

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison; Rebecca Whitworth; 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">• NW London CCG Merger• Hillingdon System Covid Response• Winter planning• Flu programme• Finance update
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 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 NW London CCG merger

Following the publication of the NHS Long Term Plan in January 2019 the 8 CCGs in NW London have undertaken a programme of commissioning reform, developing a proposal to become a single CCG from April 2021 on which the membership have now voted and agreed.

The next phase of work to deliver a single CCG includes:

- Submitting an application to merge the CCGs to NHSE/I for approval
- Further development of the new CCG constitution including the confirmation of local oversight and accountability through the establishment of 8 Borough Committees which will include representation from local authorities, Healthwatch and local GPs and lay members
- Ongoing development of local integrated care partnership arrangements (Hillingdon Health and Care Partners)

Each CCG will remain a statutory organisation until April 2021.

The 8 CCGs have also undertaken a management re-organisation to support the move to a single operating model and deliver financial efficiencies to support our recovery plans within NW London.

We are still implementing the changes however the confirmed senior team in Hillingdon from 1st December will be:

- **Brent, Harrow, Hillingdon Chief Operating Officer:** Sheik Auladin (previously Managing Director – Brent CCG)
- **Borough Director:** Sue Jeffers/Richard Ellis (previously Associate Directors for Primary Care – NW London)
- **Associate Director Primary Care Delivery:** Tarvinder Kalsi (previously Associate Director Primary Care Hillingdon CCG)
- **Associate Director Integration and Delivery:** Sean Bidewell (previously Associate Director Strategy, Transformation and Planning, Hillingdon CCG)
- **Finance Business Partner Brent, Harrow, Hillingdon:** Rebecca Whitworth (previously Head of Finance, Hillingdon CCG)

Joe Nguyen (Hillingdon CCG, Deputy Managing Director) leaves the borough to take up the Borough Director role for Central London CCG (Westminster). We thank him for his contribution to Hillingdon and wish him every success in his new role.

Caroline Morison (Hillingdon CCG, Managing Director) leaves the CCG but will remain in the borough having been appointed to the new role of Managing Director for Hillingdon Health and Care Partners.

3.2 Hillingdon System Covid Response

Local partners in Hillingdon have responded to the Covid pandemic collectively through establishing the Hillingdon Covid Hub which during wave 1 saw daily updates and actions agreed across health, social care, public health, the third sector and broader partners including the police. We have now also included Brunel University in our core membership.

Current priorities for the hub include:

- Refreshing the support available for the ‘clinically extremely vulnerable cohort’
- Expanding our ‘Escalated Care Clinics’ that provide face to face and remote support for patients with Covid in the community
- Focussing on the delivery of the flu vaccine to vulnerable groups

We have focussed on maintaining service delivery in primary care and practices are working to ensure that there is sufficient access to services, in particular uptake of childhood immunisations (where public health data shows there is no backlog) and delivery of cervical smears (all practices are delivering these and activity is beyond the recovery trajectory).

Infection prevention control measures are in place across all our practices including a ‘virtual first’ approach to consultations which reduces the risk of crowded waiting rooms and enables clinicians to triage based on need however face to face appointments are also available where clinical or patient need requires. There is currently around a 50% split of face to face vs non-face to face activity in general practices in the Borough.

3.3 Flu programme

The flu programme for 2020 is the most ambitious yet setting a national ambition of uptake of 75% by the end of November for a number of vulnerable groups. Our practices, primary care networks and community pharmacies have been working hard towards meeting the targets set despite significant challenges related to the availability of vaccine stock (in particular for the under 65 ‘at risk’ population).

Hillingdon uptake at the 9th November is shown below:

Cohort	Uptake (including refusals)
Over 65s	65% (71%)
Under 65s in a clinically vulnerable group	32% (36%)
2-3 year olds	37% (42%)
Pregnant women	23% (27%)

The health and care workforce are a priority group for vaccination, although low stock levels have restricted access over the first few weeks. We are continuing to work with partners to get messages through providers regarding the routes to access vaccination and its importance. In addition, we are working with colleagues across the ICS and London to provide myth-busting communications to attempt to reduce the refusal rates.

3.4 Winter planning

The Hillingdon system is committed to sustaining planned care delivery over the coming months in line with the NHSE/I requirements to restore elective and proactive care. Partners in Hillingdon have jointly developed a winter plan to maintain services in primary, community and

acute care alongside the management of surge pressures. The plan is focussed on three areas:

Step up care:

- Integrated urgent response (led by the Hillingdon Primary Care Confederation) - assessing and where appropriate redirecting patients away from UTC/ED and into primary and community care services
- Integration of rapid response service with redirection service and maximising the available caseload
- Enhancing the use of the mental health safe haven to support redirection from ED

Hospital processes:

- Focus on same day emergency care pathways
- Criteria led discharge and 7 day a week discharge support to support flow in to and out of beds
- Additional hospital bedded capacity for escalation

Community discharge:

- Enhancement of discharge to assess service, maximising the utilisation of care hours, third sector support and integrating key pathways including end of life
- Ensuring sufficient complex care provision in the community through bedded support in care home and local authority units

3.5 M6 Finance update

A temporary financial regime was put in place in response to Covid-19 for the period 1 April 2020 to 30 September 2020. CCG budgets were set using a National Model based on 19/20 Month 11 year to date expenditure. The CCG was monitored against these issued budgets to M6. Actual expenditure incurred was reviewed on a monthly basis and a retrospective non-recurrent allocation adjustment was issued by NHSE which brought the CCG back to a breakeven position (including additional costs incurred relating directly to Covid-19).

The CCG expects to achieve a breakeven position at Month 6. At the time of writing, the CCG has received a retrospective allocation adjustment for M1 to M5 of £6.2m, which has brought the financial position to breakeven at Month 5. The £6.2m is made up of Covid related expenditure of £5.5m (£3.4m relates to hospital discharges, £0.7m to escalated care clinics to support the management of Covid in the community, £0.7m GP/Primary care related costs for overtime, PPE etc, and £0.4m of 19/20 prescribing pressures). The remaining £0.7m is smaller, non Covid related pressures across various reporting categories. The CCG is awaiting a further adjustment for Month 6, to bring the position back to breakeven in the same manner.

For M7-12 CCG budgets have been set based on what was spent in the first half of the year (M5 Costs forecasted to M6 excluding Covid) as a starting point. An assessment was then made on the likely increase in costs that would be incurred in the remainder of the year that could not be managed within the straight line projection of spend. These totalled £41.6m across NWL, £23.6m of which were already accounted for in the system envelope leaving a budget gap of £18m across NWL CCGs. All CCGs are expected to breakeven by year end and hence this gap is likely to be addressed by applying an efficiency target to each CCG of around 1% (or £2m for Hillingdon CCG), planning is underway to identify plans for delivery against this target.

For the remainder of the financial year, there will continue to be block contracting arrangements in place with all NHS Providers and CCGs budgets have been amended to reflect this. These block contracts continue to replace all existing smaller contracts.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.