

# 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, Rebecca Whitworth and Sean Bidewell - HCCG
<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>• NW London CCGs single operating model</li><li>• Primary Care Networks in Hillingdon</li><li>• Finance update</li><li>• QIPP delivery</li><li>• Changes to Mental Health Services</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

**That the Health and Wellbeing Board notes the 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 NW London CCGs single operating model**

The NHS Long Term Plan, published in January 2019, stated that by April 2021 there will typically be one CCG for each integrated care system in England. The NW London CCGs engaged with staff, stakeholders and practices earlier in the year on the case for change for a single CCG culminating in the 8 governing bodies recommending that we move to a single CCG from April 2021 with the development of a single operating model during 20/21 to support the move towards integrated working, streamlined decision-making and the delivery of our challenging financial targets.

There will continue to be locally based teams throughout NW London that will focus on:

- The development of primary care networks (PCNs) and neighbourhoods
- The development of borough partnerships
- Development and delivery of transformational service and financial change to deliver local targets

Consultation with staff on the proposed model commenced on 3 February and will end 13 March with the proposed changes coming into effect from April 2020 pending the outcome of the consultation process.

There will also be changes to the CCG leadership team as Mark Easton (Chief Officer – NW London CCGs) will be retiring from the end of March and Paul Brown (Chief Financial Officer – NW London CCGs) will be leaving us to take up a role in Staffordshire. Jo Ohlson (Director of Commissioning – NW London CCGs) will act into the Chief Officer role whilst the recruitment process takes place.

In November recruitment took place for the independent chairs of the 5 integrated care systems in London. Dr Penny Dash has been appointed as Chair for the NW London ICS (covering the STP footprint) and is expected to come into post during April.

### **3.2 Primary Care Networks in Hillingdon**

Following the publication of the primary care direct enhanced service (DES), work continues to develop primary care networks within Hillingdon. There are 7 networks in the borough aligned to our multi-disciplinary neighbourhood teams. The services currently provided through the DES include:

- Extended hours
- Access to social prescribing

From April 2020, these will be joined by:

- Structured medication review and optimisation
- Enhanced health in care homes
- Anticipatory care

The CCG, primary care confederation and HHCP are working closely with practices on a development programme that includes communications and engagement, support for PCN administration, the development and embedding of business intelligence and population health within PCNs and the development of GP IT systems to support joined up working.

Two practices in Hillingdon (West London and Church Road) have not joined a network and are

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not currently providing the necessary information for their patients to be able to access the available services. Whilst it is not compulsory for practices to sign up to a network they must work with a network that is local to them to ensure their patients have access to services. The CCG has now issued contractual notices to the practices which requires remedial action to be taken within 28 days. Following that period should the practices continue not to comply with the national contract the CCG will consider the contractual and regulatory options available.

### **3.3 Finance update Month 9**

Overall at Month 9, the CCG is reporting on target against its YTD in-year deficit of (£1.3m) and forecasting achievement of its (£1.7m) planned in-year deficit by year end. There has been a significant favourable movement in month within the Acute budgets however there remain forecast outturn (FOT) cost pressures within Acute (£0.5m). We have continued the NWL wide approach by scaling up our forecast Acute position to reflect anticipated over performance. The impact specifically for HCCG is an additional seasonality provision for the winter months of which £0.6m relates to Hillingdon Hospital.

Other significant FOT pressures remain within GP Prescribing (£1.2m adverse FOT variance). Further to this, there has been a deterioration to the Community Services position (£1.2m adverse FOT variance), which is largely due to pressures on the Community Equipment contract with LBH (£0.4m). Further to this, there are pressures relating to slippage on QIPP delivery outside of the CNWL contract (£0.8m).

At M9 there is an overall net risk of £1.6m, which is a £1.1m favourable movement from M8. The movement relates to £0.5m community equipment risk now reflected in the position and £0.6m relating to NWL recovery schemes which no longer feature in the position due to the improvement described above. Total gross risks of £2.7m largely relates to QIPP savings apportioned to THH during the last quarter (£0.8m), GP Prescribing Category M (£0.5m), the financial agreement for our End of Life SPA PONs (£0.4m) and Overseas Bad Debt Provision (£0.4m). Total mitigations of £1.1m to offset these risks largely relate to THH provisions not fully maturing £0.6m, UCC Bad Debt provision £0.4m and 18/19 Creditor Opportunities £0.1m.

