

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison, Jonathan Tymms and Sarah Walker
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 constitutional vote and NW London collaborative working• Finance update• QIPP delivery• Discharge to assess• Support for care homes
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

The Health and Wellbeing Board to 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 constitutional vote and NW London collaborative working

On 19 October, the CCG membership voted on proposed amendments to the CCG constitution to establish a joint committee of NW London CCGs, permit electronic voting and to reduce the quoracy required for decision-making to 66% (from 75%). 80% of practices voted and all three amendments were passed.

The amended documents and supporting evidence of the process have been submitted to NHS England for ratification. It is hoped that this will have been agreed in time for the December meeting of the Joint Committee in order that it can move from shadow into decision-making form.

The NW London CCGs have recruited Paul Brown who joins us as Chief Financial Officer on 19 November, allowing for a handover period with Neil Ferrelly, who is retiring at the end of November. Juliet Brown has been appointed substantively as STP Director having acted in to the role for a number of months. We welcome Allan Wells as the new substantive Chair of the NW London CCGs who joins from previous roles in Waltham Forest.

From January, the CCG will move to a quarterly schedule of governing body meetings to align with the Joint Committee timetable. Joint Committee meetings are held in public at locations rotating through the 8 CCG areas as well as being live streamed.

3.2 Finance update

Overall at Month 6, 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 M06, with significant adverse variances within Acute and Continuing Care. These have been balanced by reporting a large FOT underspend on Prescribing which is based on the current YTD underspend continuing at same run rate for the remainder of the financial year.

The CCG's 2018/19 exit underlying position (ULP) at M06 is a £5m surplus (£6.9m plan), which represents a deterioration of £1.9m 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 (net).

The main areas of pressure include acute overspends (£0.6m YTD) in relation to RBH, Guys, and West Herts and Continuing Care (£0.9m YTD) in relation to Learning Disabilities, section 117s, Elderly Frail and Physical Disabilities. The Continuing Care pressures are partially offset by an anticipated underspend within Funded Nursing Care and Children's Complex Placements.

The overall Prescribing position is currently a YTD underspend £0.7m and FOT underspend £1.4m. The YTD and FOT position is reported based on the 2018/19 PPA profile.

Overall Position – Executive Summary Month 6 YTD and FOT

Table 1

PROGRAMME 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 QIPP Variance (£000)
Commissioning of Healthcare							
Acute Contracts	220,067	110,363	110,948	(585)	221,869	(1,802)	(743)
Acute/QIPP Risk Reserve	(2,984)	(304)	0	(304)	(2,669)	(315)	(315)
Other Acute Commissioning	12,848	6,103	6,174	(71)	13,071	(223)	0
Mental Health Commissioning	26,430	13,111	13,196	(85)	26,685	(255)	(130)
Continuing Care	24,666	12,251	13,129	(879)	26,489	(1,822)	(488)
Community	34,013	16,849	16,628	221	33,462	551	(138)
Prescribing	35,400	17,379	16,657	721	33,993	1,408	224
Primary Care	46,775	22,221	22,052	169	46,482	293	0
Sub-total	397,216	197,972	198,785	(813)	399,381	(2,165)	(1,591)
Corporate & Estates	4,899	2,410	2,129	281	4,382	517	0
TOTAL	402,115	200,382	200,914	(532)	403,763	(1,648)	(1,591)
Reserves & Contingency							
Contingency	1,862	889	0	889	0	1,862	0
2017/18 Balance Sheet Pressures	0	0	507	(507)	507	(507)	0
RESERVES Total:	1,862	889	507	382	507	1,354	0
Total 2018/19 Programme Budgets	403,977	201,271	201,421	(150)	404,270	(293)	(1,591)
Total Programme	403,977	201,271	201,421	(150)	404,270	(293)	(1,591)
RUNNING COSTS							
Running Costs	5,613	2,784	2,633	151	5,319	294	55
CCG Total Expenditure	409,590	204,055	204,055	0	409,589	0	(1,536)
In-Year Surplus/(Deficit)	179	89	0	89	0	179	0
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	7,663	3,831	0	3,831	0	7,663	0
TOTAL	417,431	207,976	204,055	3,921	409,589	7,842	(1,536)

