

HILLINGDON CCG UPDATE TO ESSC**Finance and planning**

The CCG is forecasting (at M10) that it will be on target to achieve its financial control total for 17/18.

Work on planning for 18/19 is well underway and the CCG has identified the full range of savings required to deliver against our QIPP target (£15m). Many of these savings relate to the full impact of work commenced in previous years however in addition we are working with provider partners to identify areas where transformation of pathways and processes will have a system-wide benefit. This approach builds on the integrated work underway for the over 65 population described below.

Accountable Care Partnership

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 18/19. 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 17/18 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 continue to develop and test capitated payment, risk share and outcomes in 18/19, 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.

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.

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:

PART I – MEMBERS, PUBLIC AND PRESS

- 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 1st 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.