

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison; Jonathan Tymms; Sarah Walker; Joe Nguyen
Papers with report	None

1. HEADLINE INFORMATION

Summary	<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">• CCG IAF Ratings 2017/18• Finance update• QIPP delivery• End of life services• Collaborative working
Contribution to plans and strategies	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none">• 5 year strategic plan• Out of hospital (local services) strategy• Financial strategy• Joint Health and Wellbeing Strategy• Better Care Fund
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select 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.

3.1 CCG Assurance Ratings 2017/18

The CCG has achieved a rating of 'Good' in the NHS England assurance process for 2017/18.

The improvement and assessment framework (IAF) rates CCGs against a range of indicators under four domains of 'Better Health', 'Better Care', 'Leadership & Finance' and 'Sustainability'. These include 6 clinical priority areas of mental health, learning disabilities, cancer, maternity and diabetes.

The CCG has not yet received the full breakdown of the assessment but was, however, rated 'Good' across the leadership and finance domains which count for 50% of the overall rating.

3.2 Finance update

Overall at Month 4, the CCG is reporting it is on target against its YTD in-year surplus of £0.1m and forecasting achievement of its £0.2m planned in-year surplus by year end. The CCG financial position remains extremely tight at M04, with significant adverse variances in Acute, Continuing Care and Mental Health. The CCG has now deployed all of its available reserves and is also reliant on further QIPP outside agreed SLAs being delivered in full (£3m).

The CCG's 2018/19 exit underlying position (ULP) at M04 is a £5.6m surplus (£6.9m plan), which represents a deterioration of £1.3m from plan. The shortfall from the planned ULP is balanced by a combination of in-year non-recurrent underspends, slippage on investment and additional allocations.

The main areas of pressure include acute overspends (£1.1m YTD) in relation to Guys, RBH and West Herts and Continuing Care (£0.4m YTD) in relation to Learning Disabilities, Elderly Frail, Physical Disabilities and Children's Complex Placements. The Continuing Care pressures are partially offset by an anticipated underspend within Funded Nursing Care.

The GP Prescribing position at Month 4 is currently breakeven YTD and FOT whilst we await the 2018/19 PPA budget profile.

Overall Position- Executive Summary Month 4 YTD and FOT

Table 1

PROGAMIVE BUDGETS		Year to Date Position			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 Q1PP Variance (£000)
Commissioning of Healthcare							
Acute Contracts	220,121	73,777	74,905	(1,128)	221,527	(1,406)	(333)
Acute/Q1PP Risk Reserve	(2,984)	0	0	0	(2,950)	(34)	(34)
Other Acute Commissioning	12,598	3,962	4,080	(119)	12,717	(119)	0
Mental Health Commissioning	26,430	8,708	8,710	(1)	26,949	(519)	(119)
Continuing Care	24,583	8,112	8,528	(417)	25,440	(857)	(376)
Community	34,315	11,118	11,031	87	33,919	396	(74)
Prescribing	35,671	11,499	11,456	44	35,586	85	0
Primary Care	46,855	14,870	14,780	90	46,723	132	0
Sub-total	397,590	132,046	133,490	(1,445)	399,912	(2,321)	(936)
Corporate & Estates	4,695	1,554	1,419	135	4,360	335	0
TOTAL	402,286	133,600	134,909	(1,309)	404,272	(1,986)	(936)
Reserves & Contingency							
Contingency	1,823	1,198	0	1,198	0	1,823	0
2017/18 Balance Sheet (Gains)/ Losses	0	0	0	0	0	0	0
RESERVES Total:	1,823	1,198	0	1,198	0	1,823	0
Total 2018/19 Programme Budgets	404,109	134,798	134,909	(111)	404,272	(163)	(936)
Total Programme	404,109	134,798	134,909	(111)	404,272	(163)	(936)
RUNNING COSTS							
Running Costs	5,599	1,874	1,763	111	5,436	163	(21)
COG Total Expenditure							
COG Total Expenditure	409,708	136,672	136,672	0	409,708	0	(957)
In-Year Surplus/(Deficit)							
In-Year Surplus/(Deficit)	179	60	0	60	0	179	0
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	7,663	2,554	0	2,554	0	7,663	0
TOTAL	417,550	139,286	136,672	2,614	409,708	7,842	(957)