Month 6 Year to Date Position – Acute Contracts and Continuing Care

Table 2
Acute Contracts

	M6 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	1,204	1,305	(101)
Imperial College Healthcare NHS Trust	13,383	6,682	6,774	(92)
London North West Hospitals NHS Trust	18,378	9,186	9,342	(156)
Royal Brompton And Harefield NHS Foundation Trust	7,198	3,601	3,841	(241)
The Hillingdon Hospitals NHS Foundation Trust	143,545	72,138	71,427	711
Sub-total - In Sector SLAs	184,915	92,811	92,690	121
Sub-total - Out of Sector SLAs	33,368	16,664	17,223	(559)
Sub-total - Non NHS SLAs	1,784	888	1,035	(147)
Total - Acute SLAs	220,067	110,363	110,948	(585)
Sub-total - Acute/QIPP Risk Reserve	(2,984)	(304)	0	(304)
Total Acute Contracts & Acute Reserves	217,083	110,059	110,948	(889)

Continuing Care

	M6 Year to Date Position			
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,530	1,265	1,241	24
Mental Health EMI (Over 65) - Domiciliary	339	170	101	69
Physical Disabilities (Under 65) - Residential	3,005	1,503	1,482	21
Physical Disabilities (Under 65) - Domiciliary	2,092	1,046	1,311	(265)
Elderly Frail (Over 65) - Residential	2,604	1,302	1,235	67
Elderly Frail (Over 65) - Domiciliary	296	148	410	(262)
Palliative Care - Residential	540	270	368	(98)
Palliative Care - Domiciliary	713	357	315	41
Sub-total - CHC Adult Fully Funded	12,120	6,060	6,462	(402)
Sub-total - Funded Nursing Care	3,095	1,548	1,359	188
Sub-total - CHC Children	2,398	1,199	1,096	103
Sub-total - CHC Other	1,669	752	1,047	(295)
Sub-total - CHC Learning Disabilities	5,384	2,692	3,165	(473)
Total - Continuing Care	24,666	12,251	13,129	(879)

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

Table 3
Acute Contracts

	M6 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	1,305	(101)	2,586	(175)	(1)
Imperial College Healthcare NHS Trust	6,774	(92)	13,469	(87)	(44)
London North West Hospitals NHS Trust	9,342	(156)	18,427	(49)	(145)
Royal Brompton And Harefield NHS Foundation Trust	3,841	(241)	7,640	(442)	(60)
The Hillingdon Hospitals NHS Foundation Trust	71,427	711	143,466	80	(569)
Sub-total - In Sector SLAs	92,690	121	185,588	(673)	(819)
Sub-total - Out of Sector SLAs	17,223	(559)	34,255	(886)	47
Sub-total - Non NHS SLAs	1,035	(147)	2,026	(242)	29
Total - Acute SLAs	110,948	(585)	221,869	(1,802)	(743)
Sub-total - Acute/QIPP Risk Reserve	0	(304)	(2,669)	(315)	(315)
Total Acute Contracts & Acute Reserves	110,948	(889)	219,200	(2,117)	(1,058)

Continuing Care

	M6 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 EMI (Over 65) - Residential	1,241	24	2,401	129	
Mental Health EMI (Over 65) - Domiciliary	101	69	224	115	
Physical Disabilities (Under 65) - Residential	1,482	21	2,929	76	
Physical Disabilities (Under 65) - Domiciliary	1,311	(265)	2,689	(597)	
Elderly Frail (Over 65) - Residential	1,235	67	2,637	(34)	
Elderly Frail (Over 65) - Domiciliary	410	(262)	873	(577)	
Palliative Care - Residential	368	(98)	822	(282)	
Palliative Care - Domiciliary	315	41	527	186	
Sub-total - CHC Adult Fully Funded	6,462	(402)	13,103	(983)	0
Sub-total - Funded Nursing Care	1,359	188	2,713	383	0
Sub-total - CHC Children	1,096	103	2,163	235	0
Sub-total - CHC Other	1,047	(295)	2,165	(496)	(340)
Sub-total - CHC Learning Disabilities	3,165	(473)	6,345	(961)	(148)
Total - Continuing Care	13,129	(879)	26,489	(1,822)	(488)

3.3 QIPP update

The 2018/19 QIPP target is £12.4m or 3% of the CCG allocation. The CCG is £1,139k behind target for M6, achieving £3,463k of £4,602 YTD plan or 75% delivery. A recovery plan has been developed which returns QIPP delivery to 90% by year end.

Planned care

Under-delivery for planned care relates to the following planned care schemes: MSK Pain Management, Gastroenterology, Neuro-Community, Ophthalmology, Hernia, RBHFT Activity Growth Mitigation and the Gynaecology CATs service.

MSK pain management: The CCG is working closely with the Community Persistent Pain Service and Hillingdon Health and Care Partners (more broadly for MSK services around the system) to deliver holistic improvement in service efficacy and quality. This has seen some early improvements to transformation delivery which are anticipated to continue.

