# HILLINGDON CCG UPDATE

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| **Relevant Board Member(s)** | Dr Ian Goodman |
| **Organisation** | Hillingdon Clinical Commissioning Group |
| **Report author** | Caroline Morison; Rebecca Whitworth; Sarah Walker; Melanie Foody |
| **Papers with report** | None |

## 1. HEADLINE INFORMATION

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|---|---|
| **Summary** | This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:<br>• Commissioning Reform – Case for Change<br>• Primary Care Networks in Hillingdon<br>• Finance update<br>• QIPP delivery<br>• Mount Vernon Cancer Services Review<br>• Lower back pain report recommendations |
| **Contribution to plans and strategies** | The items above relate to the HCCGs:<br>• 5 year strategic plan<br>• Out of hospital ( local services) strategy<br>• Financial strategy<br>• Joint Health and Wellbeing Strategy<br>• 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 notes 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 Commissioning Reform – Case for Change

Following the publication of the NHS Long Term Plan, the eight clinical commissioning groups which cover NW London are considering a proposal to formally merge into one single organisation. The North West London Collaboration of CCGs has published a case for change, setting out why we believe working as one organisation will mean greater efficiency and more resources being freed up for patient care.

Following publication of the case for change, the next step is for us to carefully consider the views of staff, GP members, patients, local authorities and other stakeholders before progressing further. The CCGs will be discussing the proposed move to a single organisation at governing body meetings in public over the coming months. There is a process through which people can submit and ask questions. There will also be a series of rigorous discussions with GP members, local authorities, provider trusts, Healthwatch and other patient groups.

Retaining local accountability will be a key criterion for any future operating model. We will always be strongly committed to meaningful engagement with Healthwatch and local patient groups, and to working locally with Health and Wellbeing Boards and Overview and Scrutiny Committees. GPs will continue to play a key role in shaping and commissioning services for their local populations. And we will continue to work more closely with provider trusts as we move towards an integrated care system across North West London and local integrated care partnerships.

The timescale for change set out by NHS England is that there should be single CCGs aligned to regional Integrated Care Systems no later than April 2021. Following the feedback provided to the case for change the eight CCGs will consider whether this timescale might be brought forward to April 2020.

In parallel, work on the development of Integrated Care Partnerships (ICPs) is continuing across the patch. This is with a view to ensuring that local relationships and accountabilities can be embedded within the governance and structures set up to take forward delivery of ICPs.

### 3.2 Primary Care Networks in Hillingdon

General practices in Hillingdon have been working together with the support of the CCG and the Primary Care Confederation to develop primary care networks covering populations of 30,000-50,000. The networks enhance the work already started in Hillingdon to establish ‘neighbourhoods’ of community and primary care services wrapped around local populations as well as implementing the requirements of the new national primary care contract (Direct Enhanced Service or DES).

The DES will fund primary care networks to build a multi-disciplinary workforce including link workers that will undertake social prescribing and first contact practitioners to provide interventions and advice for patients with musculoskeletal conditions. Both of these roles align with the models of care in development as part of our integrated care partnership working.

National guidance states that each primary care network must have a boundary that makes sense to:
(a) its constituent practices;
(b) other community-based providers, who configure their teams accordingly;

(c) its local community. The agreement of any PCN arrangement should therefore be in partnership with relevant community and mental health NHS providers in that area, considering the MDT approaches

Networks were requested to submit a completed registration form to their CCG by 15 May with the new network contract going live from 1 July. In Hillingdon, 9 applications were received with 6 confirmed as fulfilling the national requirements. The CCG is working closely with the three networks that are as yet not compliant with requirements due to the population size covered.

Two practices in Hillingdon have chosen not to align with a network. National guidance states that should a practice choose not to participate in the DES, provisions must be made for their patients to access the relevant services via local practices. We are therefore working with the practices concerned to ensure their patients are able to benefit from the range of services that will be on offer.

