

THURROCK BOARD MEETING

DATE- 27/08/14

Title of Report: Thurrock CCG QIPP and Commissioning report

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Presented by:	Raymond Arhin and Rahul Chaudhari
Committees previous consulted:	QIPP Committee
Executive Summary:	The paper aims to appraise the Board of progress and development of Thurrock's QIPP initiatives; and Planning arrangements for Everyone counts and QP plus
Recommendation to the Board:	Board members are asked to note the actions and progress being made by the various QIPP work-streams
Financial Implications:	The QIPP plan forms part of the CCG's financial plan
Fit with CCG strategy/objectives:	Forms part of the CCG's 2014-15 Integrated Operational Plan
Risks identified:	Failure to deliver the full effect of the QIPP plans and the resultant pressure on the CCG's financial plan. Failure to adequately monitor the provider contracts will adversely affect CCG's commissioning vision
Resource Implications:	QIPP committee and various provider contract monitoring committees

Introduction

This paper aims

- to appraise the Board of progress and development of Thurrock's QIPP initiatives encompassing Medicines Management, Planned, Unplanned Care, Mental health and Paediatrics work programmes.
- To update the board on the progress of Everyone counts and QP plus

CCG QIPP meetings (minutes of the meetings are attached)

Since the last board meeting the core QIPP committee met twice and approved the detailed plan and metrics for the QP plus schemes which was shared with practices at the Aug CEG. The committee also agreed to

1. Review the RRAS data to ascertain practice uptake.
2. Invite the local pharmacies to explore wider collaborative working

At the last meeting members looked into detail year to date QIPP performance presented by the PMO. The committee also approved (subject to approval by Finance and technical committee) the business case for Breavement service, specialist physio and enhancing outpatient services.

Key Updates

Unplanned Care

Ambulatory Emergency Care & Complex Frailty Unit

The main two unplanned care QIPP service initiatives in 2014/15 are acute-based models encompassing formal introduction of Ambulatory Emergency Care (AEC) and complex Frailty unit; both commissioned through CQUIN and block-contractual arrangements.

BTUHFT have provided assurance to both CCGs that these models are on track for full-implementation by October 2014 (*CQUIN requirement*).

In conjunction with these initiatives the Trust has been working in partnership with the CCGs to establish Comprehensive Discharge Plans; with Dr Raja (*Thurrock CCG Unplanned Care Lead*) being consulted on the structure and content of these.

Operational Resilience Funds

NHS England indicated it would provide £2,659,870, across the two CCGs in south west Essex, to support operational resilience. Providers were invited to discuss bids in a workshop on 17 June and to submit bids for resilience funding by 10 July.

Operational resilience funding is provided to support the system to achieve the national standards in relation to planned and unplanned care. A number of bids were received and reviewed by the CCGs against their ability to support the hospital to meet required planned

and unplanned care performance standards (95% of patients being seen in ED within 4 hours, delivery of the RTT standards) through:

- Reducing/avoiding attendance at the hospital
- Avoiding admissions to hospital
- Supporting effective flow of patients through the hospital
- Supporting early and effective discharge and best use of community resources

The following bids were supported:

Scheme	Provider		Agreed Funding
Courier discharge of medicines/equipment and/or additional patient transport from hospital	CCGs	Patients currently experience significant delays in discharge due to time taken to prepare medicines and/or equipment to take away. Proposal will fund courier delivery of medicines/equipment to enable rapid discharge of patients. Funding will also cover additional patient transport provision required at peak times.	35,000
Block contracts for residential Thurrock	Thurrock Council	To support guaranteed provision of nursing and care homes in Thurrock, which experiences market pressures from London. This scheme will enable the block booking of a number of beds to ensure availability in the two best homes in Thurrock. The bid also provides for the purchase of specialist equipment to support homes to take on more complex patients.	130,000
Increased interim beds Collins House	Thurrock Council	Collins House has provided interim beds for 12 months. This scheme will extend beds available to 18 to support convalescence and assessment of on-going needs. These beds are often used by patients who require adaptations to be made to their own homes or who require new housing arrangements to meet their needs.	86,000
Mental health liaison in ED	SEPT	Extend the mental health liaison in ED to provide 24-hour nurse cover providing greater access to psychiatric liaison services and greater consistency for patients presenting	154,243

