



**East London
Health & Care
Partnership**

INEL JHOSC 28th February 2018

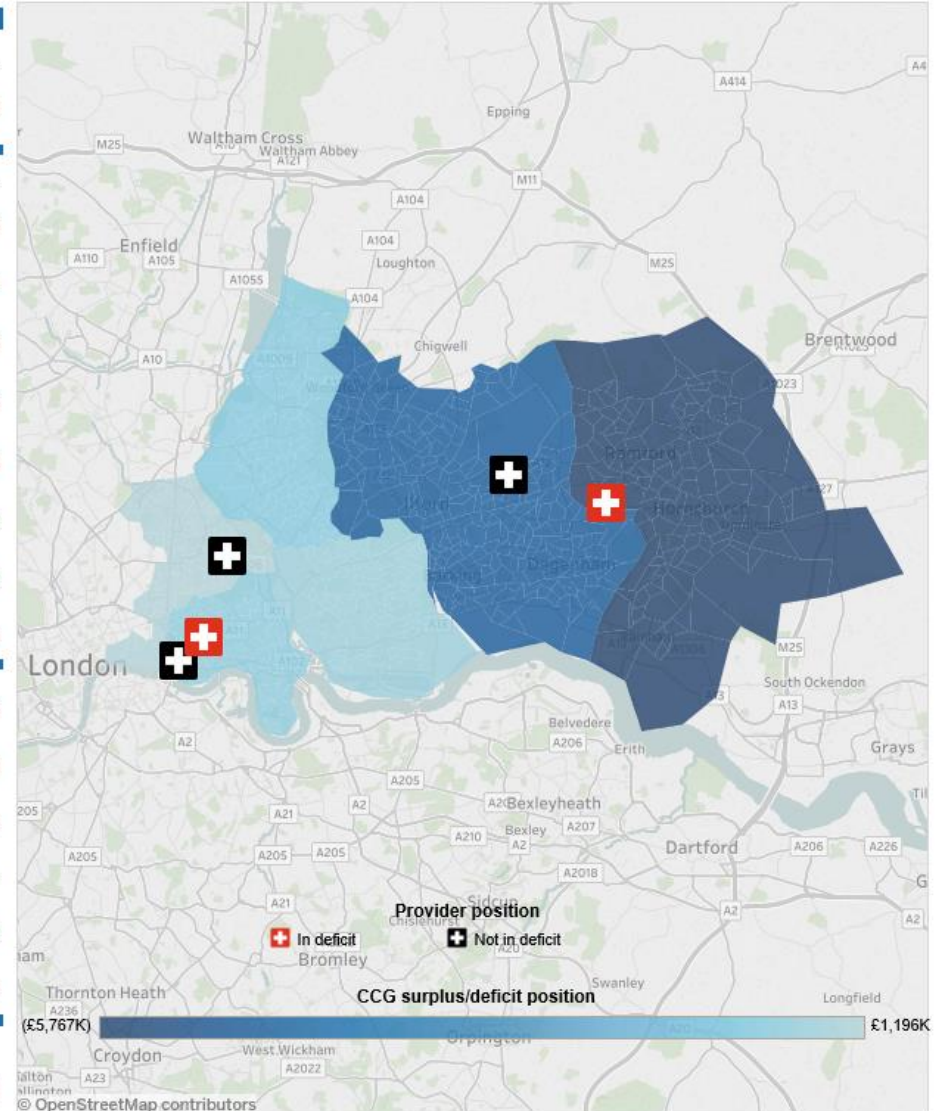
Finance

17/18 Position

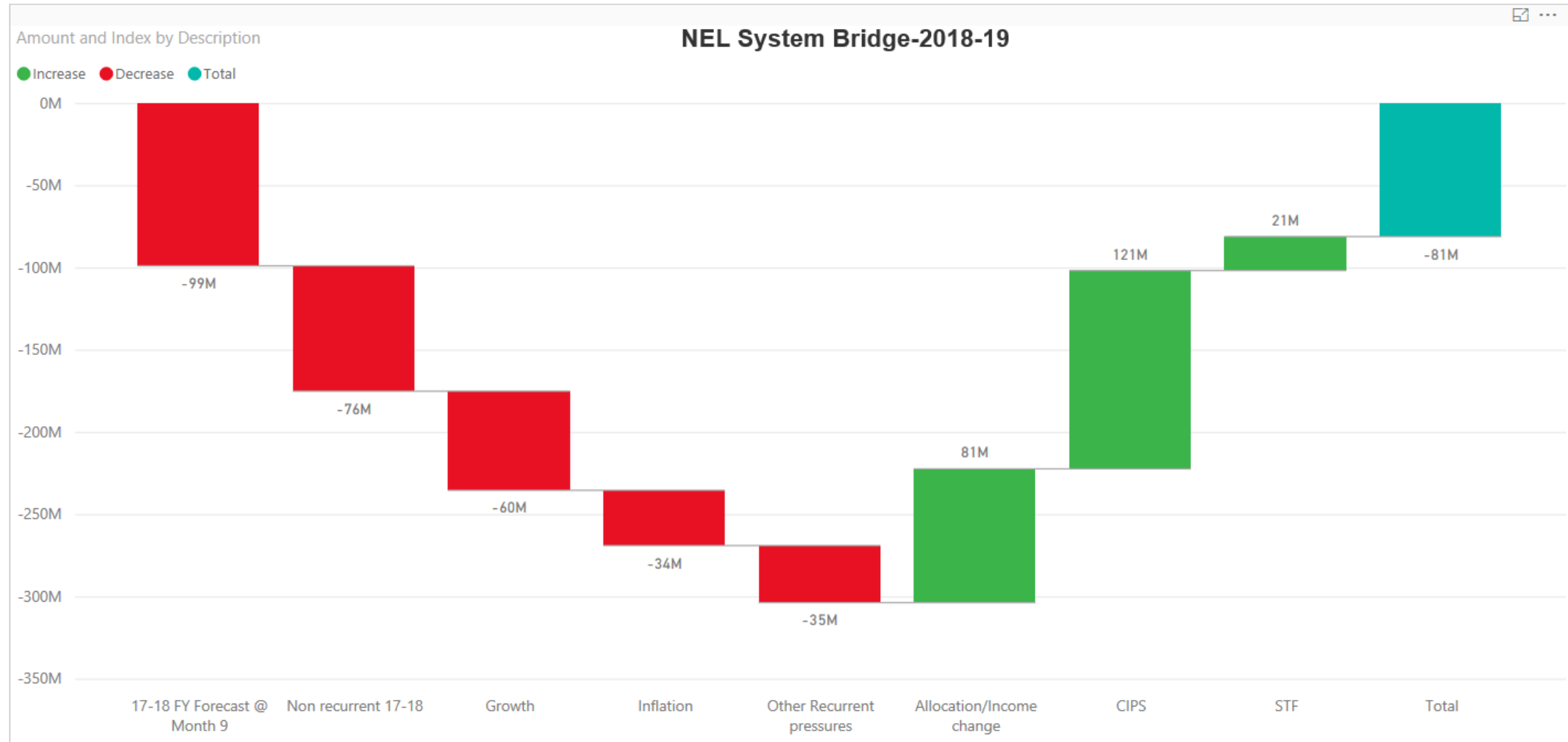
Net financial (surplus/deficit) positions within system

YTD surplus/deficit position for system CCGs and providers

	YTD			FOT		
	Actual	Planned	Variance	Actual	Planned	Variance
NEL	(£196,166K)	(£83,332K)	(£112,834K)	(£98,622K)	(£57,446K)	(£41,176K)
NHS Barking & Dagenham CCG	(£4,441K)	(£2,010K)	(£2,431K)	(£6,919K)	(£2,790K)	(£4,129K)
NHS City and Hackney CCG	£1,196K	£0K	£1,196K	£1,434K	£0K	£1,434K
NHS Havering CCG	(£5,767K)	(£3,616K)	(£2,151K)	(£8,148K)	(£4,934K)	(£3,214K)
NHS Newham CCG	£745K	£749K	(£4K)	£1,000K	£1,004K	(£4K)
NHS Redbridge CCG	(£4,345K)	(£1,734K)	(£2,611K)	(£5,350K)	(£2,476K)	(£2,874K)
