

**Board Meeting
PART I / PART II *
MEETING ON 24th February 2016**

Title of Report:	Thurrock CCG QIPP and Commissioning report	
Board Sponsor:	Ade Olarinde, Chief Finance Officer	
Prepared by :	Abdul Ahad, Head of Strategic Finance	
Committees previous consulted:	11th February 2016 - QIPP CORE Committee (QIPP Update) 14th February 2016 – Finance and Performance Committee (QIPP Update)	
Executive Summary:	<p>The aim of this report is to appraise the Board on:</p> <ul style="list-style-type: none"> • Update on the 2015/16 QIPP plan and update on year to date performance. • Update on 2016/17 QIPP plans 	
Financial / Resource Implications:	<p>The QIPP plan forms part of the CCG's financial plan.</p> <p>Failure to deliver the full effect of the QIPP plans will result in pressure on the CCG's financial plan.</p>	
Fit with CCG strategy/objectives:	Delivery of the QIPP plan forms part of the CCG operatign Plan.	
Risks identified / Outcome / Link to BAF:	N/A	BAF Ref:
Actions Required:	N/A	When By:
Recommendation to the Committee:	Board members are asked to note the report and progress being made within the commissioning portfolio.	

The current Month 10 QIPP position is showing underperformance of £1458k before adjusting for data lag. Data lag occurs due to flex and freeze data available which is subject to national timetables. However this creates a natural delay in obtaining up to date data. The financial position shows underperformance of £1,296k after allowing for estimates for schemes affected by this. The estimates are based on previous run rate delivery and forecasted for missing months on straight line bases.

The Forecast position is expected to deliver £6.0m against original target of £7.3m resulting in under performance of £1229k. This would still equate to QIPP delivery of 83%, The table below shows financial performance by QIPP portfolio and areas that have under or over-performance. QIPP is discussed in detail at the QIPP Core held monthly with GP's along with progress of individual projects. Projects delayed in 2015/16 will be carried over into 2016/17 for delivery.

QIPP By Portfolio	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Acute (Planned Care)	545,726	386,827	158,899	622,989	468,756	154,233
Admin / Running Costs	254,167	254,167	0	305,000	305,000	0
CHC	422,991	136,667	286,324	573,604	269,668	303,936
Community	53,586	56,039	(2,453)	68,896	71,519	(2,623)
Decommissioning	100,000	0	100,000	150,000	0	150,000
Medicines Management	689,445	680,592	8,853	873,179	1,118,588	(245,409)
Mental Health	555,907	133,072	422,836	738,689	315,853	422,836
Other	2,660,625	2,654,806	5,819	3,170,358	3,226,377	(56,019)
Paediatrics & Community	556,494	77,960	478,534	760,155	257,560	502,595
Total Excluding Estimates	5,838,941	4,380,129	1,458,812	7,262,869	6,033,320	1,229,549
Estimate		161,858	161,858			
Total Including Estimates	5,838,941	4,541,987	1,296,954	7,262,869	6,033,320	1,229,549

Acute Planned Care

There are two main schemes within this which have not delivered this year but there is focus to get benefit in 2016/17.

- **MSK:- Independent Sector:** There is currently an overspend in this and GP referrals to other providers was discussed at QIPP core meeting. Referrals by GP practice was shared amongst the group to facilitate discussion around this issue. There is work on going to allow this scheme to be on track for delivery into 2016/17.
- **Referral Management:-** This is getting activity down where patient has been discharged after one Outpatient visit. The activity by GP practice was also reviewed at QIPP core meeting, the analysis had shown that had not decreased on previous year. CCG have recruited staff to allow work to be done with individual practices to look in more details at referrals and get a reduction in 2016/17.

Expected to significantly underperform on two of the main projects:-

- Review of Acquired Brain Injury: No savings realised to date, actual savings will only be realised once patients have transferred into alternative care.
- CHC Controls: Discussion and clarification of forecast financial position is on going with Arden & Gem. Currently unable to clarify an over or under spend therefore planned savings for November have not been reported.

Decommissioning

Two projects were removed as they were not viable, these include Adult Audiology and Specialist Fertility Services. Other schemes were developed to cover this shortfall.

Medicines Management

This is a significant area within QIPP with a number of schemes attached. The current position is showing financial over delivery for both YTD and the forecast position. Additional QIPP schemes were also added to cover shortfall in other areas of QIPP.

