

Health, Inclusion and Social Care Policy and Accountability Committee

Supplementary Agenda 2

Monday 11 February 2019 at 6.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration	Opposition
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Mercy Umeh	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell, Action On Disability Jim Grealy, Save Our Hospitals Bryan Naylor, Age UK	

CONTACT OFFICER: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 5758
E-mail: bathsheba.mall@lbhf.gov.uk

Reports on the open agenda are available on the Council's website:
www.lbhf.gov.uk/committees


Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 07 February 2019

Health, Inclusion and Social Care Policy and Accountability Committee Supplementary Agenda 2

11 February 2019

<u>Item</u>	<u>Pages</u>
7. HAMMERSMITH & FULHAM CLINICAL COMMISSIONING GROUP - UPDATE	3 - 32
This report provides the Committee with an update as to the H&F CCG plans for financial recovery. This also includes an update from Healthwatch.	

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH, INCLUSION AND SOCIAL CARE POLICY & ACCOUNTABILITY</p> <p style="text-align: center;">11 FEBRUARY 2018</p>	
<p>HAMMERSMITH & FULHAM CCG UPDATE</p>	
<p>Report of the H&F CCG and Healthwatch</p>	
<p>Open Report</p>	
<p>Classification - For Policy & Accountability Review & Comment Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Lisa Redfern, Strategic Director of Social Care and Public Services Reform</p>	
<p>Report Author: H&F CCG – Janet Cree Healthwatch – Olivia Clymer</p>	<p>Contact Details: Email: Janet.cree@nhs.net Email:Olivia.Clymer@healthwatchcentralwestlondon.org</p>

1. EXECUTIVE SUMMARY

This report provides the Committee with an update as to the H&F CCG plans for financial recovery. A recent workshop facilitated by the CCG on 29 January 2019 considered the PowerPoint slides attached as Appendix 1 to the report, and which sets out details about the current financial position for 2018/19 and 2019/20.

Appendix 2 of the report provides a short briefing note for members of the Committee to consider, produced by Healthwatch.

2. RECOMMENDATIONS

2.1 That the Committee considers the report and provide comments.

3. REASONS FOR DECISION

N/A

4. INTRODUCTION AND BACKGROUND

4.1 The Committee considered two items at its recent meeting held on 4 December 2018. This included the draft pre-consultation business case, which looked at the urgent care and out of hours primary care provision in the Borough and made proposals about the hours of those services. This provided the case for change, the current usage of the two urgent care centres and the out of hours services as well as the public and stakeholder engagement to date and plans for consultation. The final iteration of the business case was recently approved. The Committee also considered a briefing on the 2018/19 and 2019/20 financial position.

4.2 Healthwatch have provided an update on their work in H&F, attached as Appendix 2, to provide context and background in respect of the CCG plans to consult and its plans for financial recovery.

5. PROPOSAL AND ISSUES

As attached, Appendix 1 and 2.

6. OPTIONS AND ANALYSIS OF OPTIONS

N/A

7. CONSULTATION

N/A

8. EQUALITY IMPLICATIONS

N/A

9. LEGAL IMPLICATIONS

N/A

10. FINANCIAL AND RESOURCES IMPLICATIONS

N/A

11. IMPLICATIONS FOR BUSINESS

N/A.

12. RISK MANAGEMENT

N/A

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

N/A

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	None.		

LIST OF APPENDICES:

Appendix 1 – H&F CCG - H&F CCG Financial Recovery Plan Information and Discussion Session

Appendix 2 - Update on Healthwatch Central West London (HWCWL) work in H&F

H&F CCG Financial Recovery Plan Information and Discussion Session

Overview

Time	Item
14:00	Welcome and introductions
14:20	2018-19 financial position 2018-19 cost savings and impact Questions and Answers
15:00	Break
15:15	2019-20 financial position 2019-20 plans for cost savings: principles
15:45	Round-table discussions
16.20	Plenary

Page 7

Overview and what to expect

What can I expect from the session?

- Hear a brief summary of 2018-19 cost saving approaches
- Hear a brief summary of 2019-20 cost saving plans

Page 8
Governing Body and Senior Management Team members available to address questions and discuss your feedback

Welcome, introductions and background

Introductions

- Introducing yourself to your neighbour
- Setting shared ground rules

Background

- The CCG is in financial recovery, meaning that we need to make savings and balance budgets
- This is the CCG's 3rd public financial recovery plan session

What can you expect from today?

