HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Appendix 1 – NW London commissioning reform – recommendations to September Governing Bodies

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Commissioning reform – case for change • Primary care networks in Hillingdon • Finance update • QIPP delivery • Mount Vernon cancer services review • End of life care – Michael Sobell House
Contribution to plans and strategies	The items above relate to the HCCGs: • 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 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 Commissioning reform – case for change

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), NW London CCGs launched a case for change for commissioning reform on 29 May 2019.

The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. The key areas for exploration identified were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021
- What functions should be delivered at a NW London level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

Following the engagement period the recommendation to governing bodies is to proceed to a formal merger of CCGs from 1st April 2021 using 20/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with our local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.

The full governing body paper is included at Appendix 1.

Hillingdon CCG is continuing to work closely and at pace with partners to develop a place-based ICP that will be fully mobilised by April 2021 in time for the transition to a single CCG.

3.1 Primary care networks in Hillingdon

General practices in Hillingdon are coming together to establish primary care networks across the borough prior to the contractual changes on 1st October that introduce the network 'direct enhanced services' (DES).

The primary care networks will form the foundation of our integrated care 'neighbourhoods', delivering community-based services to local populations of 30,000 – 50,000.

We anticipate that by October only 2 practices will remain 'un-networked', West London and Church Road. Under the terms of the new GP contract practices may choose not to join a network however they must allow their patients access to the network services via practices that are providing the DES. Following communications with the CCG, local politicians and the LMC

the practices have stated they will not be facilitating access to these services. The CCG remains committed to ensuring that all patients are able to use nationally contracted services and will work to resolve the current situation and may need to invoke contractual action.

3.2 Finance update

At Month 4, the CCG is reporting on target against the in-year planned YTD deficit of (£0.6m). Acute SLAs remain the CCG's largest financial pressure (£1.1m), which is mainly in relation to higher than expected activity with London Ambulance Service (£0.4m), Hillingdon Hospitals (£0.4m) and London North West Hospitals Trust (£0.3m). Other pressures include Continuing Health Care (£0.4m) and Central and North West London Community SLA (£0.2m). The CCG has released £0.7m of the contingency reserve and £0.5m of non-recurrent balance sheet gains into the position to mitigate these pressures.

At Month 4, the CCG is forecasting on target against the in-year planned deficit of (£1.7m). The CCG is currently reporting adverse FOT variances within acute (£2.1m), which is largely in relation to LNWHT (£0.9m) due to increased day cases mainly in ENT and waiting list backlog. Other key overspends within Acute include LAS (£0.5m) due to both the on-going activity query relating to category 5 activity in the south of the borough and as well as increased conveyances and THH (£0.4m) due to increase in planned care and A&E pressures.

At Month 4 there is an overall net risk of £3.3m, which has remained consistent with Month 3. Total adjusted risks of £4.1m largely relates to THH back ended QIPP risk £1.3m, GP Prescribing risks £2.2m and CNWL Community QIPP risk £0.4m. Other mitigations of (£0.9m) to offset these risks largely relate to unreleased Contingency reserve held (£0.3m) and additional savings from our CHC recovery work (£0.2m).

The underlying position at Month 4 is currently £3.1m deficit. This is a £1.6m adverse movement from Month 3, due to recognising the acute risk of £1.4m which is now fully reflected in the FOT position. The adjustments relating to the contractual 1% tolerance and marginal rate risk share have been treated as a non-recurrent benefit in 2019/20.