Although QIPP is showing small under delivery the CCG has significant overspend within Medicines Management financial position. The biggest area of overspend is in primary care prescribing. Analysis of data has shown overall growth is in line with other regions, however there are practices which have seen abnormal growth which is being reviewed.

Mental Health

This is currently showing an under-performance of £422k YTD with forecast of same amount. The following schemes are showing under-delivery:

- Dementia Ward Closure: The forecast loss for this scheme is £357k FYE.
- Estuary Housing and Lifstan Way: The under achievement is on Estuary Housing element of scheme. There are 9 patients of which none belong to Thurrock CCG. The Memorandum of Understanding (MOU) states that once responsible commissioner can be identified the riskshare between CCG's is no longer applicable. However this is currently disputed by other CCG's.

Other Schemes

These were mostly realised during the contract negotiation process with individual providers. Negotiations for the 2015/16 contract resulted significant savings to contracts which are reflected in contract agreements with provider organisations. The savings which are largest area of QIPP are reflected in above YTD position and forecast.

The Patient Transport scheme is showing delivery in line with plan after discussions with partner Basildon and Brentwood CCG suggesting the scheme is on track to achieve full delivery.

This is currently showing an under delivery of £385k YTD with significant under achievement of £500k FYE. A significant proportion of under achievement is down to one scheme “SAARC Paediatric Input”. This scheme was originally expected to save £352k but actual savings will be £14k. It has now been agreed that NHSE will pick up the cost of £14k.

The other scheme currently under performing is “Thurrock Voluntary Sector Organisations”. Project delays have meant there will be no savings in 2015/16.

Summary

Although some projects have not delivered the anticipated savings this financial year, overall QIPP delivery is expected to be around 83% with CCG expected to have saved £6.2m against a plan of £7.3m.. Any schemes which have under achieved or were delayed due to technical reasons but are seen to be viable are expected to be rolled into next financial year for savings.

QIPP 2016/17 Update

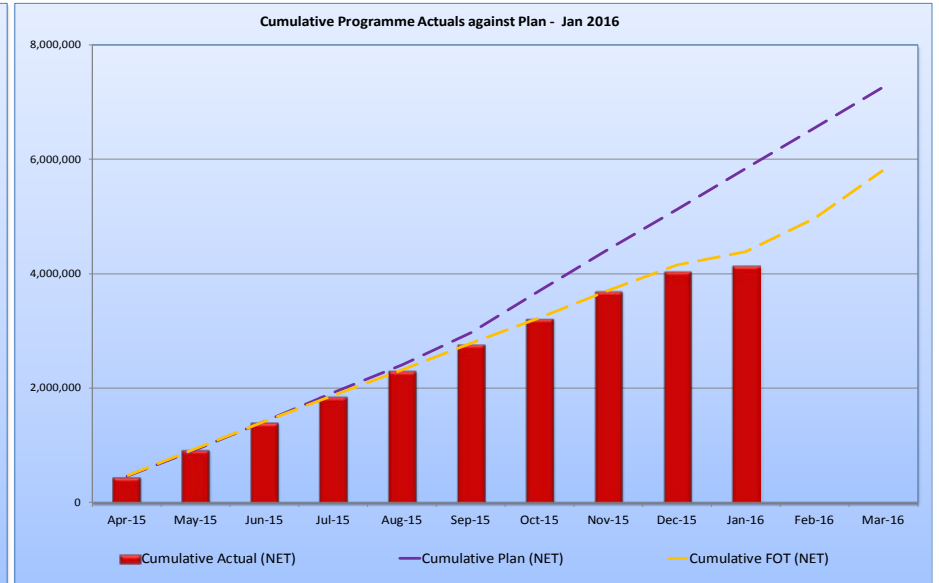
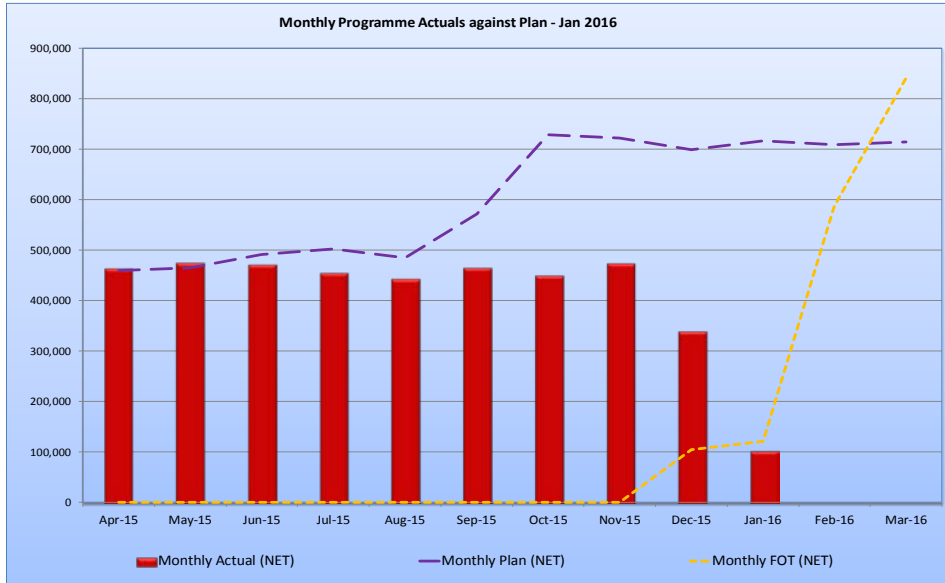
The CCG successfully submitted financial plans to NHS England on 8th February. The submission is 1st draft based on M8 financial position. The Provisional QIPP target for 2016/17 was identified as £7.7 unchanged from previous workings. The QIPP target is made up of £7.0m actually identified with further £0.7m held for any under achievement of QIPP taking the total to £7.7m. This number is indicative at this stage and is subject to change with further financial modelling and once position on contracts is clear. There are additional elements which are required to be funded which are not currently factored into the position i.e. RTT backlog, full CQUINB funding, fines and penalties not being applied etc. However there would be other elements which will be discussed as part of negotiations which may help offset some of this expenditure.

