

# 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; Jonathan Tymms; Sarah Walker; Joe Nguyen
<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>• Operating Plan 2018/19</li><li>• Finance update</li><li>• QIPP delivery</li><li>• ACP update</li><li>• Primary care update</li><li>• Collaborative working</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>• Joint Health and Wellbeing Strategy</li><li>• Better Care Fund</li></ul>
<b>Financial Cost</b>	Not applicable to this paper
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Select Committee
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**The Health and Wellbeing Board note the update 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 Operating Plan (18/19)**

Following the planning round, the CCG have submitted plans to deliver our control total of £179k surplus in 2018/19. The plan includes a drawdown on historical reserves of £1,173k. This contributes towards a North West London (NWL) control total of £9.4m surplus. Delivery of our control total will require management of activity to plan across our contracts as well as QIPP savings of around £4.4m which are outside of agreed contract values and largely relate to non-elective activity. Further detail regarding our financial plans and our key QIPP programmes is set out below.

### **3.2 Finance update**

#### **2017/18 Outturn Position**

The final audited outturn position for the CCG in 2017/18 at month 12 is an overall in year surplus of £1.072m, which is line with the CCG's control total of £1.062m for the year.

For 2017/18, the CCG reported QIPP savings of £10.5m compared to the plan of £14.4m (73% of plan). Despite the shortfall on plan, the savings delivered were significantly higher than in previous years (£7-£8m).

The CCG financial position reflects adverse variances in Acute budgets of £6.4m (3%) and Continuing Care of £3.4m (17%), a combined overspend of £9.8m.

To achieve its plan and offset overspend in Acute and Continuing Care budgets, the CCG was reliant on underspends on other budgets as well as the full deployment of its contingency reserve and other technical non-recurrent measures.

#### **2018/19 Plan**

The CCG's planned Resource limit in 2018/19 is £409.4m (a net increase of £10.9m). In 2018/19 across NWL, each CCG is required to achieve a minimum of a 3% QIPP. Consequently, the CCG's QIPP requirement is £12.4m.

In total, to achieve its 2018/19 plan, the CCG's Acute costs will need to reduce by £1.6m net (£3.5m after adjusting for 2018/19 tariff). The CCG is also re-paying a previous £5m loan to Brent CCG in 2018/19.

A 5.5% growth uplift (Pre- QIPP) has been applied to Continuing Care budgets, the plan also includes an increase in Mental Health-related spend of 4.4% which reflects the requirement to achieve the Mental Health Investment Standard in line with the CCG's increased allocation in 2018/19.

Primary Care Budgets have been uplifted by £2m to take account of the increased PC delegated allocation received by the CCG in 2018/19 plus the c/f of the £600k 2017/18 headroom underspend.

## 2018/19 Budget Summary

Budget Areas	Budgets 2018/19
	<b>£000</b>
Acute	229,735
Mental Health	26,355
Continuing Care	24,583
Community	36,396
Prescribing	35,671
Primary Care	44,378
Corporate & Estates	4,592
<b>Sub-TOTAL Programme Budgets</b>	<b>401,712</b>
Contingency	1,875
Running Costs	5,573
<b>CCG Total Expenditure</b>	<b>409,161</b>
<b>ALLOCATION</b>	<b>409,340</b>
<b>Surplus / (deficit)</b>	<b>179</b>

### 3.3 QIPP delivery 2017/18 and 2018/19 planning

Hillingdon CCG delivered a net QIPP saving of £10.5m against a target of £14.4m in 2017/18. While the achievement was below target, it is the greatest level of QIPP Hillingdon CCG has delivered to date above an average delivery of £8m per annum over the past few years.

For 2018/19, Hillingdon CCG has a QIPP target of £12.4m, reflecting the continuing challenging financial environment for the NHS. A summary of QIPP by transformation area is included in the table below.

2018/19 QIPP	Total Net QIPP
<b>Unplanned Care</b>	£2,586,881
<b>Planned Care</b>	£2,716,636
<b>Long Term Conditions</b>	£991,250
<b>Older People</b>	£1,703,509
<b>Mental Health</b>	£390,000
<b>Prescribing</b>	£1,730,000
<b>Community / Primary Care</b>	£333,375
<b>Corporate Efficiencies</b>	£237,500
<b>Integrated Service for End of Life</b>	£500,000
<b>Children &amp; Young People</b>	£188,750
<b>NWL wide schemes</b>	£1,029,194
<b>TOTAL</b>	<b>£12,407,095</b>

There are strong links between QIPP plans and the Joint Health and Wellbeing Strategy objectives. QIPP plans in Hillingdon are largely transformational and developed to support delivery of population health objectives as well as deliver system financial sustainability. With QIPP schemes built into whole-system transformational work programmes, shared system oversight of delivery is assured through the Hillingdon Transformation Group (programme management) and the Hillingdon Transformation Board (executive).

Highlights of some of the major 2018/19 initiatives are listed below:

- Unplanned care transformation continues to be a significant opportunity for Hillingdon to manage urgent unplanned care needs. In 2017/18, there was a significant increase in low-need emergency attendances, including ambulatory care sensitive conditions (ACSCs). These are patients that did not need emergency care to prevent death or life-changing injury. National guidance indicates these types of patients could be better managed through ambulatory care, or otherwise supported into an urgent primary or community care appointment, as appropriate. We are working closely with Hillingdon Hospital to embed ambulatory care as well as exploring opportunities to improve front-door assessment and triage to the RightCare.
- Early cancer diagnosis remains an area of challenge in Hillingdon. In 2017/18, a number of programmes began to enable early diagnosis. In 2018/19, we will continue to work with health partners to improve direct access to cancer testing for GPs.
- We are working with Primary Care and GPs to deliver transformation in how our GPs and support staff have the right skills and workforce capacity to hand to quickly support their patients closer to home. We are also working to deliver Primary Care at scale through initiatives such as our Hubs.
- We are working this year to refresh our understanding of our local needs toward an holistic programme of care supporting patients' physical and Mental Health. We will be ensuring that people with severe and enduring mental illness (SMI) are getting a comprehensive physical health check in primary care in order to address the health inequality that exists between people with an SMI and the general population. In 2018/19, we have to achieve 50% of the prevalence having a physical check done and recorded in primary care.
- Long term conditions and multi-morbidities are a significant issue for patients. In 2017/18, our heart failure and atrial fibrillation programme to identify and treat patients help to save lives and support stroke prevention. We continue to implement programmes to address different symptoms and presentations to help keep Hillingdon healthy for respiratory, circulatory and endocrine conditions.
- We continue to work to improve Older People's care with proactive and timely support through our neighbourhood Care Connection Teams and delivery of our End of Life Single Point of Access care pathway.
- Planned care pressures continued to rise in 2017/18. In 2018/19, we are undertaking a review of our out of hospital services provision for Clinical Assessment and Treatment Services (CATS) to assure these services are sustainable.
- Work regarding the management of the CHC budgets is largely focussed on improving the usage of the Any Qualified Provider framework and ensuring that assessments and reviews are undertaken in a timely and consistent manner.

### **3.4 ACP update**

Hillingdon is embarking on year two of our testing period (2017–19) of the development and implementation of an integrated care system. Based on our review from Year 1, we are moving

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the focus from older people (65+) to all adults' care this year to enable us to create a larger impact and scope.

We are further aligning our clinical transformation programs across HHCP and the CCG in order to address system challenges. The partnership is using the joint governance and joint delivery approaches developed last year to further galvanise whole system transformation around the agreed priorities of self-care, urgent care, falls and frailty, end of life, care home, enhanced case management (physical and mental health), integrated MSK and prescribing.

There is a cumulative underlying deficit within the Health and Care system in Hillingdon for both this year and projected for the next 3 years. We are working towards developing a 'system control total' financial view and a 3-5 year financial strategy jointly with HHCP and the CCG. This will enable greater focus on managing risk as an integrated care system rather than transferring risk between parties – and help us prioritise our transformation and joint-working to address this gap. 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.

Additional work has been focused on developing partnership and joint approaches to workforce development and business intelligence to support integrated working across all partners in Hillingdon. The aim is to deliver continued improvements in year (2018/19) and further developing integrated models over the next 3 years.

### **3.5 Primary care update**

#### **Primary care strategy**

The CCG continues to work to deliver the objectives and priorities set out in our primary care strategy – set out below:

#### **Primary Care Commissioning Strategic Objectives:**

- Prevent ill-health working with partners and engaging patients in the management of their own health and empowering patients with long term conditions.
- 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.

#### **Primary Care Commissioning Priorities:**

- 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 coordinated care, especially for people with Long Term Conditions, multi morbidities 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.

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.

Delivery of the strategy is monitored through our bi-monthly Primary Care Board.

### **Primary care at scale**

The CCG continues to work collaboratively with Hillingdon Primary Care Confederation (HPCC) which consists of 44 of the 46 practices in Hillingdon. Through commissioning and providing some elements of primary care at scale, we will be able to reduce variation in access to and quality of services, support resilient and sustainable general practice in Hillingdon and deliver enhanced, integrated services for our residents. Some of the services already provided by the Confederation include:

- Extended Access Appointments (weekend and evening appointments available across three locations within the Borough).
- Integrated paediatric clinics (consultant-led children's clinics located in practices on a rotational basis).
- Weekend visiting and care home support service (to provide proactive care planning and support to care homes, reducing the need for ambulance call outs and preventing unnecessary trips to hospital).

We are also working with the Confederation to deliver a 'Transition Academy' aimed at attracting and retaining general practice staff to Hillingdon through a range of initiatives including: consolidation of our existing recruitment projects; development of joint appointments to enable portfolio roles; establishment of 'best practice' for the working environment including terms and conditions and creation of an offer to general practice to promote joint working and deliver economies of scale.

### **Primary care services at the HESA centre**

Following the expiration of the contracts for delivery of primary care services at the HESA centre in Hayes, the CCG has undertaken a procurement for the provision of a single general practice list.

Following a process supported by the NHS Shared Business Services, and evaluation of bids by a non-conflicted panel, Sunrise Medical Centre has been confirmed as the recommended bidder. The CCG is supporting Sunrise and the incumbent practices through the mobilisation process which will culminate in the new contract going live on 1 July 2018. Letters have been sent to patients registered with the current providers and a number of patient information sessions have been arranged at the practice premises in May and June.

The new practice will be called HESA Medical Centre.

## **Heathrow Villages primary care provision**

The CCG is continuing to look for a location from which to provide primary care provision within the Harmondsworth and Sipson areas. We will continue to pursue existing and any further opportunities as they are identified.

### **3.6 Collaborative working**

The eight NW London NHS Clinical Commissioning Groups are continuing to work together to strengthen our approach to collaborative working. An element of this is moving to a single Accountable Officer across the eight CCGs.

Following a competitive recruitment process, Mark Easton has been appointed as the new NW London Accountable Officer and will be taking up his post on 1 June 2018. Most recently, Mark has been working in NW London as the Director for our Sustainability and Transformation Plan (STP) and has 30 years of NHS experience including Chief Executive for Barnet & Chase Farm hospitals, Chief Executive for Brent Primary Care Trust and STP Director for South East London.

Rob Larkman will be moving on from NW London on 15 June and we wish him all the best for his future endeavours.

## **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