Overall Position – Executive Summary Month 4 YTD and FOT

Budget Areas	Annual Budgets	Year to Date Position			Forecast Outturn Position		
		YTD Budget	YTD Actual	YTD Variance	FOT	FOT Variance	FOT QIPP Variance
	£000	£000	£000	£000	£000	£000	£000
Commissioning of Healthcare							
Acute Contracts	235,028	78,020	79,072	(1,051)	237,111	(2,083)	(640)
Acute/QIPP Risk Reserve	870	394	0	394	602	268	79
Other Acute Commissioning	11,507	3,504	3,600	(96)	11,559	(52)	0
Mental Health Commissioning	35,901	11,876	11,786	90	35,255	646	(50)
Continuing Care	22,514	7,488	7,906	(418)	23,525	(1,011)	(77)
Community	38,017	11,573	11,782	(209)	38,260	(242)	(7)
Prescribing	35,435	11,685	11,685	0	35,435	0	(20)
Primary Care	9,466	2,649	2,613	36	9,398	68	0
Primary Care Delegated Commissioning	41,574	12,684	12,594	90	41,344	230	0
Other Programme	5,641	1,842	1,893	(52)	5,658	(17)	0
Sub-total Commissioning of Healthcare	**435,953**	**141,716**	**142,931**	**(1,215)**	**438,147**	**(2,194)**	**(715)**
Reserves & Contingency							
Contingency	1,977	659	0	659	309	1,667	0
2018/19 Balance Sheet Gains	0	0	(489)	489	(489)	489	0
Sub -total Reserves & Contingency	**1,977**	**659**	**(489)**	**1,148**	**(180)**	**2,156**	**0**
Total Programme	**437,929**	**142,374**	**142,442**	**(68)**	**437,967**	**(38)**	**(715)**
Running Costs	**5,168**	**1,722**	**1,655**	**68**	**5,130**	**38**	**(10)**
Total Planned Expenditure (Before In-Year Surplus/(Deficit)	**443,097**	**144,097**	**144,097**	**0**	**443,097**	**0**	**(725)**
In-Year Surplus/(Deficit)	**(1,700)**	**(567)**	**0**	**(567)**	**0**	**(1,700)**	**0**
Total In-Year Position	**441,397**	**143,530**	**144,097**	**(567)**	**443,097**	**(1,700)**	**(725)**
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	**2,384**	**795**	**0**	**795**	**0**	**2,384**	**0**
TOTAL	**443,781**	**144,325**	**144,097**	**228**	**443,097**	**684**	**(725)**

Month 4 Year to Date Position – Acute Contracts and Continuing Care

Table 2
Acute Contracts

Budget Areas	Annual Budgets £000	Year to Date Position YTD Budget £000	YTD Actual £000	YTD Variance £000
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	3,447	1,146	1,228	(82)
Imperial College Healthcare NHS Trust	14,487	4,806	4,697	109
London North West Hospitals NHS Trust	19,386	6,440	6,740	(301)
Royal Brompton And Harefield NHS Foundation Trust	7,953	2,635	2,675	(39)
The Hillingdon Hospitals NHS Foundation Trust	151,128	50,161	50,512	(351)
Sub-total - In Sector SLAs	**196,400**	**65,188**	**65,852**	**(664)**
Sub-total - Out of Sector SLAs	**36,446**	**12,110**	**12,551**	**(440)**
Sub-total - Non NHS SLAs	**2,182**	**721**	**669**	**53**
Total - Acute SLAs	**235,028**	**78,020**	**79,072**	**(1,051)**
Sub-total - Acute/QIPP Risk Reserve	**870**	**394**	**0**	**394**
Total Acute Contracts & Acute Reserves	**235,898**	**78,414**	**79,072**	**(658)**

Continuing Care

Budget Areas	Annual Budgets £000	Year to Date Position YTD Budget £000	YTD Actual £000	YTD Variance £000
Mental Health EMI (Over 65) - Residential	2,227	742	593	150
Mental Health EMI (Over 65) - Domiciliary	253	84	107	(23)
Physical Disabilities (Under 65) - Residential	3,222	1,074	1,232	(158)
Physical Disabilities (Under 65) - Domiciliary	2,774	925	827	97
Elderly Frail (Over 65) - Residential	2,732	911	1,076	(165)
Elderly Frail (Over 65) - Domiciliary	797	266	313	(47)
Palliative Care - Residential	602	201	128	73
Palliative Care - Domiciliary	562	187	191	(3)
Sub-total - CHC Adult Fully Funded	**13,171**	**4,390**	**4,468**	**(77)**
Sub-total - Funded Nursing Care	**2,433**	**811**	**844**	**(33)**
Sub-total - CHC Children	**2,173**	**724**	**638**	**87**
Sub-total - CHC Other	**214**	**55**	**59**	**(5)**
Sub-total - CHC Learning Disabilities	**3,602**	**1,201**	**1,426**	**(225)**
Total - CHC Assessment & Support	**921**	**307**	**471**	**(164)**
Total - Continuing Care	**22,514**	**7,488**	**7,906**	**(418)**

