

**THURROCK BOARD MEETING**

**DATE- 22/10/14**

**Title of Report: Thurrock CCG QIPP and Commissioning report**

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<b>Presented by:</b>	Raymond Arhin and Rahul Chaudhari
<b>Committees previous consulted:</b>	QIPP Committee
<b>Executive Summary:</b>	The paper aims to appraise the Board of progress and development of Thurrock's QIPP initiatives, 2015/16 Commissioning cycle and 15/16 QIPP Planning process.
<b>Recommendation to the Board:</b>	Board members are asked to note the actions and progress being made by the various QIPP work-streams
<b>Financial Implications:</b>	The QIPP plan forms part of the CCG's financial plan
<b>Fit with CCG strategy/objectives:</b>	Forms part of the CCG's 2014-15 Integrated Operational Plan
<b>Risks identified:</b>	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
<b>Resource Implications:</b>	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.
- Update the board on some of the key service initiatives
- To update the board on 2015/16 Commissioning cycle with the provider organisations
- To update the board on the 2015/16 QIPP planning process and timelines

## CCG QIPP meetings (minutes of the meetings are attached)

Since the last board meeting the core QIPP committee met twice and analysed year to date QIPP delivery by workstream and reviewed the risk logs for various QIPP streams.

The committee

- Has had presentation from pharmacy representatives and explored various opportunities of collaborative working with pharmacies and effective use of their expertise.
- Discussed the nebuliser pathway
- Reviewed and agreed to the ToR
- Reviewed and agreed the proposed changes to the SRP
- Reviewed the performance of the NHS 111 service and IC24.
- Reviewed and agreed the 15/16 QIPP planning timescales
- Had presentations from LA around 24 week pilot for a new Tier II weight management strategy

The committee also agreed to invite stakeholders at the December QIPP meeting to discuss the proposed 15/16 QIPP projects.

## Key Updates

### Respiratory

The SW Essex procurement for Oxygen Assessment and Review (HOS-AR) and Pulmonary Rehabilitation is out to tender. The pre-qualification questionnaire stage has passed. The presentation of bids will be on 2 December 2014. Thurrock CCG is actively involved in the evaluation process and the new provider will be expected to provide the service from 1<sup>st</sup> April 2015. A recommendation paper will be brought to the Board for endorsement once a preferred provider is shortlisted

### Local Enhanced services

The procurement for a number of Local Enhanced Services procurement is currently out to tender. The Local Enhanced Services include: 24 Hour Blood Pressure Monitoring, Anti-coagulation, Gonaderelin, Secondary Care Wound Management and Vasectomy. The

recommendation report for Local Enhanced Services will be received by Thurrock CCG Board early next year and for services to commence on 1 April 2015.

### **Community Ultrasound**

The SW Essex procurement of Community Ultrasound is currently out to tender. The closing date for bids is 17 October. The recommendation report for Community Ultrasound will be received by Thurrock CCG Board on 17 Dec 2014 and for services to commence on 1 April 2015.

### **MSK**

BTUH led procurement for an external hub provider has completed. Results will be announced once an options paper is presented at their board.

### **Unplanned Care**

#### **Ambulatory Emergency Care & Complex Frailty Unit**

Both the above models are now active; with initial draft performance dashboards provided for each. The CCGs are currently constructing a detailed performance report which aims to benchmark all 49 AEC conditions against 2013/14 activity; thereby validating the model is successfully managing patients differently.

### **Operational Resilience Funds**

As reported within August's Board update, NHS England has provided £2,659,870 across the two CCGs in south west Essex to support operational resilience; with £30k allocated for the delivery of a Winter Media & Communications Campaign.

As part of our local Thurrock communications campaign, we have purchased key ring torches which feature the telephone number of the RRAS service.