The CCG commenced work early in identifying projects in line with above QIPP target. The current QIPP value identified QIPP being worked by commissioners is £5.0m, leaving a gap of £2.7m. These projects are supported by QIPP business Manger as well as finance. To progress these projects the CCG is working closely with the CSU to ensure the required information is received showing detailed analysis. Regular work is now on going on a weekly basis in which projects are being fully scoped and progressed. This has also been discussed in detail at the QIPP core meeting which is attended by GP's.

It is expected that commissioners will identify additional projects to fully close the QIPP gap. They will need to review current expenditure trends and highlight areas where the CCG are an outlier. This work then can be progressed in developing new schemes and when financially negotiating with providers.

2015/16 QIPP Dashboard Summary Jan-16

No. of projects by RAG * (Net FOT)	16	Value of Projects (Net Full Year Target)	2,089,874	Value of Projects (Net FOT)	673,489
	1		187,000		167,268
* Based on the key below	26		4,617,756		5,192,563
	6		368,239		0
TOTAL	49	TOTAL	7,262,869	TOTAL	6,033,320
				Remaining Gap	1,229,549



All updates are based on Month 10 information with the exception of Medicines Management- 2 Months lag with data and Green GP (111) 1 Month data lag.

The YTD Variance for M10 (£1,458,812) has increased by £257,192 from M9 variance (£1,201,620).

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The following has contributed towards this overall variance.

The following 6 Schemes were removed impacting FYE savings by £368,239

- **MSK Independent Section- £65,500.** This project will be carried over into 2016/17
- **Referral Management- £58,825.** This project will roll over into 2016/17
- **Adult Audiology- £100k.** This project is no longer viable.
- **Specialist Fertility Services- £50,000.** This project is no longer viable.
- **Cow's Milk Protein Allergy- £16,331.** This project will be carried over into 2016/17
- **Thurrock Voluntary Sector Organisation- £77,583.** This project will be carried over into 2016/17

SARC

Planned savings of £352,272 incorrectly calculated. Project will only realise £13,560.

CHC Controls

Delayed assurance from Arden & Gem has delayed the realisation of YTD savings by £191,332. Unlikely that this project will realise any savings, therefore this project will roll over into 2016/17.

CHC Review of Acquired Brain Injury

Implementation delays have impacted the realisation of YTD savings by £94,992. Unlikely that this project will realise any savings, therefore this project will roll over into 2016/17.