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

Table 3
Acute Contracts

Budget Areas	Year to Date Position		Forecast Outturn Position		
	YTD Actual	YTD Variance	FOT	FOT Variance	FOT QIPP Variance
	£000	£000	£000	£000	£000
In Sector SLAs					
Chelsea And Westminster Hospital NHS Foundation Trust	1,228	(82)	3,732	(285)	(11)
Imperial College Healthcare NHS Trust	4,697	109	14,490	(4)	(51)
London North West Hospitals NHS Trust	6,740	(301)	20,291	(905)	(44)
Royal Brompton And Harefield NHS Foundation Trust	2,675	(39)	7,933	20	0
The Hillingdon Hospitals NHS Foundation Trust	50,512	(351)	151,495	(367)	(512)
Sub-total - In Sector SLAs	**65,852**	**(664)**	**197,940**	**(1,540)**	**(618)**
Sub-total - Out of Sector SLAs	**12,551**	**(440)**	**37,148**	**(702)**	**(8)**
Sub-total - Non NHS SLAs	**669**	**53**	**2,022**	**159**	**(15)**
Total - Acute SLAs	**79,072**	**(1,051)**	**237,111**	**(2,083)**	**(640)**
Sub-total - Acute/QIPP Risk Reserve	**0**	**394**	**602**	**268**	**79**
Total Acute Contracts & Acute Reserves	**79,072**	**(658)**	**237,713**	**(1,815)**	**(561)**

Continuing Care

Budget Areas	Year to Date Position		Forecast Outturn Position		
	YTD Actual	YTD Variance	FOT	FOT Variance	FOT QIPP Variance
	£000	£000	£000	£000	£000
Mental Health EMI (Over 65) - Residential	593	150	1,640	587	
Mental Health EMI (Over 65) - Domiciliary	107	(23)	322	(69)	
Physical Disabilities (Under 65) - Residential	1,232	(158)	3,345	(123)	
Physical Disabilities (Under 65) - Domiciliary	827	97	2,501	273	
Elderly Frail (Over 65) - Residential	1,076	(165)	3,293	(560)	
Elderly Frail (Over 65) - Domiciliary	313	(47)	937	(140)	
Palliative Care - Residential	128	73	453	149	
Palliative Care - Domiciliary	191	(3)	706	(144)	
Sub-total - CHC Adult Fully Funded	**4,468**	**(77)**	**13,197**	**(26)**	**0**
Sub-total - Funded Nursing Care	**844**	**(33)**	**2,510**	**(77)**	**0**
Sub-total - CHC Children	**638**	**87**	**2,091**	**82**	**0**
Sub-total - CHC Other	**59**	**(5)**	**228**	**(14)**	**(77)**
Sub-total - CHC Learning Disabilities	**1,426**	**(225)**	**4,278**	**(676)**	**0**
Total - CHC Assessment & Support	**471**	**(164)**	**1,221**	**(300)**	**0**
Total - Continuing Care	**7,906**	**(418)**	**23,525**	**(1,011)**	**(77)**

3.3 QIPP update

Update to NWL and Local Reporting Processes

As NWL CCGs work more closely together, Hillingdon CCG has implemented new reporting processes locally to align to NWL wide reporting. This has introduced greater comparability of delivery across the boroughs and by CCG, Trust, Programme Area, and Acute In-Sector Point-of-Delivery (POD at our local NWL hospitals). We have also retained local reporting by project at this time to support the transition and clarity in progress updates to recognised on-going

programmes of work.

2019/20 QIPP Plans

The 2019/20 QIPP target is £9m, or 2.0% of the CCG allocation. The QIPP Forecast Outturn (FOT) anticipates full year delivery of £8.3m against the £9.0m target.