- Receive updates on financial position and plans to address the deficit
- Ask questions and get feedback on financial plans

Page 9

Ground Rules

- Treat everyone in the room with respect
- Respect that everyone has the right to make a constructive contribution
- Contributions should be courteous
- Courtesy should be extended to everyone
- Everyone should be given the opportunity to contribute

Financial Position 2018-19

Financial position in 2018-19

- 9 months into the financial year, Hammersmith & Fulham CCG reported the following in year position:
 - Deficit: £3.6m: actual to end December
 - Deficit: £9m: full financial year forecast – end March 2019
 - £5.6m worse than planned due mainly to:-
 - Only £10.4m savings now forecast compared to a target of £17.2m (£6.8m under-delivery of savings)
 - Additional £2.6m spent on unplanned acute hospital activity
 - Additional £1.3m spent on continuing healthcare and mental health placements
 - The CCG had reserves of £5.8m which have all been used to support the financial position
 - Under-delivery of 2018/19 recurrent savings contributes to the 2019/20 savings requirements

2018-19 Initiatives and Saving Schemes - Summary

Of the £10.4m now forecast for delivery the following summarises the key scheme areas:

Savings description	Forecast (£m)
Transactional: <ul style="list-style-type: none"> - One-off benefits, mainly related to contracts - Better utilisation of estate to reduce empty space - Release of reserves - Budget efficiencies (that do not directly effect patient experience or outcomes) e.g. reducing running costs 	4.7
Changes to charges to other CCGs when their patients use H&F Urgent Care Centres	0.4
Budget efficiencies, including shared contracts with Local Authority (Better Care Fund)	0.7
Continuation of 2017/18 schemes	3.8
Prescribing	1.6
Continuing Healthcare	0.8
Mental Health Placements	0.4
Other contract changes	0.6
Reduce hospital activity e.g. by maximising use of community service usage	0.8
Total	£10.4

2018-19 initiatives and savings schemes

Savings target in 18/19: **£17.3m**

Current forecast of delivery: **£10.4m (60%)**

Schemes	Description
Estates	Occupation of empty / unused buildings by third party e.g. Utilising space at Milson Road for MSK service
Better Care Fund	Review of current services provided using health & social care funding with Local Authority. CCG focussed on health element of budget and reducing non-statutory areas of spend e.g. community equipment service
Prescribing	Cost effective prescribing by GP practices and in hospital and reduce harm to patients e.g. better use of antibiotics, patient ordering of repeat medicines, reducing over the counter prescribing
Mental Health Placements	Robust management of each placement in-house to ensure timely step down of patients as their MH improves as well as stepping up those who have increasing need, on-going reviews ensures value for money is achieved

Page 14

2018-19 initiatives and savings schemes

Savings target in 18/19: **£17.3m**

Current forecast of delivery: **£10.4m (60%)**

Schemes	Description
Community Services	Reduce cost in hospital by maximising the use of existing community services appropriately e.g. Community Independent Service, community MSK, community audiology, community diagnostics
Page 15	Proactive approach to manage and help patients to use the most appropriate service first time e.g. supporting those who use frequently attend A&E to appropriately use other services
Enforce contract terms	CCG has legitimate grounds to secure a lower financial cost or challenge service to be delivered in line with the contract
Budget Efficiencies / One off savings	Re-base budgets based on actual spend and use of one-off benefits from release of reserves
Continuing Care	Reduce the price of care packages through combination of clinical review of high cost placements, price negotiation and proactive market management

2018-19 initiatives and savings schemes

Internal housekeeping

- Financial recovery plan in place, part of a wider NW London recovery plan
- Financial recovery group established to monitor, track and manage risks against delivery of the recovery plan. Reports to Finance and Performance Committee monthly
- Control of Investment Policy approved by the Governing Body. Sets out criteria for when investments will either be approved, deferred or stopped. Remains in place for 2019/20.