Medicines Management schemes

2 months data LAG impacts YTD savings by £8,853. However Forecast Outturn position indicates that Medicines Management will realise savings in excess £245,409.

Dementia Ward Closure

Risk Share Agreement has still not been signed off- delaying the realisation of YTD savings by £357,000. Unlikely that this project will realise planned savings of £500,000. Therefore this project will roll over into 2016/17.

Estuary Housing

Risk Share Agreement has not been signed off- delaying the realisation of YTD savings by £65,836. Unlikely that this project will realise planned savings of £79,000. Therefore this project will roll over into 2016/17

Section 75

TCCG has agreed a deal with Thurrock Council to remove £164,000 from contract, impacting realisation of FYE savings by £86,000.

BTUH- Fines & Challenges

Minor under-achievement against planned savings, therefore impacting YTD savings by £5,819.

Green GP

1 Month data LAG and under-achievement have affected the realisation of YTD savings by £35,315.

Ophthalmology

Project delayed, impacting the realisation of benefits impacting YTD savings by £5,000

Outsourcing of Patient Dispensing

Awaiting clarification from BBCCG as to how BTUH will measure savings. Currently impacting YTD savings by £5,176

Net performance against plan by Portfolio

NET PERFORMANCE AGAINST THE PLAN - Jan-16										
BY PORTFOLIO	Planned Jan-16	Actual Jan-16	Variance	Planned YTD	Actual YTD	Variance	Full Year Target	FOT	Variance	RAG
Acute (Planned Care)	38,629	10,000	(28,629)	545,726	386,827	(158,899)	622,989	468,756	(154,233)	A
Admin / Running Costs	25,417	25,417	-	254,167	254,167	-	305,000	305,000	-	G
CHC	75,306	13,667	(61,639)	422,991	136,667	(286,324)	573,604	269,668	(303,936)	R
Community	7,655	863	(6,792)	53,586	56,039	2,453	68,896	71,519	2,623	G
Decommissioning	25,000	-	(25,000)	100,000	-	(100,000)	150,000	-	(150,000)	R
Medicines Management	91,867	-	(91,867)	689,445	680,592	(8,853)	873,179	1,118,588	245,409	G
Mental Health	90,891	13,307	(77,584)	555,907	133,072	(422,836)	738,689	315,853	(422,836)	R
Other	260,302	260,916	614	2,660,625	2,654,806	(5,819)	3,170,358	3,226,377	56,019	G
Paediatrics & Community	101,826	7,796	(94,030)	556,494	77,960	(478,534)	760,155	257,560	(502,595)	R
QIPP PROGRAMME TOTAL	716,892	331,965	(384,927)	5,838,941	4,380,129	(1,458,812)	7,262,869	6,033,320	(1,229,549)	A

The YTD QIPP variance is £1,458,812. The variance reduces to £1,296,954 after including estimates for M9 and M10 where data Lag exists.