QIPP Project Area	2018/19 Net QIPP Target (£'000	Net QIPP Target 2019/20 (£'000)
Unplanned Care	£2,587	£364
Planned Care	£2,717	£1,605
Complex Care	£991	£1,069
Mental Health	£1,703	£305
ICP & Older People	£390	£3,516
Children & Young People	£1,730	£159
Prescribing	£333	£1,250
Community & Primary Care	£237	£161
Corporate	£500	£100
North West London	£1,029	£448
Total Hillingdon	**£12,407**	**£8,977**

Unplanned care QIPP projects have by and large moved into joint Integrated Care Partnership (ICP) projects to deliver better demand management and integrated discharge to support the acute urgent and emergency pressures. Year to date Hillingdon has reported relatively static overall A&E attendances, against the NWL increasing activity trend, which is a positive outcome locally.

Planned care projects have focussed on improving outpatient pathways as well as beginning a new integrated model of care that integrates primary, community and acute care. Pioneering examples include Ophthalmology consultants engaging high street optometrists to reduce levels of activity in the acute sector, and specialities taking inspiration from Paediatrics with joint consultant and GP led clinics in the community.

Complex care continues to focus on achieving the best value for money for patients with complex needs, as well as timely case management and review. This is also the theme for mental health projects to support improved case management, as well as additionally improving access and awareness of available support for residents.

The ICP and Older People's agenda has continued to scale the developments of integrated working under the neighbourhood model. Multi-disciplinary teams have coalesced around the new Primary Care Networks and GP Practices to proactively support patients with ongoing health needs. This has helped prevent health exacerbations and unplanned hospitalisations.

We are re-commissioning the Children's and Young People services to integrate care, as well as extend support from 0-18 to 0-25 to address the significant gap in transfers of care for young people/adults. The Children's community clinics have also been expanded and are an excellent example of bringing care closer to home for families in Hillingdon.

Our prescribing team have been working to ensure the delivery of up to date prescribing practice and support efficiencies through on-time medication, reduced duplication, and case review to ensure patients have the right medication to support their conditions and needs. There

has been a strong focus on over-the-counter medication availability which will continue.

Our community and primary care projects continue to focus on high quality referrals and access to local GP appointments over walk-in centres outside Hillingdon. In addition to these, the multi-morbidity clinics continue to support patients with multiple conditions with shared care plans to support patients achieve health and personal goals in living with their conditions.

North West London CCGs also share a number of QIPP projects, including a focus on Diabetes and London Ambulance Service development projects.

M4 YTD Delivery Summary

The Month 4 Year to Date (YTD) QIPP delivery was £1.3m against a target of £2.2m, or (-27.3%), (-£600k) behind target. This is an improvement from the M3 position of (-45%), or (-£600k). Under delivery this month is due to a mix of QIPP programme gains being offset against increased costs/activity. Service-level reviews are underway to better understand these pressures and interactions.

By comparison, the CCG has achieved £10.6m QIPP in 2018/19, and £10.5m in 2017/18. The £9m target for 2019/20 was agreed by North West London Chief Financial Officers whereby QIPP would equal contract growth. For Hillingdon CCG this value was £9m.

In Month 4, the greatest area for under delivery related to hospital and specialist care at (-£200k) behind £800k target. This is followed by urgent and emergency care (-£100k), and primary, social and community care (-£100k).

The greatest area for under-delivery within the acute setting is inpatient elective day cases at over £200k over-spend and c.300 activity above plan. Under-delivery is considered to be driven by increased day-case-based procedures at The Hillingdon Hospital in the gastroenterology (endoscopy) and pain services, although there are not insignificant activity increases in other specialities.

As a mitigation to overall activity pressures, there is a weekly meeting held by The Hillingdon Hospital where elective inpatient service pressures are reviewed and recovery plans shared and progress monitored. There are also ongoing workshops supported by programme boards for outpatients services and improvement projects led by the Hillingdon Hospital that Hillingdon CCG attends in order to develop a system approach to planned care. Work is underway to deliver capacity modelling.