Month 4 Year To Date Position- Acute Contracts and Continuing Care

Table 2
Acute Contracts

		Month 4 Year to Date Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	2,411	802	840	(37)
Imperial College Healthcare NHS Trust	13,383	4,455	4,307	148
London North West Hospitals NHS Trust	18,378	6,124	6,188	(64)
Royal Brompton And Harefield NHS Foundation Trust	7,198	2,406	2,604	(198)
The Hillingdon Hospitals NHS Foundation Trust	143,545	48,285	48,251	33
Sub-total - In Sector SLAs	184,915	62,072	62,190	(118)
Sub-total - Out of Sector SLAs	33,368	11,092	12,070	(977)
Sub-total - Non NHS SLAs	1,838	613	646	(33)
Sub-total - Acute/QIPP Risk Reserve	(2,984)	0	0	0
Total Acute Contracts & Acute Reserves	217,137	73,777	74,905	(1,128)

Continuing Care

		Month 4 Year to Date Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EM (Over 65) - Residential	2,530	843	827	16
Mental Health EM (Over 65) - Domiciliary	339	113	60	53
Physical Disabilities (Under 65) - Residential	3,005	1,002	1,076	(74)
Physical Disabilities (Under 65) - Domiciliary	2,092	697	736	(39)
Elderly Frail (Over 65) - Residential	2,604	868	735	133
Elderly Frail (Over 65) - Domiciliary	296	99	248	(150)
Palliative Care - Residential	540	180	264	(84)
Palliative Care - Domiciliary	713	238	238	0
Sub-total - CHC Adult Fully Funded	12,120	4,040	4,184	(144)
Sub-total - Funded Nursing Care	3,095	1,032	904	127
Sub-total - CHC Children	2,398	799	837	(38)
Sub-total - CHC Other	1,669	474	547	(73)
Sub-total - CHC Learning Disabilities	5,301	1,767	2,056	(288)
Total - Continuing Care	24,583	8,112	8,528	(417)

Forecast outturn (FOT) Position- Acute Contracts and Continuing Care

Table 3
Acute Contracts

	Month 4 Year to Date Position		Forecast Outturn Position		
	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	840	(37)	2,478	(67)	(1)
Imperial College Healthcare NHS Trust	4,307	148	12,901	482	31
London North West Hospitals NHS Trust	6,188	(64)	18,348	30	(47)
Royal Brompton And Harefield NHS Foundation Trust	2,604	(198)	7,448	(250)	(60)
The Hillingdon Hospitals NHS Foundation Trust	48,251	33	143,951	(406)	(269)
Sub-total - In Sector SLAs	62,190	(118)	185,126	(211)	(346)
Sub-total - Out of Sector SLAs	12,070	(977)	34,509	(1,140)	(14)
Sub-total - Non NHS SLAs	646	(33)	1,892	(54)	27
Sub-total - Acute/QIPP Risk Reserve	0	0	(2,950)	(34)	(34)
Total Acute Contracts & Acute Reserves	74,905	(1,128)	218,577	(1,440)	(367)

Continuing Care

	Month 4 Year to Date Position		Forecast Outturn Position		
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EM (Over 65) - Residential	827	16	2,420	111	
Mental Health EM (Over 65) - Domiciliary	60	53	225	115	
Physical Disabilities (Under 65) - Residential	1,076	(74)	3,032	(27)	
Physical Disabilities (Under 65) - Domiciliary	736	(39)	2,285	(193)	
Elderly Frail (Over 65) - Residential	735	133	2,379	225	
Elderly Frail (Over 65) - Domiciliary	248	(150)	824	(528)	
Palliative Care - Residential	264	(84)	781	(241)	
Palliative Care - Domiciliary	238	0	408	305	
Sub-total - CHC Adult Fully Funded	4,184	(144)	12,353	(233)	0
Sub-total - Funded Nursing Care	904	127	2,661	435	0
Sub-total - CHC Children	837	(38)	2,660	(262)	0
Sub-total - CHC Other	547	(73)	1,741	(72)	(283)
Sub-total - CHC Learning Disabilities	2,056	(288)	6,026	(725)	(93)
Total - Continuing Care	8,528	(417)	25,440	(857)	(376)

3.3 QIPP delivery

The overall plan Net QIPP Savings in 2018/19 has been identified at £12.4m, of which £2m has been achieved YTD. Performance at M04 is reported as £0.4m behind plan YTD and £1m FOT shortfall which equates to 92% achievement. 63% of the QIPP is to be delivered in the last 6 months of the financial year.

Planned care

Under-delivery for planned care relates to the following planned care schemes: MSK Pain Management, Gastroenterology, Neuro-Community, Ophthalmology and Gynaecology.

MSK Pain Management: The Clinical Working Group is reviewing the pain management pathway to work toward a more joined up approach and embed pathway so that all referrals go through the community Persistent Pain Service to increase the activity undertaken in the community and reduce secondary care referrals.