Monthly performance by Portfolio

All Figures (Net)	FULL YEAR TARGET	Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Feb-16		Mar-16		YTD NET			
		Net	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	
Acute (Planned Care)	622,989	96,910	76,767	96,910	75,338	97,910	78,590	43,806	21,612	42,806	23,044	32,041	25,592	32,041	23,823	32,041	23,384	32,629	28,677	38,629	10,000	38,629	-	38,633	-	545,726	386,827		
Admin / Running Costs	305,000	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	25,417	-	25,417	-	254,167	254,167		
CHC	573,604	13,667	13,667	13,667	13,667	13,667	13,667	25,823	13,667	27,473	13,667	27,473	13,667	75,306	13,667	75,306	13,667	75,306	13,667	75,306	13,667	75,306	-	75,308	-	422,991	136,667		
Community	68,896	-	-	-	-	-	-	7,655	13,463	7,655	10,263	7,655	10,263	7,655	10,263	7,655	6,863	7,655	4,063	7,655	863	7,655	-	7,655	-	53,586	56,039		
Decommissioning	150,000	-	-	-	-	-	-	-	-	-	-	-	-	25,000	-	25,000	-	25,000	-	25,000	-	25,000	-	25,000	-	100,000	-		
Medicines Management	873,179	32,416	64,988	34,688	74,649	56,974	65,246	56,974	82,140	65,724	99,775	75,200	101,833	91,867	83,466	91,867	108,495	91,867	-	91,867	-	91,867	-	91,867	-	689,445	680,592		
Mental Health	738,689	19,891	13,307	19,891	13,307	19,891	13,307	19,891	13,307	19,891	13,307	19,891	13,307	90,891	13,307	90,891	13,307	92,891	13,307	90,891	13,307	90,891	13,307	89,891	-	92,891	-	555,907	133,072
Other	3,170,358	264,263	264,263	267,235	267,235	270,313	270,313	279,657	279,657	252,444	252,444	269,925	269,925	278,708	274,276	269,839	267,838	247,944	247,944	260,302	260,916	253,629	-	256,105	-	2,660,625	2,654,806		
Paediatrics & Community	760,155	6,666	6,666	6,666	6,666	6,666	6,666	43,064	6,666	43,064	6,666	43,064	6,666	101,826	6,666	101,826	15,706	101,826	7,796	101,826	7,796	101,826	-	101,834	-	556,494	77,960		
GAP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL	7,262,869	459,229	465,074	464,473	476,278	490,837	473,205	502,286	455,928	484,473	444,582	571,665	466,669	728,710	450,884	721,841	474,676	698,534	340,870	716,892	331,965	709,219	-	714,709	-	5,838,941	4,380,129		

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Project Summary Report (01/01/2016 to 29/01/2016)

<div style="display: flex; justify-content: space-between; width: 100%;"> Key None On Target Experiencing Obstacles At Risk Compromised Completed </div>						
Portfolio	Project Code	Project Name	Project Manager	Accountable Lead	Overall Project Status	Progress Update
Community	PR000308	Community dermatology	Rahul Chaudhari, Jeanette Hucey	Mark Tebbs	On Target	Meeting with current provider in 17th February to discuss 2016/17 service delivery model. Project on-track
Community	PR000323	ECC Community Equipment	Christine Ratcliffe, Phillip Clark	Jane Foster-Taylor	On Target	M9 savings position shows continued savings are being realised. Validation of savings received to date; indications are that this QIPP scheme could exceed planned indicative savings. Awaiting M10 savings position from NELFT.
Community	PR000338	Thurrock Voluntary Sector Organisations	Jeanette Hucey	Mark Tebbs	Compromised	<p>This stream of work is on hold in its current form at present. We will be considering how we can work in a more integrated way with VSOs in future as part of integrated communing services through Thurrock's Transformation Programme, "For Thurrock in Thurrock"</p> <p>Project will form part of 2016/17 QIPP Programme. GDM 16/12/15</p> <p>It is envisaged that currently supported VSO services will form part of the overall new care model provision that will be delivered through our enhanced and extended integrated community teams as part of Thurrock's Transformation Programme "For Thurrock in Thurrock".</p> <p>We are in the early planning and engaging stage of phase 1 of the Programme, which will be rolled out over the coming 2-3 years.</p>
Medicine Management	PR000189	Pharmaceutical Industry Rebate Schemes	Mark Tebbs, Mary Tompkins, Jonathan Andrews	Mandy Ansell	At Risk	<p>Rebate policy being ratified by Thurrock CCG. Several rebate schemes now in place although this rebate will not be available until after February 2016 (when December 2016 prescribing information is available). Expecting further Prostab rebate information in next 30 days. Process for rebates now in place, and Prescribing Analyst scoping further rebate opportunities.</p> <p>No savings realised for M3, M4, M6, M7 or M8 Overall this project is not achieving savings as planned. Overall RAG status updated to reflect this position. GDM 01.02.16</p> <p>Information about rebate savings for Oct to December not expected to be received till mid/end of February. Similarly rebate savings for Jan to March 2016 will not be received until mid/end May 2016. This should be taken into account when assessing overall delivery of this project. It is expected that significant rebate amounts will be available for Q3 and Q4</p>