### 3.3 Finance update 2018/19 and 2019/20 budgets

In 2018/19, the CCG reported a final outturn position of £5.3m deficit (£5.5m from planned surplus of £0.2m). The £5.3m final outturn deficit relates to the following:

- Overspend on the THH acute contract of £3m made up of higher than expected planned care activity in the last quarter of the year (£1.3m); loss of contract claims (£0.8m of which unsuccessful ambulatory emergency care challenge £0.6m); patient transport (£0.7m due to a reporting error earlier in the year) and QIPP slippage (£0.2m).
- Stroke Early Supported Discharge £0.8m.
- Provisions for risks of £1.5m, including CHC appeals, s117 joint funding, additional rent reviews, overseas visitor provision (50% liability with THH for writing off overseas debts) and NWL restructuring costs.

The CCG's 2018/19 exit underlying position (ULP) has remained in line with M11 at a £1.5m deficit, which represents a deterioration of £8.4m from plan. This is predominately in relation to an increase in acute provider activity in quarter 4 (mainly A&E, Critical Care, Outpatients and Day cases) which has been assumed as recurrent. The shortfall from the planned ULP is offset by a combination of in-year non-recurrent underspends, slippage on investment and additional allocations.

The CCG's financial position reflects adverse variances in acute provider budgets (including QIPP outside of contract £3m) of £9.1m (3.9%) and Continuing Care of £3m (12.2%), a combined impact of £12.1m.

In order to mitigate the overspends in acute and CHC, the CCG required full deployment of the contingency reserve £2.4m and was also reliant on delivering an underspend in Primary Care £2.1m, Prescribing £1.3m, Community Services £0.7m, Running Costs £0.5m and £0.1m Corporate and Estates. In addition, the CCG received £0.6m of funding from NHSE relating to Primary Care Co–commissioning prior year gains.

## Overall Position – Executive Summary Month 12 Outturn

### Table 1

| PROGRAMME BUDGETS | | Final Outturn Position | | |
|---|---|---|---|---|
| | Final Budgets (£000) | Final Outturn Actual (£000) | FOT Variance Sur/(deficit) (£000) | FOT QIPP Variance (£000) |
| **Commissioning of Healthcare** | | | | |
| Acute Contracts | 220,096 | 225,574 | (5,478) | (516) |
| Acute/QIPP Risk Reserve | (2,984) | 0 | (2,984) | (1,098) |
| Other Acute Commissioning | 13,618 | 14,222 | (605) | 0 |
| Mental Health Commissioning | 26,690 | 26,762 | (72) | (61) |
| Continuing Care | 24,657 | 27,665 | (3,007) | (629) |
| Community | 34,081 | 33,426 | 655 | (127) |
| Prescribing | 35,672 | 34,329 | 1,343 | 464 |
| Primary Care | 46,823 | 44,711 | 2,112 | 0 |
| **Sub-total** | **398,654** | **406,689** | **(8,035)** | **(1,967)** |
| **Corporate & Estates** | 5,058 | 4,919 | 139 | 0 |
| **TOTAL** | **403,712** | **411,608** | **(7,896)** | **(1,967)** |
| **Reserves & Contingency** | | | | |
| Contingency | 2,429 | 0 | 2,429 | 0 |
| 2017/18 Balance Sheet Pressures | 0 | 466 | (466) | 0 |
| **RESERVES Total:** | **2,429** | **466** | **1,963** | **0** |
| | | | | |
| **Total 2018/19 Programme Budgets** | **406,141** | **412,074** | **(5,932)** | **(1,967)** |
| | | | | |
| **Total Programme** | **406,141** | **412,074** | **(5,932)** | **(1,967)** |
| **RUNNING COSTS** | | | | |
| **Running Costs** | **5,613** | **5,138** | **475** | **111** |
| **CCG Total Expenditure** | **411,754** | **417,212** | **(5,458)** | **(1,855)** |
| **In-Year Surplus/(Deficit)** | **179** | **0** | **179** | **0** |
| **MEMORANDUM NOTE** | | | | |
| **Historic Surplus/(Deficit)** | **7,663** | **0** | **7,663** | **0** |
| **TOTAL** | **419,596** | **417,212** | **2,384** | **(1,855)** |