The underlying position at M9 is currently a £2.5m deficit, which is a £0.3m adverse movement from M8. This is due to balance sheet gains released in month which are treated as non recurrent. Deterioration from plan recognises full Acute risk reflected in the FOT position and the full impact of the 19/20 PPA profiling which has been applied to the GP Prescribing position.

## Overall Position – Executive Summary Month 9 YTD and FOT

Budget Areas	Year to Date Position			Forecast Outturn Position			
	YTD Budget	YTD Actual	YTD Variance	Annual Budgets	FOT	FOT Variance	FOT QPP Variance
	£000	£000	£000	£000	£000	£000	£000
<b>Commissioning of Healthcare</b>							
Acute Contracts	176,953	176,617	336	235,329	235,849	(520)	(1,431)
Acute/QIPP Risk Reserve	0	0	0	580	444	136	227
Other Acute Commissioning	8,120	8,260	(139)	11,317	11,645	(329)	0
Mental Health Commissioning	27,144	27,374	(230)	36,646	37,080	(434)	(5)
Continuing Care	17,077	17,343	(267)	22,819	22,838	(19)	(0)
Community	26,886	28,162	(1,276)	38,610	39,774	(1,163)	(452)
Prescribing	26,791	27,990	(1,198)	35,378	36,614	(1,236)	(753)
Primary Care	5,745	5,847	(102)	9,630	9,799	(169)	0
Primary Care Delegated Commissioning	30,601	30,266	334	41,574	41,213	361	0
Other Programme	4,212	4,354	(142)	5,740	5,832	(92)	0
<b>Sub-total Commissioning of Healthcare</b>	<b>323,528</b>	<b>326,212</b>	<b>(2,684)</b>	<b>437,624</b>	<b>441,088</b>	<b>(3,464)</b>	<b>(2,414)</b>
<b>Reserves &amp; Contingency</b>							
Contingency	1,229	0	1,229	2,060	0	2,060	0
2018/19 Balance Sheet Gains	0	(1,289)	1,289	0	(1,289)	1,289	0
NML Recovery	0	0	0	0	0	0	2,015
<b>Sub-total Reserves &amp; Contingency</b>	<b>1,229</b>	<b>(1,289)</b>	<b>2,518</b>	<b>2,060</b>	<b>(1,289)</b>	<b>3,349</b>	<b>2,015</b>
<b>Total Programme</b>	<b>324,757</b>	<b>324,923</b>	<b>(166)</b>	<b>439,684</b>	<b>439,799</b>	<b>(115)</b>	<b>(400)</b>
<b>Running Costs</b>	<b>3,878</b>	<b>3,711</b>	<b>166</b>	<b>5,170</b>	<b>5,055</b>	<b>115</b>	<b>(10)</b>
<b>Total Planned Expenditure (Before In-Year Surplus/(Deficit))</b>	<b>328,635</b>	<b>328,635</b>	<b>0</b>	<b>444,854</b>	<b>444,854</b>	<b>0</b>	<b>(410)</b>
<b>In-Year Surplus/(Deficit)</b>	<b>(1,275)</b>	<b>0</b>	<b>(1,275)</b>	<b>(1,700)</b>	<b>0</b>	<b>(1,700)</b>	<b>0</b>
<b>Total In-Year Position</b>	<b>327,360</b>	<b>328,635</b>	<b>(1,275)</b>	<b>443,154</b>	<b>444,854</b>	<b>(1,700)</b>	<b>(410)</b>
<b>MEMORANDUM NOTE</b>							
<b>Historic Surplus/(Deficit)</b>	<b>1,788</b>	<b>0</b>	<b>1,788</b>	<b>2,384</b>	<b>0</b>	<b>2,384</b>	<b>0</b>
<b>TOTAL</b>	<b>329,148</b>	<b>328,635</b>	<b>513</b>	<b>445,538</b>	<b>444,854</b>	<b>684</b>	<b>(410)</b>

## Month 9 Year to Date Position – Acute Contracts and Continuing Care

### Acute Contracts

Budget Areas	Year to Date Position			
	Annual Budgets	YTD Budget	YTD Actual	YTD Variance
	£000	£000	£000	£000
<b>In Sector SLAs</b>				
Chelsea And Westminster Hospital NHS Foundation Trust	3,447	2,574	2,561	12
Imperial College Healthcare NHS Trust	14,375	10,771	11,077	(306)
London North West Hospitals NHS Trust	19,386	14,539	14,565	(26)
Royal Brompton And Harefield NHS Foundation Trust	7,953	5,955	5,790	165
The Hillingdon Hospitals NHS Foundation Trust	151,128	113,844	113,844	0
<b>Sub-total - In Sector SLAs</b>	<b>196,288</b>	<b>147,684</b>	<b>147,838</b>	<b>(154)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>36,859</b>	<b>27,637</b>	<b>27,196</b>	<b>442</b>
<b>Sub-total - Non NHS SLAs</b>	<b>2,182</b>	<b>1,632</b>	<b>1,583</b>	<b>49</b>
<b>Total - Acute SLAs</b>	<b>235,329</b>	<b>176,953</b>	<b>176,617</b>	<b>336</b>