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						(JA 29.1.16).
Medicine Management	PR000190	Tariff Excluded Drug Challenges	Mark Tebbs, Mary Tompkins, Jonathan Andrews	Mandy Ansell	At Risk	CCG system for making challenges is in place and working well. In addition, challenges have been submitted to BTUH. However still awaiting outcome of these challenges and it is noted that this may involve complex discussions between CCGs and BTUH in order to reach a final agreement. Some challenges have been agreed, but this is currently being quantified JA 29.1.16
Medicine Management	PR000200	Nutrition (Care Homes Dietetics Assistant)	Jonathan Andrews	Mandy Ansell	At Risk	NELFT Dietetic assistant now in place and supporting Nutritional reviews. No savings calculations put forward as yet by NELFT. Awaiting outcome of NELFT consultation and assessing impact upon this project with Head of Medicines Management. To follow up savings with NELFT (JA 29.1.16).
Medicine Management	PR000201	Formulary & Protocols (Diabetes, End of Life, Dermatology, Respiratory, Catheters and Anticoagulation)	Jonathan Andrews, Mary Tompkins	Mandy Ansell	On Target	Project now on track, although further work around dermatology products now underway. Scoping around catheter products underway. (JA 29.1.16)
Medicine Management	PR000202	Respiratory - Home Oxygen Service - Assessment and Review HOS-AR (SWE)	Mary Tompkins, Rahul Chaudhari, Jonathan Andrews	Mandy Ansell	Experiencing Obstacles	Savings due to changes in modalities of oxygen and withdrawal of zero use oxygen now able to be calculated and added to H/L report. In addition, Prescribing Analyst continues to cleanse patient lists, but list size errors are now minimal following initial cleansing exercise. (JA 29.1.16).
Medicine Management	PR000251	Enhanced PrescQIPP	Jonathan Andrews, Mary Tompkins	Mandy Ansell	Experiencing Obstacles	Drugs of limited clinical value (DOLCV) are being highlighted at Practice visits - low use locally of these drugs, therefore delivery reduced, and Medicines Management Team focusing on other areas of greater delivery. Working with high overspending practices in Jan to March may identify further savings (JA 29.1.16).
Medicine Management	PR000263	NHSE recharges	Mary Tompkins	Mandy Ansell	On Target	Project on track and no issues being experienced (JA 29.1.16)
Medicine Management	PR000264	Wound care	Mary Tompkins	Mandy Ansell	Experiencing Obstacles	New Woundcare formulary was implemented in December 2015, with tighter ordering controls in place. Medicines Management Team is in the process of obtaining access to Woundcare supplier reporting portal to help calculate savings for December 2015 onwards (JA 8.1.6).
Medicine Management	PR000339	Biosimilars	Jonathan Andrews	Mandy Ansell	Experiencing Obstacles	Agreement from Clinicians now obtained regarding use of biosimilars. Delay in commencement of Biosimilars prescribing as failure to agree financial terms/ gain share locally. This may affect the initial magnitude of savings when these start to be reported. However, there is some mitigation as cost of originator products has reduced as a result of introduction of Biosimilars. Meds Management have recently asked BTUH to request the following: <ul style="list-style-type: none"> 1. From 1.1.16 we will only pay for biosimilars for all new patients irrespective of what they give.