2018-19 initiatives and savings schemes

Internal housekeeping

- Value for money review of all contracts and pricing carried out – lower prices being negotiated for some services
- Checked what we pay for services in comparison to other CCGs to ensure we are not paying more than others
- Contract challenges in place where we believe we are paying too much for activity/provision
- Running cost reductions

2018-19 initiatives and savings schemes – impacts

- Overall, savings achieved have had no detrimental clinical impact on patients
- In all cases where a service change has been made the CCG will monitor the impacts and consequences and take appropriate action where necessary
- We are continuing to monitor services particularly where we have made changes to pathways
- Examples include MSK service, falls pathway, Imperial contract mechanism

Financial Position and Planning for 2019/20

2019-20 financial position - Overview

- Initial requirement is to deliver £27m of savings in 2019/20 – this is likely to change once the allocations and national guidance requirements are taken in to account. This figure could increase
- The £27m includes the short fall of the 2018/19 savings plan (£6.8m) and the need to find savings in 2019/20 for those one off savings achieved in 2018/19
- If the CCG delivers the full £17.2m recurrent savings required in 2018/19 the savings target for 2019/20 would be approximately £16m

2019-20 initiatives to stay within budget

We asked ourselves the following questions in order to identify areas we should review:

- Are the current arrangements meeting the objectives set out in previously agreed business plans?
- Are the services being provided in other parts of the system and therefore being duplicated?
- Are services and facilities being fully utilised?
- Are services being commissioned in line with best practice and in line with local and national benchmarks?

2019-20 initiatives to stay within budget

- Are we statutorily required to commission the service or is it nationally mandated?
- Would it be more cost effective to bring arrangements in-house rather than commission via a third party?
- Are there opportunities for improved contractual management?
- Are the current arrangements providing value for money?

Page 22

2019-20 initiatives to stay within budget

The following principles were used to determine the appropriateness for further consideration:

- Maintenance of clinical safety
- Maintenance of service quality
- Maintenance of statutory obligations
- Quality and equality impact assessments to be undertaken
- Delivery of financial balance
- Continued use of Investment Policy

2019-20 initiatives to stay within budget

The Governing Body has asked officers of the CCG to work up schemes within the following areas totalling £7m :

- Stronger contract management
- Reducing prescribing costs
- Reviewing community contracts
- Reducing service variation and duplication
- Renegotiating contract prices
- Reducing running costs
- Ceasing contracts for non-statutory services

2019-20 initiatives to stay within budget

Potential Impacts

In taking forward work in the areas on the previous slide the Governing Body recognises the following potential impacts:

- Longer waiting times for some services
- Changes to how and where patients access some services
- Patients no longer having access to previously received non-statutory services

2019-20 initiatives to stay within budget

Mitigations

- On-going monitoring for impact
- Following the Quality, Equalities and Reducing Health Inequalities screening process to consider potential impact of proposals for different groups of people and how negative impacts can be mitigated
- Engagement where this is identified as needed
- Continuing the development of consistent clinical guidelines to improve service utilisation and patient outcomes

2019-20 initiatives to stay within budget

The current level of savings is not enough – what more are we doing?

- Reviewing other CCG initiatives to see if there is any learning that can be applied locally
- Revisiting previous plans to determine if there is anything more we can do to
- Supporting transformation plans at NWL level
- Reviewing national benchmarking data to see how we compare to other places and what we can do in those areas where we are outliers
- Reviewing of national schemes - issued by NHS England
- Reviewing our current cost base

2019-20 initiatives to stay within budget

What are the consequences of not agreeing a credible savings plan?

- Not deliver the NHE England expectation- deliver financial balance in 2019-20
- CCG will be placed under 'legal' direction- wide range of powers and control taken away from the CCG
- Potential for the CCG to be subject to special measures

Over to you

Engagement activity

- **On your tables talk about what people have heard this afternoon. Ask questions of Governing Body members and provide feedback and comments that the CCG can then consider as it takes forward the work on the savings programme**
- **Hafccg.engagement@nhs.net**
- **Bethany Golding 0203 350 4303**



Update on Healthwatch Central West London (HWCWL) work in H&F

Healthwatch work in Hammersmith and Fulham has been mainly focused during January and early February on the H&F CCG upcoming consultation of primary and urgent care changes in the Borough. The Healthwatch H&F Local Committee has been actively involved in discussing and raising issues and feedback regarding the consultation. Hammersmith and Fulham Local Healthwatch Committee will be submitting a formal response in addition.