Gastroenterology, neuro-community service, ophthalmology and gynaecology: Transformation in these services continue to be impacted by delays to recruitment and implementation of the new models of care. The CCG is working closely with partners to deliver go live dates from December/January. 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

Mental Health schemes are coming under significant pressure due to Section 117 and CHC growth in referrals and spend well over budget. Reviews of patients indicate that these are not always 'filling a service gap' but rather providing care that is currently commissioned, although at a more expensive rate. There is work to be done to improve understanding of how best to use Section 117s and CHC, for which the CCG has allocated senior resource and time for review.

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. A GP led review of AECU took place in August 2018; this highlighted that around two-thirds of patients seen in AECU are follow ups and 40% of patients presenting on these pathways could have been seen in primary/community care, indicating scope for expanding internal capacity. Additionally, winter funding has been allocated to THH of £1.6m (baseline) plus a further £389,000 toward extending AECU hours and as such capacity. There is also general pressure across NWL for unplanned care (A&E attendances and admissions).

3.4 Discharge to assess

Winter funding has been allocated to support the Discharge to Assess business case which streamlines discharge processes for those patients requiring additional support to leave hospital either back to their own homes (pathway 1) or to a residential setting (pathway 2). During October, the service has supported an average of 70 patients per week. Numbers of patients staying in hospital longer than 7 and 21 days have reduced between April and October by 37 and 21 respectively. The service has seen improved integrated working between hospital, community, adult social care, care agencies and residential providers. However, we continue to work on refining the processes and pathways to support further improvements.

Local authorities nationally have been allocated additional funding to support systems through the winter period. In Hillingdon, the allocation is just over £1m. The use of the funding must be agreed between health and social care and deliver a reduction in the numbers of medically optimised and delayed patients in the acute setting.

3.5 Support for care homes

Hillingdon is seeing an increase in the numbers of care beds in the Borough which will inevitably lead to greater demand on the healthcare system. Since April 2018, more than 80 additional beds have opened, either through new care facilities or extensions to current homes, an increase in the bed base of 6%. As part of our approach to managing demand in the Borough, in particular for unplanned healthcare services, the CCG is working jointly with partners to implement a range of measures with care home providers, these are set out below.

Training support

18 care homes (prioritised based on emergency admission and LAS activity) are in the process of receiving 'Recognising and Acting of Early Signs of Deterioration' (RASD) training delivered by local clinicians, which started in September. The training is designed to ensure care homes staff are alert to the early signs of deteriorating health and assess the most appropriate service to access for support.

'Stop the pressure' training has been undertaken in 15 nursing homes, to improve the number of pressure ulcer free days for residents, 12 out of 15 homes achieved 365 pressure ulcer free days by August 2018.

Falls Champion training was delivered in during Q3 of 2017/18 and has been repeated this year, concluding on 6 November 2018 with certificates to participants being presented by the Mayor. There has been a reduction in LAS falls related incidents in care homes comparing 2017/18 to 2018/19:

	April	May	June	July	August
2017/18	26	20	17	32	32
2018/19	24	16	16	16	24

Service developments

The existing GP care home service pilot (initially covering 6 prioritised care homes) has been extended from the end of October 2018. The service provides an urgent visiting service for 6 priority homes and will provide care planning onto the 'Coordinate My Care' care planning tool, on behalf of the GP the resident is registered with, for all care homes for older people with the aim for this to be completed by April 2019.

The well established CCG Care Home Pharmacist has continued to support care homes, with 6 homes and 267 residents having been visited and reviewed over the last 3 months. Focus for the visits have been on medication reviews, laxative use, hydration, nutrition, polypharmacy, waste reduction and policy and procedures within the home with regard to medicines management and optimisation.

The 'Red bag' scheme has been implemented in all care homes for adults. The scheme involves the allocation of a red bag to any care home resident taken to hospital. The bag contains both personal effects and information regarding medication and care planning in order to improve the quality of the transition in and out of the acute setting.

The 111 phone line now provides a '*6' option for care homes in order to direct callers straight to a clinician with the aim of providing the necessary support and advice to care home staff and reducing ambulance call outs and urgent care activity. The service has been live in Hillingdon since October 2018.

Whilst these are all very positive initiatives, we continue to see an increase in attendances, admissions and occupied bed days for care homes, driven in significant part by the increasing capacity in the Borough. The CCG will continue to work proactively with partners to support care home residents and staff.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

Nil.