative working

In January CCGs agreed the remit of collaborative working (set out below) and approved the establishment of a Joint Committee that will oversee those areas in shadow form (without formal decision making powers). It is anticipated that the Joint Committee will go live with joint decision-making following CCG member votes no earlier than 1 April 2018.



The single C.F.O. for NWL has been confirmed as Neil Ferelly (previously C.F.O. for Brent, Harrow and Hillingdon CCGs). The recruitment process for the single A.O. is underway.

3.7 Changes to CCG Governing Body

We are pleased to confirm that Dr Simria Tanvir (North Hyde Surgery) has been appointed to the Governing Body for Uxbridge and West Drayton following Dr Sujata Chadha stepping down in November.

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