

QIPP Core Committee Meeting
10th March 2016
The Thames Room, Civic Offices

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| Present: | Dr Raymond Arhin (RA) | Chair of Committee |
| | Dr Anand Deshpande (AD) | Chair of Board |
| | Lesley Buckland (LB) | Deputy Chair & Lay Member |
| | Gavin Mackenzie (GM) | Programme Manager |
| | Abdul Ahad (AA) | Head of Financial Strategy |
| | Alison Springett (AS) | Senior Primary Care Manager |
| | Dr Nimal Raj (NR) | GP Board Member, Safeguarding Lead |
| | Mark Tebbs (MT) | Director of Commissioning TCCG |
| | Ian Wake (IW) | Director of Public Health |
| | Angharad Boundford (AB) | Attain |
| | Phillip Clark (PC) | Commissioning Manager |
| | Matt Evans (ME) | Business Support (Minutes) |
| Apologies: | Sue Cleall | Quality & Patient Safety Manager |
| | Dr Rajan Mohile | GP Board Member, Mental Health Lead |
| | Dr Vaiyapuri Raja | GP Board Member TCCG |
| | Dr Anjan Bose | GP Board Member |
| | Dr Anil Bansal | GP Board Member, Planned Care Lead |
| | Ade Olarinde | Chief Finance Officer |

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| 1. | Welcome & Apologies |
| | Chair welcomed all to the meeting. The apologies were noted above. |
| | Chair asked if there were any declarations of interest that were not already on the register, none were given. |
| 2. | Minutes of the meeting held on 11th February and Action Log |
| | - All agreed these to be an accurate account. |
| 3. | QIPP 15/16 Update |
| | GM presented month 11 of 15/16 programme. Info is based on data with exception of Meds Management. Target of 7.2m, forecasting 6.8m which is 80% of projected target. Overall year to date, plan to save 6.5m and have saved 4.89m, working out to around 89%. Number of portfolios are performing year on year, others not so, which needs to be looked into in much more detail. There will be some end of year savings from S75. |

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| | <p>As a positive, 84% delivery will mean CCG hits its controlled total and fulfils its financial obligations.</p> <p>As previously noted, 2 month delay on Meds Management savings will alter final outcome. All agreed 84% QIPP is very reasonable outcome on delivery.</p> <p>LB questioned what impact ESR may have on next year's schemes? MT understands that currently acute contract will move to block guaranteeing CQUIN. If QIPP schemes can be supported by the trust, these can be taken out at start of contract. Challenge now is to ensure business cases are watertight in order to gain approval.</p> <p>Group agreed that the main issue with block contract is KPIs.</p> |
| 4. | QIPP 16/17 Planning |
| | <p>GM & AA presented to the group.</p> <p>Initial plans showed savings of around 5.5m, reworking has consequently shown 7.8m, currently need to hit 7.3m but always aim higher in order to have greater flexibility on hitting target.</p> <p>Some schemes are a continuation of 15/16, whereas others are new schemes such as right care.</p> <p>LB highlighted the current focus on mental health, how acceptable will it be deemed to remove 1m from this portfolio?</p> <p>MT informed group that mental health spend will grow by value of uplift. A lot of the cuts from mental health are from the services which contractually aren't giving value for money.</p> <p>All of these will have Quality Impact Assessments carried out.</p> <p>Intermediate care review is progressing well; scheme also sits within better care fund. Focus on first phase is Mountnessing Court and Dementia pathway. BBCCG are planning on taking over whole of Mountnessing Court.</p> <p>MT stated join up of group has greatly improved and big strides have been made.</p> <p>IW informed the group that prevention is vital and he believes is essential in savings. IW has asked Emma to produce 2 business cases in order to help with this.</p> |
| 5. | Cancer Deep Dive |
| | <p>IW presented deep dive to group.</p> |
| 6. | Right Care |
| | <p>AA presented.</p> <p>Attended Rightcare conference last week.</p> <p>LB attended conference and informed group that we are categorised as having waive 2 status.</p> <p>All agreed that Rightcare will be on agenda of QIPP every month.</p> <p>Meeting has taken place with Jane Marley to try and resolve IG issues, the next step is engagement and possible procurement of this service.</p> |
| 7. | EEAST Contract Extension |
| | <p>Have had updates at previous QIPP meetings in the past.</p> <p>A number of Exec to Exec meetings between BB & NELFT have taken place. BB wishes to withdraw from the service. This would leave only Thurrock offering the service which NELFT have subsequently stated is not plausible.</p> <p>Staff have been informed of upcoming changes.</p> <p>MT explained we have no real choice in this, and function in reducing and avoiding admission sits within RAS.</p> <p>Overall objectives can be implemented better and decommissioning this will help with QIPP.</p> <p>Committee were all in full support to decommission and this paper can now go to Board for approval.</p> |
| 8. | NELFT Update |
| | <p>Currently we pay BTUH under best practice tariff, we also commission the service within NELFT contract so we are essentially paying twice for the same service.</p> <p>With support of the committee, it is intended that we decommission this service.</p> <p>Group agreed with proposal and this will now go to Board for approval.</p> |

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| 9. | PHB |
| | <p>MT presented on behalf of Jane Itangata. Currently looking to extend PHB to those who are non CHC eligible. Set up transforming care partnership board and look to develop Essex wide footprint. Proposal is to focus on extended offer to cohorts with learning development care. The current deadline is short so the offer needs to be in by 1/4/16. Committee agreed to support the continuation of work on this.</p> |
| 10. | BCF |
| | <p>MT presented and informed group of 15/16 money is in excess of £18m. The progress made in 15/16 delivery was also highlighted to the group. A technical Finance & Activity template will go to F&P next week on the 16th March. A further update is due to go to Board at the end of the month. MT informed the group that there is a net result of 92% delivery; as a result this would release payment of performance fund of 650k. This funding will then allow focus to be placed on Intermediate Care Review. There is a change in the terms of the 16/17 requirements, such as the removal of the payment performance premium, and the funding of NHS commissioned services being added. MT also stated that hitting national requirements with minimal change is possible. The two main things to focus on will be the development of integrated data sets and the planning around low transfer of care. Submission will go to F&P and a final submission will go to Board in April.</p> |
| 11. | AOB |
| | <p><u>PTS Procurement</u> AB presented to the group. Contract will be built for 5 year period No contracts to be removed from London trusts. Service specification proposed is a lot more heightened in what will be asked for in terms of quality from the provider. Aswell as BB and Southend patients on panel, it was agreed that a Thurrock patient should also be present. AB to circulate the quality and price questions, this can be done through Linda Smart. Regular updates to be provided to group and this will be taken to F&P next week.</p> |
| Date of Next Meeting | |
| 14 th April 2016 2PM – 5PM | |