		with a mental health condition.	
Dementia Crisis Support Team	NELFT	The DCST is a specialist team providing a consultant-led 7 day service for BB and Thurrock CCGs offering rapid assessment and support to patients and carers experiencing acute crisis or potential deterioration, as well as medication support. Funding for the DCST officially ends in November. The resilience funding will enable this effective service to continue until it can be considered as part of commissioning arrangements for 2015/16.	177,060
BTUH Escalation	BTUH	Support to the hospital to open escalation areas in times of pressure to support patient care for those requiring planned and unplanned care.	1,000,000
End of Life Support Advice and Assessment Service	St Luke's	A new model of enhanced end of life care through the provision of a single point of access for patients and carers. The service will liaise with the EOL register, provide a rapid response to patients and carers in need, and provide signposting and support. The service will also support the development of an MDT approach and enable specialist consultant input and advice to primary care if required and the ability to provide home/domiciliary visits to reduce the need for patients to attend the ED.	350,000
Enhanced admission avoidance social work support	ECC	Increasing social work provision to provide a 7 day integrated admission avoidance service working across community frailty MDT, community rapid response admission avoidance and ED pathways. The service will coordinate care of those who present at the ED and navigate them back to community and prevention pathways eg. reablement, home from hospital, falls assessment service and care agents.	156,000
Flu Vaccinations	Public	Support to identify and vaccinate "at	25,000

	health	risk” patients, along with using local media to highlight the benefits of vaccination.	
Effective Discharge Processes	BTUH NELFT Essex & Thurrock Councils	Joint model to enhance discharge processes for patients requiring support from community/social care services.	344,567
CCG Programmes	CCGs	<ul style="list-style-type: none"> • Communications/media around winter – use of NHS111, self-care, alternatives to ED, etc • Development of a system intelligence tool to help the system understand and react to pressures in a timely manner • Resource to properly evaluate the schemes put in place 	202,000
Total Schemes			£2,659,870

Implementation and performance management arrangements of these initiatives will be conducted through the SW Essex System Resilience Group (*formerly SW Essex Unplanned Care Working Group*).

Everyone Counts

As reported in previous Board papers the CCG have been required to identify funding based on £5 per head of the registered population within 2014/15 and 2015/16; this equates to circa £830k per annum. The guidance outlines each CCG should identify new or enhanced community provision for those patients over 75 years to aid improved quality of care and facilitate in avoiding non-elective acute admissions.

To facilitate the identification of new community-based services, the CCG has utilised CEG to establish four locality-based commissioning hubs (*based on the existing map of community service boundaries*); comprising of: Grays, Tilbury and Corringham and South Ockendon.

With funding intentions now made against the Operational Resilience Funds (*detailed above*), the CCG is working in partnership with its key stakeholders to shape and identify commissioning intentions against Everyone Counts funding to realise enhancements to the following GP suggested work-streams:

- Rapid Response Assessment Service;
- Patient Empowerment & Improving Social Interaction Activity;

- Improved Case Management of Long Term Conditions (*including central case management of highly complex patients with co-morbidities*);
- Falls Prevention;
- Seamless co-ordination of care (encompassing: assessment of patients in care homes).

The CCG will continue to discuss and monitor Everyone Counts through QIPP and CEG.

Paediatrics

HIPs: High Impact Pathways for Febrile Illness, Head Injury and Asthma presented at July's Paediatric CEG. Some further edits to pathways required.

Sickle Cell: Draft work plan worked up with Community and Acute colleagues to be finalised.

CAMHs: Following approval from all partnership organisations, a procurement process was launched in July 2014. The contract is expected to be awarded in June 2015, with the new service to go live from 01 Nov 2015.

JSNA: We have been working with Thurrock Public Health on the JSNA to analyse the data and comment appropriately.

Special Education Needs and Disabilities (SEND) - Colleagues are working closely with the LA on the new proposed reforms/changes. From September 2014 the legislative framework will require these changes to supporting children and young people with Special Educational Needs and Disability to be implemented.

Medicines management

The Medicines Management Team is currently undertaking practice visits and providing enhanced practice prescribing support in order to help deliver the QIPP agenda.

- Initial information from May 2014 suggests that delivery is broadly in line with the overall QIPP target, with ScriptSwitch and the Home Enteral Feeds (HEF) project providing the majority of the savings.
- Initiatives around formulary development and implementation of guidelines (for asthma and COPD, chronic pain and overactive bladder) are now underway, and these should start to deliver savings in Q2/Q3 of 2014/15. These guidelines have been developed in conjunction with BTUH, and are expected to optimise prescribing in both primary and secondary care.

Thurrock Clinical Commissioning Group

- The electronic prescription service (EPS2) is also active in one Thurrock practice, with a further cohort of 10 practices planned to go live in Q3 of 2014/15.

The Medicines and Safety group is now well established and meets on a monthly basis, overseeing prescribing performance, QIPP delivery, governance and many other prescribing-related areas such as guideline development and the managed entry of new drugs.

Thurrock CCG 2014-15 QIPP performance- Programme Information

Programme Title:	Thurrock QIPP		
Reporting Month:	July 2014	Accountable Officer:	Mandy Ansell
Date:	14 th August 2014	Chief Finance Officer:	Ade Olarinde

2. Programme Status

Delivery	A/G
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3. Benefits Review

YTD Performance					
Target Savings £m	Planned Savings £m	Actual Savings £m	Variance +/-	% Savings Achieved	Forecast Outturn
6.0	1.52	1.29	0.23	85%	5.387-This is an initial estimation

Thurrock Clinical Commissioning Group