NHS Tower Hamlets CCG	£494K	£200K	£293K	£767K	£267K	£500K
NHS Waltham Forest CCG	£288K	£202K	£86K	£370K	£269K	£101K
CCG total	(£11,830K)	(£6,208K)	(£5,622K)	(£16,846K)	(£8,660K)	(£8,186K)
Barking, Havering and Redbridge University Hospitals Trust	(£45,910K)	£90K	(£46,001K)	(£833K)	£1,249K	(£2,082K)
Barts Health NHS Trust	(£122,311K)	(£67,378K)	(£54,933K)	(£52,704K)	(£45,971K)	(£6,733K)
East London NHS Foundation Trust	£3,809K	£5,851K	(£2,042K)	£6,294K	£12,412K	(£6,118K)
Homerton University Hospital NHS Foundation Trust	£3,823K	£2,944K	£879K	£7,051K	£6,393K	£658K
North East London NHS Foundation Trust	£2,457K	£2,334K	£123K	£4,421K	£3,920K	£501K
Provider total	(£158,132K)	(£56,159K)	(£101,973K)	(£35,771K)	(£21,997K)	(£13,774K)
Triangulation Gap	(£26,204K)	(£20,965K)	(£5,239K)	(£46,005K)	(£26,789K)	(£19,216K)