- Blue key-ring torches feature the RRAS telephone number for professionals: these will be distributed to Thurrock GPs, OOHs, Ambulance Service, Care Homes and Health and Social Care professionals.
- Red key-ring torches feature the RRAS telephone number for patients & carers: these will be distributed by NELFT community services including COPD patients.

We hope this approach will increase demand on RRAS from those who will benefit the most from the service.

## **Paediatrics**

### Transitional Arrangements

- Transitional arrangements took up a large majority of the team's time over the past few months as CECSU closed.
- This meant that other work was delayed but is now being picked up once more.

### Sickle Cell

- Joint meetings had with both Trusts to identify the gaps in the pathway and the steps required to fill them. Work will regain impetus now staffs are within the CCG.

### HIP

- One year's data now received for the two HIPs launched in October last year (bronchiolitis and gastroenteritis), Indicates overall positive impact but further data required before making final judgement as these are seasonal conditions and can be affected by environment.
- HIP for Head Injury and Febrile Illness presented to Paediatric CEG in July; some further work required. Head Injury pathway now cross-referenced with new NICE guidance and to return to Paediatric CEG in October. Febrile Illness discussed at CEG; it was not felt enough impact would be made.
- Asthma HIP is dovetailing with the East of England Strategic Clinical Network's Paediatric Asthma Forum Education stream; which will complete all stages of its work by end March 2015. This includes a training programme and pathways.

### CAMHs

- Re-commissioning project remains on track and is currently in PQQ stage.

### SEND Reforms

- Children and Families Act 2014 came into statute 1<sup>st</sup> September 2014. As a team we worked very closely with Thurrock Council to ensure all elements were in place before this date. This included attending DfE's visit to Thurrock.
- We also ran several workshop sessions with providers and colleagues to ensure awareness was high.

### Other

- ADHD – identification of gap in service for young people over the age of 12years. Task and finish group / integration group to be set up.

- Diabetes – new Diabetes Clinical Commissioning Forum has been set up for SW Essex to which we are contributing.

## **Medicines management**

Information from July 2014 indicates that the Medicines Management QIPP initiatives are broadly on target to deliver the overall QIPP target of £1.15million, mainly as a result of the over performance of ScriptSwitch, the Home Enteral Feeds (HEF) project, nutritional reviews and reviews of special order products.

Further savings are expected to be delivered shortly as initiatives around formulary development and implementation of guidelines (for asthma and COPD, chronic pain and overactive bladder) are now commencing. The impact of category M price changes for generic drugs, which came in to effect on 1<sup>st</sup> October 2014, is however likely to produce an in year cost pressure of approximately £140k, and may reduce the magnitude of QIPP savings from October 2014 onwards, particularly for the ScriptSwitch/generics work stream.

Further work is currently underway to identify new Medicines Management QIPP initiatives for 2015/16, and it is anticipated that many of these new initiatives will involve transformational schemes and close work across the interface with BTUH and other Trusts.

## Thurrock CCG 2014-15 QIPP performance-

### 1. Programme Information

Programme Title:	Thurrock QIPP		
Reporting Month:	September 2014	Accountable Officer:	Mandy Ansell
Date:	9 <sup>th</sup> October 2014	Chief Finance Officer:	Ade Olarinde