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					2. Opt for the 50:50 gain share net of costs – we need to agree what these costs are i.e. they need to let us know what they need (staff wise) and we need to decide if this is reasonable. Awaiting final gains share agreement and confirmation of commencement of Biosimilars prescribing (JA 29.1.16).	
Medicine Management	PR000340	Stoma products	Mary Tompkins, Jonathan Andrews	Mandy Ansell	At Risk	Scoping underway and various models being looked at to provide transactional savings and in the longer term, transformational savings. Meds Man Team Prescribing adviser analysing appliance prescribing with a view to implementing housekeeping and prescribing recommendations to help deliver some savings over Jan, Feb and March. Business case for transformational project for 2016/17 has been developed (JA 29.1.16)
Medicine Management	PR000367	ScriptSwitch & Generics (TCCG)	Mary Tompkins	Mandy Ansell	On Target	Scriptswitch profile updated regularly and this application is now yielding savings of over £92k per month across SW Essex. This represents the best return on investment (ROI) in the UK (665% ROI vs UK average of £300%). some problems with acceptability of switches have been raised by Local Pharmaceutical Committee, although Meds Management Team is ensuring good communication with Community Pharmacists in order to ensure recommended brands are stocked by all Pharmacies. Currently, work is underway to maximise Scriptswitch savings from newer branded versions of Pregabalin and methylphenidate. Enhanced MMT work around Scriptswitch increasing delivery significantly (JA 29.1.16).
Medicine Management	PR000368	Dietetics / Oral Nutritional Supplements (TCCG)	Judith Harding	Mandy Ansell	On Target	Results from audit projects and care home reviews in larger spending practices have been realised in November resulting in over target savings for November and the project is currently on target for savings delivery. Dietitian's time continues to be shared with other work and projects. Drug tariff cost of some key oral nutritional products currently on Formulary have reduced from 1st January 2016 which it is hoped will help to mitigate earlier under-target savings. These will show through ePACT by the end of the financial year.
Mental Health	PR000104	SEPT Contract - Dementia Ward Closure	Jane Itangata, Irene Lewsey	Mark Tebbs	Compromised	Risk share agreement not signed off and will remain in effect for the remainder of the financial year. Therefore no savings are anticipated for this year however risk share may reduce towards end of financial year, benefits likely to be realised 2016/17. Christine Ratcliffe advised that discussions still taking place and no agreement currently reached. GDM 03/02/2016.
Mental Health	PR000183	Psychology and Long Term Conditions (LTCs)	Jane Itangata	Mark Tebbs	On Target	Project is on track. IAPT provider implementing IAPT. Service to commence on 1st April. Meeting set up between new SSSFT and Therapist working with LTC teams to formalise pathways
Mental Health	PR000220	Estuary Housing and Lifstan Way	Jane Itangata	Mark Tebbs	At Risk	All cashable benefits realised for 15/16 for Lifstan Way. Estuary Housing- Although risk sharing arrangement not resolved- no clients aligned to CCG- therefore CCG are not paying any invoices- and savings are being realised. Position remains unchanged
Mental Health	PR000266	Winterbourne Resettlement Plan	Gavin Mackenzie, Jane	Jane Foster-Taylor	At Risk	Transition plan developed and being implemented by appointed Provider (Dimensions). Issue remains with identifying appropriate accommodation. Dimensions are actively

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			Itangata			seeking potential accommodation and widen search outside of Thurrock. LA and CCG will joint fund the package to facilitate discharge. LA will fund any transitional work that will be undertaken until the client moves to the community
Other	PR000065	Patient Transport Services (PTS)	William Guy, Phillip Clark	Mark Tebbs	On Target	Confirmation now received that scheme is delivering savings against planned. Therefore scheme now on-track to realise FYE savings.
Other	PR000174	Review of Acquired Brain Injury Placements	Phillip Clark	Jane Foster-Taylor	Compromised	<p>Unfortunately the project was initially delayed by two month's owing to the reported lack of availability of two of the IMCAs.</p> <p>NELFT have subsequently undertaken consultant-led MDT reviews of the two patients within Northamptonshire; with an indication that these clients will no longer now require 100% health-funded CHC packages; owing to a change of need. Arden & GEM (CHC Commissioning) are now supporting the CHC assessment and transfer of care with the current providers.</p> <p>The third patient had a consultant-led MDT review, though a draft outline of the reviews findings indicates this patient may require a further rehabilitation placement (and thereby potentially not presenting with a financial saving).</p> <p>No actual savings have been realised since project implemented in July; with savings only realised at the point at which patient transfers take place. Weekly update reporting requested from Arden & GEM on progress; though we now only expect to realise circa £10k due to complications.</p> <p>This new forecast target £10k (against original £122,604) has significant impact on the overall QIPP Programme. Project status has been updated to 'compromised' to reflect this. GDM 02.02.16.</p>
Other	PR000322	CHC Controls	Phillip Clark	Ade Olarinde	At Risk	<p>Work continues with Arden & GEM to improve the quality of activity and financial reporting; with improvements made to performance monitoring reports.</p> <p>November saw Arden & GEM serving notice on delivering CHC commissioning support to Thurrock CCG; following CPR and Southend exiting their contractual arrangements; this may present both opportunities and risks to the CCG. Initial work has commenced and reviewing CHC commissioning opportunities moving forward.</p> <p>Discussion and clarification of forecast financial position is ongoing with Arden Gem, with improved reporting structures agreed. Currently unable to clarify an over or under-spend and therefore- planned savings for November have not been reported until assurance has been provided. Arden & GEM are due to table their financial forecasting approach within the next Contract Performance meeting due to be held on 18th February 2016.</p> <p>The CCG is unable to validate savings / overspend position until Arden & GEM have undertaken their revised financial forecasting.</p>
Paediatrics	PR000232	Thurrock Section 75	Claire Blair	Mark Tebbs	On Target	Claire confirmed that £164k will be realised in March-2016. Supporting evidence within attached documents.