## Continuing Care

Budget Areas	Annual Budgets	Year to Date Position		
		YTD Budget	YTD Actual	YTD Variance
	£000	£000	£000	£000
Mental Health EMI (Over 65) - Residential	2,227	1,670	1,253	417
Mental Health EMI (Over 65) - Domiciliary	253	190	235	(45)
Physical Disabilities (Under 65) - Residential	3,222	2,417	2,524	(107)
Physical Disabilities (Under 65) - Domiciliary	2,774	2,081	1,671	410
Elderly Frail (Over 65) - Residential	2,732	2,049	2,314	(265)
Elderly Frail (Over 65) - Domiciliary	797	598	744	(146)
Palliative Care - Residential	602	451	381	70
Palliative Care - Domiciliary	562	422	429	(7)
<b>Sub-total - CHC Adult Fully Funded</b>	<b>13,171</b>	<b>9,878</b>	<b>9,550</b>	<b>328</b>
<b>Sub-total - Funded Nursing Care</b>	<b>2,433</b>	<b>1,825</b>	<b>1,985</b>	<b>(160)</b>
<b>Sub-total - CHC Children</b>	<b>2,173</b>	<b>1,630</b>	<b>1,519</b>	<b>111</b>
<b>Sub-total - CHC Other</b>	<b>214</b>	<b>123</b>	<b>115</b>	<b>8</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,907</b>	<b>2,930</b>	<b>3,082</b>	<b>(152)</b>
<b>Total - CHC Assessment &amp; Support</b>	<b>921</b>	<b>691</b>	<b>1,093</b>	<b>(402)</b>
<b>Total - Continuing Care</b>	<b>22,819</b>	<b>17,077</b>	<b>17,343</b>	<b>(267)</b>

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

### Acute Contracts

Budget Areas	Year to Date Position		Forecast Outturn Position		
	YTD Actual	YTD Variance	FOT	FOT Variance	FOT Q1PP Variance
	£000	£000	£000	£000	£000
<b>In Sector SLAs</b>					
Chelsea And Westminster Hospital NHS Foundation Trust	2,561	12	3,621	(174)	(15)
Imperial College Healthcare NHS Trust	11,077	(306)	14,854	(480)	(37)
London North West Hospitals NHS Trust	14,565	(26)	19,456	(71)	38
Royal Brompton And Harefield NHS Foundation Trust	5,790	165	7,757	196	181
The Hillingdon Hospitals NHS Foundation Trust	113,844	0	151,718	(590)	(1,638)
<b>Sub-total - In Sector SLAs</b>	<b>147,838</b>	<b>(154)</b>	<b>197,406</b>	<b>(1,118)</b>	<b>(1,472)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>27,196</b>	<b>442</b>	<b>36,322</b>	<b>538</b>	<b>29</b>
<b>Sub-total - Non NHS SLAs</b>	<b>1,583</b>	<b>49</b>	<b>2,121</b>	<b>60</b>	<b>12</b>
<b>Total - Acute SLAs</b>	<b>176,617</b>	<b>336</b>	<b>235,849</b>	<b>(520)</b>	<b>(1,431)</b>

## 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	1,253	417	1,655	572	
Mental Health EMI (Over 65) - Domiciliary	235	(45)	308	(55)	
Physical Disabilities (Under 65) - Residential	2,524	(107)	3,220	2	
Physical Disabilities (Under 65) - Domiciliary	1,671	410	2,211	564	
Elderly Frail (Over 65) - Residential	2,314	(265)	3,072	(340)	
Elderly Frail (Over 65) - Domiciliary	744	(146)	806	(8)	
Palliative Care - Residential	381	70	518	84	
Palliative Care - Domiciliary	429	(7)	530	33	
<b>Sub-total - CHC Adult Fully Funded</b>	<b>9,550</b>	<b>328</b>	<b>12,319</b>	<b>851</b>	<b>0</b>
<b>Sub-total - Funded Nursing Care</b>	<b>1,985</b>	<b>(160)</b>	<b>2,768</b>	<b>(335)</b>	<b>0</b>
<b>Sub-total - CHC Children</b>	<b>1,519</b>	<b>111</b>	<b>2,017</b>	<b>156</b>	<b>0</b>
<b>Sub-total - CHC Other</b>	<b>115</b>	<b>8</b>	<b>203</b>	<b>11</b>	<b>(0)</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,082</b>	<b>(152)</b>	<b>3,976</b>	<b>(69)</b>	<b>0</b>
<b>Total - CHC Assessment &amp; Support</b>	<b>1,093</b>	<b>(402)</b>	<b>1,554</b>	<b>(633)</b>	<b>0</b>
<b>Total - Continuing Care</b>	<b>17,343</b>	<b>(267)</b>	<b>22,838</b>	<b>(19)</b>	<b>(0)</b>