## Month 12 Outturn Position – Acute Contracts and Continuing Care

### Table 2

### Acute Contracts

| | Final Budgets (£000) | Final Outturn Position | | |
|---|---|---|---|---|
| | | Final Outturn Actual (£000) | FOT Variance Sur/(deficit) (£000) | FOT QIPP Variance (£000) |
| **In Sector SLAs** | | | | |
| Chelsea And Westminster Hospital NHS Foundation Trust | 2,411 | 2,792 | (380) | (1) |
| Imperial College Healthcare NHS Trust | 13,383 | 14,042 | (660) | (167) |
| London North West Hospitals NHS Trust | 18,378 | 18,369 | 9 | (422) |
| Royal Brompton And Harefield NHS Foundation Trust | 7,198 | 7,907 | (709) | (70) |
| The Hillingdon Hospitals NHS Foundation Trust | 143,545 | 146,567 | (3,021) | 138 |
| **Sub-total - In Sector SLAs** | **184,915** | **189,677** | **(4,762)** | **(521)** |
| **Sub-total - Out of Sector SLAs** | **33,397** | **33,854** | **(456)** | **(24)** |
| **Sub-total - Non NHS SLAs** | **1,784** | **2,044** | **(260)** | **29** |
| **Total - Acute SLAs** | **220,096** | **225,574** | **(5,478)** | **(516)** |
| **Sub-total - Acute/QIPP Risk Reserve** | **(2,984)** | **0** | **(2,984)** | **(1,098)** |
| **Total Acute Contracts & Acute Reserves** | **217,112** | **225,574** | **(8,462)** | **(1,614)** |

### Continuing Care

| | Final Budgets (£000) | Final Outturn Position | | |
|---|---|---|---|---|
| | | Final Outturn Actual (£000) | FOT Variance Sur/(deficit) (£000) | FOT QIPP Variance (£000) |
| Mental Health EMI (Over 65) - Residential | 2,530 | 2,192 | 339 | |
| Mental Health EMI (Over 65) - Domiciliary | 339 | 250 | 89 | |
| Physical Disabilities (Under 65) - Residential | 3,005 | 3,136 | (131) | |
| Physical Disabilities (Under 65) - Domiciliary | 2,092 | 2,735 | (643) | |
| Elderly Frail (Over 65) - Residential | 2,604 | 2,702 | (98) | |
| Elderly Frail (Over 65) - Domiciliary | 296 | 787 | (491) | |
| Palliative Care - Residential | 540 | 598 | (58) | |
| Palliative Care - Domiciliary | 713 | 531 | 182 | |
| **Sub-total - CHC Adult Fully Funded** | **12,120** | **12,931** | **(811)** | **0** |
| **Sub-total - Funded Nursing Care** | **3,095** | **2,658** | **437** | **0** |
| **Sub-total - CHC Children** | **2,398** | **2,323** | **75** | **0** |
| **Sub-total - CHC Other** | **1,669** | **3,464** | **(1,795)** | **(451)** |
| **Sub-total - CHC Learning Disabilities** | **5,375** | **6,288** | **(913)** | **(178)** |
| **Total - Continuing Care** | **24,657** | **27,665** | **(3,007)** | **(629)** |

**2019/20 Budgets**

The CCG has now received NHSE approval for a deficit budget of £1.7m in 2019/20. The notified revenue resource allocation is £438.8m with £440.5m of planned spend. There is £12.8m of risk adjusted net QIPP of which £9m has been included within the financial plan.

| | £m |
|---|---|
| **Revenue Resource Limit (in year)** | **438.8** |
| Acute | 247.1 |
| Mental Health | 35.3 |
| Community | 37.6 |
| Continuing care | 22.7 |
| Primary Care | 42.7 |
| Other Programme | 6.2 |
| Primary care Co -Commissioning | 41.5 |
| Contingency | 2.2 |
| **Total Commissioning Services** | **435.3** |
| Running Costs | 5.2 |
| **Total CCG Net expenditure** | **440.5** |
| **In Year Underspend / (Deficit)** | **(1.70)** |
| Control Total (CT) | 0 |
| **Distance from CT** | **(1.70)** |