QIPP Delivery by Project

The top QIPP projects that are behind delivery are outlined in the table below:

QIPP Project	YTD under-delivery (% and £'000)	Root Cause Analysis	Mitigating **Actions**
Community Neurology	-80%, £79	Neurology community services have new nursing staff in place. Staff are currently undergoing induction and training, and this is delaying QIPP delivery.	The CCG is working with HHCP to review the pathways and to test current resource sharing between the hospital and community as part of the ICP working.
Continuing Health Care	-24%, -£77	Budgetary pressures fluctuate month to month and is dependent on patient casemix and need.	A robust work plan is in place to support patient referrals and timely review.
Hernia in the community	-100%, -£67	Delayed from 1 April start date. Provider has advised a dry-run week should occur in August 2019 with go live thereafter.	The provider has been advised to commence the service from August or the CCG will seek an alternate arrangement.
Integrated Care Partnership	-16%, -£64	The services, operations and staff are all in place and implementing agreed service developments with iterative learning in place to deliver these new models of integrated care.	Robust governance framework in place with integrated KPI dashboard and weekly meetings to focus finance, operations and executive strategy toward delivery.
Learning Disability	-80%, -£38	The service has been co-commissioned with the Local Authority to support better procurement for LD services. All processes are in place. There appears to be a cost pressure due to individual needs.	Review of service arrangements on a client by client basis.

3.4 Mount Vernon Cancer Services Review

Background

Mount Vernon Cancer Centre (MVCC) is provided by East and North Hertfordshire NHS Trust (ENHT) who rent the hospital site from the Hillingdon Hospital NHS Foundation Trust (THH) and provides a specialist non-surgical cancer tertiary service that services the a catchment population of 2 million people across Hertfordshire, South Bedfordshire, North West London and Berkshire. The services are commissioned by NHS England's (NHSE) Specialised Commissioning Team and by Clinical Commissioning Groups.

In May 2019, NHSE commissioned an urgent strategic review of MVCC, adult oncology services, due to concerns in relation to the sustainability of a high quality and safe oncology service provided at the site highlighted formally from Care Quality Commission (CQC) inspections, the most recent one taking place in 2018. However, this is not the first review of MVCC as it has been subject to a series of reviews over the last 30 years.

The factors that have contributed to the reviews relate to: the changes in management and oversight of the service, the poor standard of the estates and lack of capital funding available to address work required, the need for replacement for some of the cancer equipment and the

challenges in recruitment and retention of some of the cancer workforce. Furthermore, the advancement of cancer treatments such as the combined modality treatments and immunotherapies and their associated toxicities in the context of an ageing population has impacted on the safety of services, particularly because the acute support services have reduced over time at the site. For example there is no Intensive Care Unit (ITU) or High Dependency Unit (HDU). Patients requiring enhanced clinical support are, therefore, transferred to non-specialised District General Hospital (DGH) for acute medical care or surgery.

Strategic Review

The current review is being led by the East of England Specialised Commissioning Team involving London Cancer Alliances, peer reviews of the services, and engagement with, and the involvement of patients, clinicians, non-clinical staff and key stakeholders.

The review has focused on in-patient and out-patient services and staffing in the following services: radiotherapy including brachytherapy and molecular radiotherapy, Systemic Anti-Cancer Therapy (SCAT) including chemotherapy therapies and immunotherapies, support services i.e. imaging and inpatient care support, research and innovation and workforce. The review has excluded palliative care and oncology surgery.

NHSE have established a Programme Board, a Clinical Advisory Panel (CAP) and a Communications and Engagement Oversight Group (CEOG). The CEOG meets fortnightly and are developing a Communications and Engagement Strategy that was approved by the Board in May 2019. The CAP includes the Chief Executive Officer of Hillingdon Healthwatch. The review of MVCC by the CAP took place over two day visit, from 19th to 20th June 2019, and was tasked to:

- review the list of options identified by stakeholders;
- to eliminate any non-clinically viable options; and
- to present recommendations to the Programme Board on 4th July 2019 based on their report.

The CAP produced a report "*Mount Vernon Cancer Centre Strategic Review: Clinical Advisory Panel Review and recommendation";* in July 2019.

Recommendations

There were six options that were considered by the CAP; two of the options were put forward as clinically viable options. These were:

Option 3 - Full replacement on an acute site
This would require a new integrated cancer centre to be built on an acute DGH site that would be close to the existing MVCC and catchment area to facilitate patient access to services. Some of the key essential services that the new build will need to include are: oncology inpatient beds, all types of radiotherapy, radiotherapy planning facilities, a radiotherapy satellite in the north of the catchment area, dedicated oncology teams of nursing staff and Allied Health Professionals (AHP), nuclear medicine and radio pharmacy services, access to anaesthetics/theatres for brachytherapy services, chemotherapy day case unit, a networked chemotherapy service, out-patient clinics, clinical trials offices and the Paul Strickland Imaging Centre.

