

UPDATE TO HWBB

NOVEMBER 2015



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MONEY

- CCG good position and done lots
- December - 3 year CCG allocation
- New capitation formula – impact and pace of change unknown
- New requirements in Planning Guidance?
- CCG growth could be 0
- New capitation formula for primary care



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LOCAL ECONOMY

- Doing OK
 - Collaboration and work of local GPs
- Significant financial (and operational) issues at Barts Health
 - No clear plans as yet for financial balance
- £32m Non recurrent schemes being evaluated
- Tough in provider land – no let up on money, performance and quality
- Some success with One Hackney & the City – early days!
- In year and recurrent cuts to Public Health
- LA cuts



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MATERNITY - HOMERTON

- Risk summit held on 28 September led by NHSE
- Agreed
 - To have one combined action plan picking up on the maternal deaths, CQC report and CCG report
 - CCG Maternity Programme Board, with external support, will monitor progress
 - External peer review of progress towards end of 2015
- Understand CQC will make a further inspection to review progress against action plans - TBA



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QUALITY AT BARTS HEALTH

- Introducing site specific quality meetings
 - CCG will attend St Barts and Royal London
- Cancer and cardiac specific review meetings across all providers
- CCG continues to collect duty of candour information
- Non recurrent support offered to help improve admin systems – plans awaited



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PRIMARY CARE

- £8.8m of additional investment into GP Confederation for additional services
- All scrutinised by Local GP Provider Contracts Committee (no local GPs involved)
- Population coverage for all services commissioned – fantastic achievement – and big improvements in clinical care
- 21 practices offering extended hours – limited scope to expand due to workforce issues



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QUALITY IMPROVEMENTS IN PRIMARY CARE

- Improvement in the % of patients at risk of developing diabetes or CVD having a complete annual review increased from 60.9% in 2013/14 to 71.9% in 2015/15
- Improvement in the % of patients with severe and very severe COPD having two annual reviews increased from 78.6% in 13/14 to 87.3% in 14/15
- Improvement in the % of patients with severe asthma receiving 2 annual reviews increased from 82.4% in 2013/14 to 87.8% in 2014
- Improvement in the % of diabetic patients with a full annual review increased from 68.5% in 2013/14 to 78.2% in 2014/15
- Improvement in blood pressure control of hypertensive patients with 87.9% having a BP of $\leq 150/90$
- Improvement in cholesterol control of stroke and TIA patients with 95.7% having cholesterol control of $\leq 5.0\text{mmol/l}$
- 77% of newly diagnosed diabetic patients now have a care plan o 84.2% of patients with COPD are referred to Pulmonary Rehab



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OUT OF HOURS

- Asked Primary Care Foundation to review the service one year on
- Presented to CCG Governing Body on 25 September with an action plan
<http://www.cityandhackneyccg.nhs.uk/about-us/ooh-review-report-and-action-plan.htm>
- CCG pleased with the service and outcomes. Work to do on contractual arrangements, quality monitoring



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COMMISSIONING INTENTIONS

- Programme Boards are developing commissioning intentions – consulting members and PPI
- Public engagement event in January/February to share and debate with public once money is clearer
- Keen to pursue more alliance arrangements – where providers work together and are contracted to deliver outcomes – building on One Hackney & the City
- Keen to work more closely with Public Health – particularly around prevention
- Not pursuing primary care commissioning in 2016 – little enthusiasm that it will provide added benefits



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FUTURE

- Providers are looking to form a provider Partnership across health and social care within Hackney to take forward integrated care
 - Involves Homerton, GP Confederation, LBH social services, CHUHSE, ELFT, vol sector
 - Supported by HWBB
- Bid for pilot of local devolution
- If it flies CCG could delegate some of its budget to the partnership.
- Agreed to keep a watching brief on impact on COL



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