### 3.4 QIPP update – 1819 delivery m12

The 2018/19 QIPP target is £12.4m or 3% of the CCG allocation. The CCG achieved a target of £10,552k of £12,408k YTD plan or 85% delivery. The CCG previously achieved £10.5m in 2017/18. The CCG has historically delivered approximately £7m-£9m QIPP. Consequently, recent years' delivery represents a step change in the value of efficiencies realised through service transformation. There has been slippage against some of our transformational programmes in the following areas: Planned Care (-1,381k), Mental Health & Learning Disabilities (-238k), Older People (-803k) and End of Life (EoL) (-361k)

***Planned care***

***Gastroenterology, neuro-community service***:

Gastroenterology and the Neuro-Community services have been impacted by delays in business cases been taken through the CCG internal governance process and recruiting clinicians to specific posts. The Clinical Nurse Specialist (CNS) for Community Parkinson's has recently resigned and recruitment plans are underway to replace the role. The Community Epilepsy CNS post has now been successfully recruited and the new post-holder has commenced. The Irritable Bowel Syndrome/Irritable Bowel Disease (IBS/IBD) CNS has been appointed and the service is live. All of these schemes will continue into 2019/20.

***Gynaecology***

The Gynaecology community Clinical Assessment and Treatment Service (CATS) has not delivered the planned levels of activity to move activity out of hospital into the community service. Review indicated this was due to inconsistent interpretation of the pathway, resulting in a risk-averse approach to referral acceptance. The CCG is working with the team within the context of Hillingdon's Integrated Care Partnership to review service opportunities and also to implement the NWL Out-patient Transformation Programme that commenced in 2019.

***Ophthalmology***

The Ophthalmology CATS service was decommissioned in July 2018. However, service capacity remained high in the hospital, resulting in over activity. As a mitigating action, the CCG reviewed re-commissioning of the service and pathway and agreed to work with Hillingdon Health Care Partners (HHCP) to develop an integrated service in a similar way to the Integrated MSK service for 2019/20.

***Follow-up Variation THH contract***

This scheme relates to reducing variation in terms of number of follow-ups in specific specialities to bring them in line with the national average. This was delayed in being agreed in the contract in 2018-19. Agreement in principle has been given for 2019-20 on several areas, although clinical review is needed in other areas. Work will continue into 2019-20.

***Community hernia repair service***

The community hernia service did not commence in August 2018 as planned due to challenges finding a GP host practice to deliver the service. This has now been secured and the service is expected to commence in quarter 2 of 2019-20.

***Mental health***

Mental Health schemes relating to Section 117 continue to place a significant cost pressure for the HCCG due to increase in referral numbers with spend over budget and delayed case review.

***Complex care***

For Complex Cases (Mental Health Act Section 117 aftercare, CHC and children's continuing care), a CCG-led review identified strategic opportunities and operational actions to improve the quality of care, deliver consistency in process application and generate efficiencies. A series of deep dive meetings have been established to inform Phase 2 of the work. HCCG has commissioned a consultancy, Unified Health Care, which is scoping potential benefits from CCG CHC standard cases to inform our work in 2019/20.

***Older people***

Under-delivery relates to the Care Connection Team (CCT) and ACP. Both QIPP schemes are based on admission avoidance scheme for 65+ patients.

For the CCT, a reduction in non-elective activity is based on management of complex patients at risk of hospital admission through active case management by the team. Recent BI analysis of the raw data shows that the CCT has had an impact and A&E and NEL activity and cost is reducing for targeted patients. The results of the evaluation will be used to inform the future model and its further roll-out across Hillingdon.