Gastroenterology, Neuro-Community service, Ophthalmology and Gynaecology: The timeline for approval of business cases for the new service models has slipped. However, gastroenterology has now been approved and neuro-community and ophthalmology are in progress during September. The Gynaecology Clinical Assessment and Treatment Service (CATS) has not delivered desired levels of activity to shift activity out of hospital into the community service. The CCG is undertaking a review of the service model and is linked into the NWL wider out-patient programme due to commence in 19/20.

Mental Health

All three mental health QIPP schemes are currently not reporting as meeting QIPP targets due to, levels of care packages, non-contracted activity (placements - including locked rehabilitation) and an increase in pressures related to the Section 117 arrangements and LD funding. Commissioners are working closely with LBH colleagues to understand the reasons for the pressures and review options to recover our position. These include review of the section 117 process, increased input from the CCG CHC team to funding allocation and further work to discharge those service users in inpatient learning disability placements.

Unplanned care

For unplanned care, under-delivery relates primarily to Ambulatory Emergency Care (AEC). Overall, AEC activity has decreased from last year and THH indicate that this is due to a lack of available capacity in the unit both due to current activity, staffing and estate. NHS Improvement have potentially offered investment monies to THH to move towards the AEC functioning as a unit. In addition, the CCG is working with Trust and Hillingdon GP Confederation to carry out an audit on current activity in the AEC to determine whether existing pathways are being best utilised or if additional pathways are required to move work outside of a hospital setting and increase capacity in the unit.

Planning 2019/20

The process of identifying QIPP for 2019/20 has started building on the commissioning intentions themes set out in the CCG Commissioning Intentions document. In addition, the

CCG is working collaboratively with providers with the ambition of developing a joint plan that delivers a sustainable system in Hillingdon. To meet this ambition will require a comprehensive understanding of the current pressures in the system and robust plans with clear accountabilities to address them.

3.4 End of life services

The Hillingdon End of Life single point of access (SPA) opened on 11 September 2018 to address a gap in 24/7 service provision for palliative patients. The service, with its mix of clinical and health care assistant staff, will help coordinate end of life care services and the patient care journey in Hillingdon. It offers specialist advice to patients and carers, as well as GPs and consultants who are caring for palliative patients. The service will provide urgent home care visits to support patients who need swift support without the need for an unplanned and often undesired extended hospital visit.

In June 2018, the CCG was made aware of changes to the provision of inpatient care at Michael Sobell House (MSH). Patients were relocated to Cancer Wards 10 & 11 at Mount Vernon Hospital (at present patients are temporarily located in Edmonds Ward whilst Wards 10 & 11 are refurbished) and the referral criteria changed to no longer accept non-cancer patients. During this time, Hillingdon CCG responded to the developing situation by understanding patient quality impact and numbers likely to be affected and sourcing alternative hospice accommodation for The Hillingdon Hospital (THH) palliative care team to offer patients.

Hillingdon CCG is also leading on an End of Life Steering Group with NHS stakeholders to the MSH inpatient unit and MSH Charity to review provision of acute specialist inpatient palliative care in light of these developments

The EOL Steering Group is developing a 'spectrum of options' as part of a holistic approach to delivering acute specialist inpatient palliative care. The spectrum currently includes options that may not be feasible, depending on resource/time, and include:

- Rebuild the inpatient unit (unlikely to be feasible in short term)
- Refurbish the inpatient unit (awaiting key information from Hillingdon Hospital)
- Source alternative accommodation
- Consider wraparound care closer to home as part of new models (do-able for all options above)

A programme plan is in development to understand the critical path for each 'option' on the spectrum.

The CCG is planning to undertake engagement in October-December 2018 in order to support co-production and transparency in commissioning of acute specialist inpatient palliative care now and into the future.

3.5 Collaborative working

The shadow joint committee of NWL CCGs held its first meeting in public at the start of September at Brent Civic Centre. In the future, meetings will be live streamed so that residents across NW London are able to view proceedings.

The CCGs are in the process of harmonising their constitutions to support consistency across NW London and to agree to delegate decision-making ability to the joint committee. As well as the establishment of the joint committee the changes include:

- provision for electronic voting;
- lowering of quorum for decision-making from 75% to 66%; and
- provision for additional lay members.

The changes will require a membership vote to take place which Hillingdon plans to hold in mid-October. Should the outcome of the vote be positive, the amended constitution would be adopted by the CCG following November's governing body meeting.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

Nil.