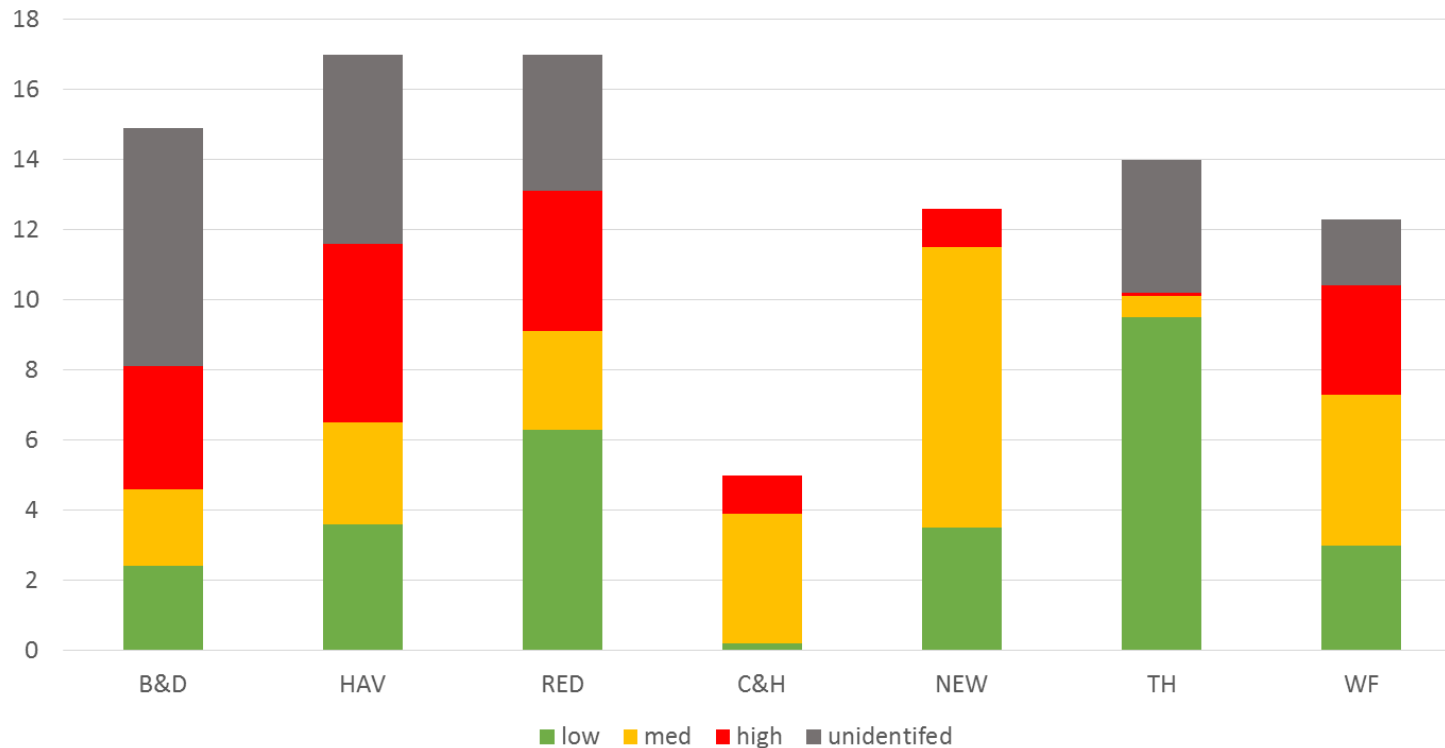


Initial Estimated 18/19 System Bridge



RAG assessment of 18/19 QIPPs

- All CCGs are in the process of addressing the points raised by Deloitte, and are continuing to address delivery risks to improve the likelihood of delivery of identified schemes
- BHR all have high elements of both red plus unidentified, as do WF
- C&H, New and TH have small proportion of red (although TH has element unidentified)



The RAG ratings applied by CCGs for this update were as follows:

- Red-less than 50% likelihood of delivery
- Amber-between 50% and 95% likelihood of delivery
- Green-more than 95% likelihood of delivery

Payment Reform

Payment based on what matters most to residents and patients – and a clinically driven transformation agenda to support these objectives

Consultation: ELHCP Payment Development

- There was an open and collaborative consultation process July-Sep 2017 to gather views on how payment can support system objectives, support person-centred care and enable transformation
- Included 6 workshops with nearly 100 representatives from all 20 ELHCP partner organisations as well as other providers within East London, and 54 members of the public
- Resulted in 13 co-developed 'principles for payment', which outlined principles and objectives for payment development in East London.

ELHCP Payment development work

- ELHCP Board approved the 13 principles for payment , and agreed East London should introduce (i) evolutionary changes to payment for April 2018, while working on (ii) longer-term payment development options for the system for testing through 2017 and 2018.
- The ELHCP Clinical Senate and Board have confirmed that ELHCP transformation work should be focused on clinical priorities and that payment must flex to support these efforts. Outpatient care transformation is among priorities agreed for 2018/19.
- Finance professionals and clinical leads have been working to develop changes to payment for April 2018 to support outpatient transformation programmes, and to better align incentives in areas where pass through costs currently exists.
- Work on longer term payment development is also in train.