Option 5 - Ambulatory Hub
This would involve a new build on an acute site with an ambulatory service for radiotherapy and chemotherapy remaining on the existing MVCC site. Leadership for the centre to be provided through a current London based tertiary centre. Some of the key essential services that the new build will need to include are: oncology inpatient beds, some radiotherapy especially for the most complex radiotherapy, dedicated oncology teams of nursing staff and AHPs, access to anaesthetics/theatres for brachytherapy services, nuclear medicine and ratio pharmacy services, chemotherapy day case unit, aseptic services for oncology pharmacy, out-patient clinics, clinical trials offices and Paul Strickland Imaging Centre.

The CAP acknowledged the significant capital investment required for the two proposed recommendations options and that option 5 is likely to be a more practically realistic option as opposed to full replacement option. Also, to highlight that for both options the clinical, managerial leadership and governance of the service at MVCC should transfer to an existing tertiary cancer service provider.

Interim Action Plan

The CAP highlighted the urgent need for a short term action plan to address immediate concerns whilst a longer term solution materialises. These include: the appointment of additional staff to the Acute Oncology Service, urgent back-log maintenance of existing clinical facilities, the clinical managerial leadership and governance of the MVCC services to transfer, as soon as possible, to an existing tertiary cancer service provider and a MVCC clinical consultant lead to manage the transition in partnership with the tertiary provider lead from London.

Engagement

NHSE Specialised Commissioning team are leading on patient engagement. Four patient events took place in July and two more planned during August 2019. There is also a patient survey for patients/carers to complete and an opportunity for stakeholders to email comments directly to the team. The final engagement report is due to be available in mid-September 2019.

Next Steps

The financial implications are being worked up for the two proposed options. At the end of 2019/early 2020 a three-month public consultation will take place on the options.

3.6 End of life care - Michael Sobell House

Following the changes made by East and North Herts Trust (ENHT) to the end of life services at Mount Vernon, Hillingdon CCG has recommissioned the hospice services for Hillingdon residents and, on behalf of associate CCGs, the residents of surrounding boroughs. The appropriate procurement processes were followed, and a two-year contract awarded to Harlington Hospice to provide palliative care services at the Michael Sobell House in March 2019.

Since June 2019, East and North Hertfordshire CCG have led formal contract meetings to confirm transition arrangements for staff, estate and related service arrangements. As the coordinating commissioner for ENHT, East and North Hertfordshire CCG has a duty to ensure

that due process is followed for any service change proposed by either an associate commissioner or the provider in line with the NHS Standard Contract terms and conditions.

Significant progress has been made since June 2019 between the organisations involved and partners are working together to finalise the lease arrangements to ensure that the agreed refurbishment work can start during September as well as manage the transfer of the affected staff members and prepare the mobilisation of the recommissioned services.

There is a shared ambition to see the fully refreshed service including the Day Centre, inpatient care and on-call clinical support to be provided by Harlington Hospice at Michael Sobell Hospice building opened before Christmas. All stakeholders continue to work hard to enable this to occur.

Your Life Line 24/7 – Single Point of Access and Palliative Overnight Nursing Service

The Your Life Line service run by CNWL was a finalist for the Specialist Service Award at the 2019 Health Service Journal Value Awards in May 2019. The service continues to support patients at end of life as well as clinicians in coordinating palliative care services around patient need, providing urgent palliative overnight nursing support, and support clinicians and GPs in care planning for patients with an identified end of life need.

A deep dive into the service was undertaken in July 2019 to understand drivers for improving outcomes. It is considered that the service has been a key component within the Hillingdon end of life pathway set of services in supporting more people to die at home or in their usual place of residence (which may be a care/nursing home). This can be seen in comparing 2017-18 and 2018-19 data which shows there were fewer Hillingdon patients dying in hospital. Feedback to the service from families has also been positive. There is an opportunity to improve awareness of the service, and increase referrals into the service, so that Hillingdon as a system can work together as a system with the Your Life Line service to coordinate care around people in their last few weeks of life, and people who are likely to need end of life support in the coming months.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

NIL.