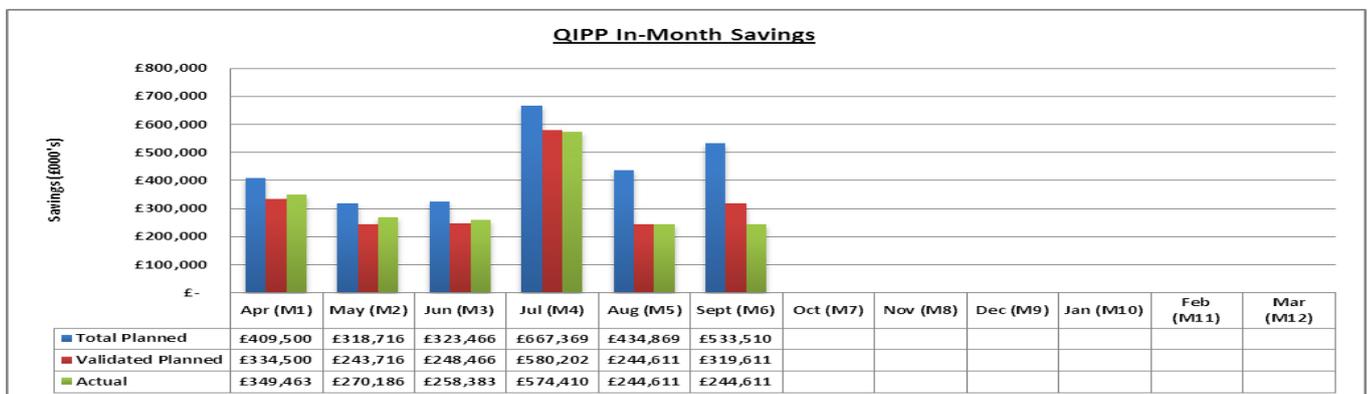
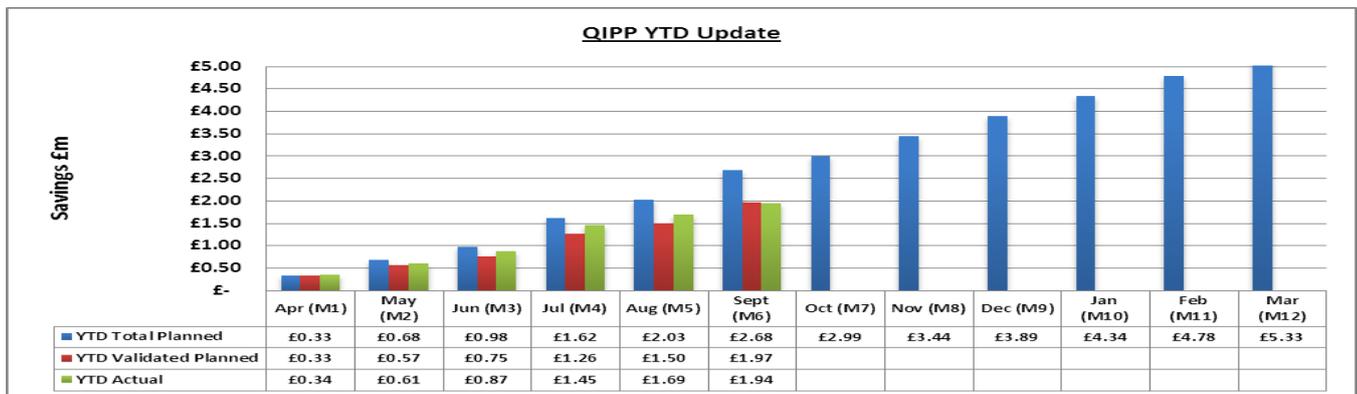
### 2. Programme Status

Delivery	A/G
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### 3. Benefits Review

YTD Performance					
Target Savings £m	Total Planned Savings £m	Validated planned Savings £m	Actual savings	% Savings Achieved against validated plans	% Savings achieved against Total plan
QIPP target YTD=£6m	2.68	1.97	1.94	99%	72%
In Month	0.53	0.31	0.24	77%	46%
Forecast £5.387m					

\*PLEASE NOTE THAT VALIDATED PLANNED SAVINGS REFLECT THE PLANNED SAVINGS FOR THE PROJECTS WE HAVE ACTUAL. DATA VALIDATION IS CURRENTLY BEING UNDERTAKEN FOR THE UNPLANNED CARE SCHEMES (AEC & FRAILITY). PLEASE ALSO NOTE THAT ACUTE/PRESCRIBING FREEZE SAVINGS DATA HAS A 2 MONTH DELAY.