Specific steps taken:

- The Healthwatch H&F Local Committee met on the 9th January 2019 to discuss the paper that H&F CCG presented at the PAC meeting in December and the H&F CCG pre-consultation business case on primary and urgent care changes that was published on their website on the 8th January 2019. The Committee raised several concerns and questions regarding the business case document and the upcoming consultation. It was agreed that the Committee will seek to arrange a meeting with the H&F CCG management to discuss this in further detail.
- The Healthwatch H&F Local Committee met with H&F CCG Managing Director Janet Cree and the Head of Governance and Engagement Mark Jarvis on the 23rd January 2019. The Committee raised several issues and made some suggestions, including the following:
 - The suggestion to conduct the consultation in two different stages: a) Urgent Care at Hammersmith Hospital and b) Primary Care (extended hours and weekend plus service).
 - Concerns about the emphasis on the digital alternative pathway. This should not be part of the consultation as people might get confused. It should be clear that digital health will be an add-on and not replace existing services. The Committee also questioned the soundness of the business case document because data on digital are provided from different sources.
 - The Committee emphasised the need for a consultation document that is going to be brief, easy to understand, has specific questions.
 - The need for a full equality's impact assessment.
 - An honest statement about the financial reasons driving these changes to help residents make an informative decision.
 - The need to publicise services better and in a simple way that people can understand what is available.
 - Specific suggestions of where H&F should be doing engagement.

A list of all the Committee's suggestions and comments is available on request.

H&F CCG representatives responded that due to financial reasons they are not able to conduct the consultation in two different stages. They assured the Committee that there is

going to be a full equality's impact assessment. They said that they will not be consulting on digital health. They informed that there will be a training programme to support patients with the use of digital technology. They agreed that services should be better published.

It was agreed that a further meeting was necessary to discuss the draft consultation document that was not available at the time.

- The Healthwatch H&F Local Committee met with H&F CCG Patient and Public Engagement and Communications Manager Bethany Golding on the 30th January to discuss the draft consultation document that it received the previous day.

The Committee's feedback included the following:

- The document must be divided in two different sections a) the actual consultation and b) what is already available.
- The current document is already too long and needs to be shortened, by avoiding repetitions.
- Clear, simple English should be used across the document.
- Tables, colours and other formats according to accessibility standards should be used.
- The questions of the consultation document should be made clear from the beginning and focused on the impact of the changes.
- The questions should be on one side and on the other page there should be an explanation of why they are asking this.
- The Committee welcomed the page on information on GPs, 111 and Pharmacies that was clearly set out.
- Simplification is key and concepts like the national and local scheme should be explained in plain English.

Ms Golding thanked the Committee for their valuable feedback. The Committee asked for an audit to be kept informed in case members suggestions have not been accepted to be given a valid reason.

- Healthwatch H&F Local Committee invited at its regular meeting on 4th February representatives from the GP Federation and GPs to listen to their views on the consultation as well. Five members of the GP Federation attended. Their valuable feedback helped informed Healthwatch position.

In addition on 25th January, Olivia Clymer, Healthwatch CEO meet with Mark Eastern, Chief Accountable Officer for NWL Collaboration of CCGs to raise concerns on the challenge of engagement on complex and concerning financial issues in Hammersmith and Fulham.

Healthwatch Central West London has been awarded the contract to lead and co ordination of the eight Healthwatch's of NW London on the NHS Long Term Plan. The contract is awarded by Healthwatch England allocating notional funding allocated to support the consultation.

Healthwatch are taking evidence, gathered from members, local groups and local committee members to the Palliative Strategic Review covering Pembridge. Concerns about Pembridge and palliative care were raised by Olivia Clymer at the NW London Quality Surveillance meeting which includes NHS England, CQC, NHSi as well as CCG representative from NW London. We will be engaging on the consultation on Continuing Healthcare policy and funding.

Next steps:

Healthwatch will be looking to organise engagement stalls at GP Practises with patients that are already using the extended hours and weekend plus services, by focusing on the impact that changes will have for patients. Healthwatch is anticipating the H&F CCG final consultation document, their engagement plan and a confirmation of the consultation period timetable before proceeding further.

Healthwatch will then provide a formal response to the Consultation by taking into account the comments made by the Local Committee in all the above occasions, information gathered by GPs, patient engagement and its January enter and view report on Urgent Care Centre in Hammersmith and Fulham.