### 3.4 QIPP update – 19/20 Month 9

The 2019/20 QIPP target is £9m or 2% of the CCG allocation. The CCG is on target to achieve £6.5m (based on Month 9 accounts), which is a delivery of 72%. Due to the financial pressures within the NWL system each CCG was tasked to identify and deliver a further £2m of savings in year. The CCG achieved this which takes the revised forecast in year delivery to £8.5 or 94%.

The CCG previously achieved £10.5m in both 2018/19 and 2017/18. Prior to this the CCG has historically delivered approximately £7m-£9m QIPP.

Against the original QIPP Plan there has been slippage against some of our transformational programmes in the following areas: Planned Care (-£0.4m), Integrated Care Partnership (ICP) (-£1.4m).

#### **Planned care**

##### **Neuro-community service and gastroenterology:**

There have been some delays in delivering the impact of the Clinical Nurse Specialists (CNS) appointed for neuro-community services whilst they increase their work load. The CNSs are working closely with the current team and being mentored by the consultants allowing them to now accept any mild and moderate patients already within the system. Hillingdon Hospital is currently closed to new referrals to Neurology however the process outlined above will support the management of capacity across both the community and acute setting to enable the service to reopen. These services will continue into 20/21 where they will work towards taking direct primary care referrals, reducing the secondary care demand.

The Irritable Bowel Syndrome/Irritable Bowel Disease (IBS/IBD) CNS has been appointed and the service went live in 19/20. However the service has faced delays due to the demand and capacity regarding RTT waits at The Hillingdon Hospital. This lead to the nurse post having to focus on regular secondary care activity.

## ***Integrated Care Partnership (ICP)***

Hillingdon Health and Care Partnership (HHCP) brings together three statutory NHS organisations, the Hillingdon GP Confederation, 7 Primary Care Networks and a number of third sector organisations (H4All). There has been some slippage against the transformational QIPP programme mainly within A&E. In response to the pressure and increasing demand, the HHCP partners triggered the agreed escalation procedure. This resulted in the implementation of a range of initiatives including:

- Additional primary care capacity available in the community on Mondays and Thursdays, directly bookable from the urgent treatment centre
- A focus on improving the streaming of activity into the urgent treatment centre
- The extension of the care homes service to support the three homes with the highest A&E activity
- Rapid access community phlebotomy
- A 4 week discharge co-ordination centre staffed 9-5 Monday to Friday by senior operational staff from HHCP Partners working alongside senior THH hospital staff and joined by operational colleagues from Adult Social Care.

Early indications show that there has been some impact on A&E activity and length of stay however this will continue to be monitored closely over the coming weeks.

### **3.5 Changes to mental health services**

Following the notice given by LBH to CNWL regarding the s75 arrangements for mental health services the CCG, CNWL and LBH have been working together to understand the impact of the changes on service users, staff and organisations. To date the areas of focus have been understanding the changes to models of care and shared caseloads, communications and engagement of service users and staff and estates.

**Models of care and shared caseload:** CNWL and LBH staff have disaggregated the existing caseloads within the local teams and are working on the pathways to ensure clarity of case management for patients going forwards.

**Communications and engagement:** “Q&As” are being developed and engagement will be undertaken with service users regarding the changes to location and service model. As the decision was not a health decision it is not proposed that there is a public consultation. Staff will be consulted on the change of location.

**Estates:** At time of writing work is underway to confirm the future location of services and the associated cost to the health system. Confirmation of the site and timescales for moving are expected shortly.

## **4. FINANCIAL IMPLICATIONS**

None in relation to this update paper.

## **5. LEGAL IMPLICATIONS**

None in relation to this update paper.

## **6. BACKGROUND PAPERS**

NIL.