The QIPP scheme under-delivery relates to reduction in activity for NEL at West Herts and LNWHT. The ACP in 2018/19 focused on >65 year population and working more efficiently across the system to reduce activity in other local trusts through the better management of older people better in their usual place of residence and in the community. The refreshed plan is to further understand the overall increase in NEL across all ages and providers. This scheme will continue into 2019/20 and as part of Integrated Care Partnership work with Hillingdon Health Care Partners.

***End of Life (EoL)***

The EoL programme had been slow to commence due to challenges in recruiting posts for the Palliative Overnight Sitters Service (PONS) for the Single Point of Access (SPA). Nevertheless, a 24/7 single point of access and palliative overnight nursing service (SPA/PONS) for end of life care was launched in September, "Your Life Line''. The service provides support that enables people to die in their preferred place and avoids unnecessary trips to hospital during the last phase of life. Since September, the service has supported over 170 people to die at home. QIPP delivery has commenced for known clients. However, it may take a longer period of time to evidence the benefits for unknown clients.

The end of life programme has been severely affected by the service changes by East and North Hertfordshire NHS Trust at Michael Sobell Hospice. The CCG has proactively sought to re-instate the service and, following an OJEU process, awarded the contract for provision to Harlington Hospice in early 2019. The CCG is working closely with partners to support mobilisation of the new service.

### 3.5 Mount Vernon Cancer Services Review

The Cancer Centre treatment service at the Mount Vernon Hospital is a standalone cancer centre that primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

NHS England are undertaking a strategic review of the cancer services provided at Mount Vernon Cancer Centre (MVCC) that is run by East and North Hertfordshire NHS Trust (ENHT) that commenced in May 2019. The review will also involve East of England and the London Cancer Alliances. It will involve peer reviews of the services, and engagement with/involvement of patients, clinicians, non-clinical staff and key stakeholders. It will also include a piece of work to examine the long-term health needs for the population that it serves and a separate exercise to examine radiotherapy demand and capacity.

The review is a result of concerns that have been raised regarding the difficulties in recruiting and retaining some of the cancer workforce and also the poor standard of the estates that will require significant capital investment to support long-term sustainability.

NHSE have advised that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. Also, there are no set ideas of the outcome of the review. HCCG has responded and advised that a number of Hillingdon patients receive cancer and cancer-related palliative care treatment at MVCC and that there is a need for engagement to encompass not only cancer but also End of Life (EoL). Cancer clinical and non-clinical leads across NWL, THH and the CCG will be involved in the review and consultation.

NHSE have established a Programme Board, a Clinical Advisory Group (CAG) and a Communications and Engagement Oversight Group (CEOG). The CEOG meets fortnightly and is developing a Communications and Engagement Strategy to be approved by the Board in May 2019. The CAG will review the list of viable clinical model options based on feedback from the engagement process that will be presented at the Programme Board in early July 2019. The financial implications for each of the options will be developed thereafter.

### 3.6 Lower back pain report recommendations

Following the publication of the report written and published by Healthwatch Hillingdon regarding the changes to policy on treatment for Lower Back Pain, the CCG and Hillingdon Hospital have worked together to address the issues and recommendations raised in the document. It is clear that a number of patients did not have the experience they should expect.

In joint working with The Hillingdon Hospitals NHS Foundation Trust, the CCG has reviewed the events leading up to, during and after the implementation of the North West London policy change. As a result, we have developed a joint governance and implementation process with The Hillingdon Hospitals Trust. This will ensure more clear and consistent communications to patients and clinicians as well as clear accountabilities for delivering service transformation.

We will further strengthen the Public, Patient, Involvement and Equality Committee in overseeing the engagement and equalities impact in the Borough. This will support transparency and accountability for our patients.

In addition, we very much welcome the offer from Healthwatch to include their details in future correspondence to patients regarding service changes. We would like to thank Healthwatch Hillingdon for undertaking this valuable work, both in regards to the report and the clear recommendations as well as for the support provided to patients during the process.

## 4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

## 5. LEGAL IMPLICATIONS

None in relation to this update paper.

## 6. BACKGROUND PAPERS

Nil.