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Clinical Commissioning Group

Paediatrics	PR000279	Specialist Developmental Groups (Thurrock)	Claire Blair	Mark Tebbs	<p>On Target</p> <p>NELFT & Commissioners are developing a revised model to present to QIPP Core and NELFT contract meetings in due course. This scheme is now looking to pull approx. £20k worth of savings.</p> <p>A new EQIA was submitted on 5 January 2016 - Approved.</p>
Paediatrics	PR000315	SARC (Thurrock)	Claire Blair	Jane Foster-Taylor	<p>Completed</p> <p>The cost of the service during 2015/16, as broken down below: South West Essex Total = £28,251 (FYE) Thurrock CCG = £13,560.48 (48% contract split) BB CCG = £14,690.52 (52% contract split)</p> <p>The CV that was raised formally noted the change of commissioner responsibility. The 12 month 'no fault termination' requirement still applies however and should be considered if NELFT is likely to be impacted as a result of any new procurement.</p> <p>Savings outlined reflect project on-track to deliver £13,560 savings in March-2016. Therefore project can now be closed GDM 05/01/16.</p>
Planned Care	PR000076	Referral Management	Rahul Chaudhari, Alison Springett	Mark Tebbs	<p>Compromised</p> <p>New commissioning manager assigned to this project. Having reviewed activity data project lead has identified a revised approach and business case will be revised accordingly along with any proposed costs, revised timescales and savings and re-presented to QIPP Core for review/approval.</p>
Planned Care	PR000130	MSK Block	Rahul Chaudhari	Ade Olarinde	<p>Compromised</p> <p>Initially savings were being realised every month, however having reviewed the activity data this suggests that activity has increased and therefore savings are no being realised in line with planned. Further investigation required by Commissioning lead to establish causes and suggest appropriate remedial action. GDM 06/10/15.</p>
Planned Care	PR000282	Ophthalmology shared care	Rahul Chaudhari, Jeanette Hucey	Mark Tebbs	<p>On Target</p> <p>1. GRR pathway has now been agreed and will roll out in November as planned.</p> <p>2. Development of the next pathway (MECS) is now underway and details of the pathway process have been shared for agreement.</p> <p>The Commissioning Case has been submitted for QIPP Core on 12 December.</p> <p>Project on-track to go-live in Januar-16 as planned.</p> <p>The rest of the Ophthalmology Redesign Programme is being managed through PR000378 which has a fuller record of the pathways included under this record plus the further pathways which are being developed and will be implemented during 2016/17.</p> <p>The Ophthalmology Redesign Programme continues to be managed through PR000378 and a fuller record of progress can be found under that record.</p>

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Planned Care	PR000302	Green GP (111)	Mark Tebbs	Mark Tebbs	On Target	M9 figures received from Emily Hughes- YTD actual savings have increased, now achieving 89% against overall planned.
Planned Care	PR000328	Outsourcing of Outpatient Dispensing- BTUH	Olga Buck	Ade Olarinde	On Target	Update from BBCCG- BTUH had been assigned (by Technical Support Group) to confirm how QIPP savings is being generated and bring back to next TSG. Therefore no savings realised for M9 or M10. 03/02/2016. GDM
Planned Care	PR000378	Ophthalmology Pathway Re-design (TCCG)	Jeanette Hucey	Mark Tebbs	On Target	The MECS service offers an alternative to being referred into the Hospital Eye Service for patients with minor eye conditions, such as red eye, flashes, floaters, dry eye, retinal lesion. Emergency and more serious conditions will continue to be directed immediately to the Hospital. The service is in the planning phase at the moment but is known to be effective therefore the Ophthalmology Network is facilitating development of the redesigned pathway with system colleagues.

Mitigation Projects

No additional projects have been identified during this reporting period. CFO has asked Commissioners to identify additional projects to mitigate any potential shortfalls across their portfolios.

2016-17 QIPP Programme Planning Lifecycle

Phase 3- Delivery/Implementation

- Implementation by 1st April 2016 (Underway)

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