Portfolio	YTD Total Plan	YTD Validated Plan	YTD Actual	% Against Validated Plan	% Against Total Plan
Planned Care	£ 714,766	£ 703,001	£ 703,001	100%	98%
Unplanned Care	£ 309,500	£ -	£ -	0%	0%
Medicine Management	£ 458,830	£ 271,773	£ 341,191	126%	74%
Paediatrics	£ 189,000	£ 189,000	£ 114,000	60%	60%
Mental Health	£ 406,000	£ 268,000	£ 244,139	91%	60%
Other	£ 412,333	£ 367,333	£ 367,333	100%	89%
Community	£ 197,000	£ 172,000	£ 172,000	100%	87%
<b>Total</b>	<b>£ 2,687,430</b>	<b>£ 1,971,107</b>	<b>£ 1,941,664</b>	<b>99%</b>	<b>72%</b>

*Vision Statement: The Health and care experience for the people of Thurrock will be improved as a result of our working effectively together.*

## Commissioning intentions 2015/16

These were submitted to the providers on 30<sup>th</sup> September and will serve the basis for contract negotiations and agreement for 2015/16. Contract negotiations will also be informed by the planning document that is expected to be published in December 2014.

Key features of the intentions include

- Retain the current commissioning arrangements for unplanned care.
- Negotiate a second year of non-recurrent investment to support the restructuring of unplanned care services.
- Negotiate the second year of the MSK redesign delivering £1.5m savings (up from this current year's £0.4m) for the Commissioners & implement the third year of the five year pathology services agreement
- Apply no uplift for population growth to any block elements of the contract (applies across all providers.
- In addition to the national deflator will seek 0.5% local deflator across the entire contract.
- Development of the following care pathway: Integrated Frailty Pathway, Ambulatory Emergency Care Pathways, Respiratory Services, Diabetes Services, End of Life Services, Cardiology Services, Cancer Services, Haematology Services (including the Anticoagulation Pathway), Stroke, RAID. Working with Essex CCG's to review Maternity Services Capacity and to re-procure CAMHS.



Commissioning intentions 15-16.pptx

## QIPP Planning 2015/16

Initial financial assumptions predict a QIPP target of approximately £5.5m. Taking into account, our past QIPP achievements, the QIPP committee is aware of the need to identify and develop schemes in excess of 6.5m to cover for slippage and under delivery. The QIPP committee have reviewed and agreed on the attached planning timescales for 2015/16 schemes.

Date	Key Milestones / Deadlines	Responsibilities
6 <sup>th</sup> Oct-14	Initial 2015-16 planning meeting.	QIPP Programme Meeting
9 <sup>th</sup> Oct-14	Issue 2015-16 QIPP Planning Timescales and Savings Targets	Thurrock QIPP Core
31 <sup>st</sup> Oct-14	First draft Project Mandates completed in Verto and submitted to PMO for initial review.	Commissioning /Clinical Leads
3 <sup>rd</sup> Nov-14	Feedback on Project Mandates and review of next stage.	PMO/QIPP Programme Meeting
10 <sup>th</sup> Nov-14	First draft Business Cases completed in Verto and submitted to PMO for initial review	Commissioning/Clinical Leads
13 <sup>th</sup> Nov-14	Overview of QIPP progression and approval to proceed to next stage.	Thurrock QIPP Core
21 <sup>st</sup> Nov-14	Feedback on Business Cases.	PMO
28 <sup>th</sup> Nov-14	Final Business Cases completed in Verto and submitted to PMO for approval.	Commissioning Leads/Clinical Leads
1 <sup>st</sup> Dec-14	Final Business Cases reviewed and agree next stage	QIPP Programme Meeting
11 <sup>th</sup> Dec-14	Final Business Cases approved.	Thurrock QIPP Core
TBA	Final Sign-off 2015-16 QIPP Business Cases	Thurrock CCG Board