

**2016/17 Quality, Innovation, Productivity and Prevention (QIPP)
Programme****Governing Body meeting****2 March 2017**

Author(s)	Sandie Buchan, Head of Programme Management Office Diane Meddick, Deputy Director of QIPP
Sponsor	Matt Powls, Interim Director of Commissioning and Performance
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
n/a	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i> To ensure there is a sustainable, affordable healthcare system in Sheffield.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> Not required as this is an update paper.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> Increased clinical engagement and listening to our members has been agreed as a priority. Therefore, the Members Council meetings should include not just communication and information on the QIPP plan, but an opportunity for members to voice their ideas and experiences of where system improvements could bring about improved patient care within a reduced cash envelope.	
<u>Recommendations</u>	
Governing Body is asked to note the revised forecast in relation to the total amount that is due to be achieved in 2016/17 and the work that is ongoing in order to maximise our potential of achieved savings.	
Governing Body is also asked to note the work that has been completed and ongoing to date to develop the 2017/18 QIPP Programme and supporting processes.	
Governing Body is also asked to note that any changes made to this report by the QIPP Sub Group will be verbally reported at the Governing Body meeting and updated on the CCG website following the Governing Body meeting.	

2016/17 Quality, Innovation, Productivity and Prevention (QIPP) Programme

Governing Body meeting

2 March 2017

1. Context

- 1.1. NHS Sheffield CCG's QIPP programme for 2016/17 QIPP has a gross savings target of £19.4m.
- 1.2. Each month the Governing Body receives an update on the achievement against the plan and also addresses any issues that were raised during the previous meeting's discussion.
- 1.3. At the February 2017 meeting, the Governing Body was given an update on the progress of the 2016/17 QIPP Programme to date, which included concerns for the achievement of the £19.4m target. It was confirmed that the target will not be achieved, however work will continue throughout the remaining months to maximise our efforts on those areas that we are confident will deliver.
- 1.4. This paper provides the Governing Body with an overview of the position as at 21st February and the work that has been undertaken over the last four weeks on both the current year's programme as well as 2017/18.

2. Current Position

Table 1 2016/17 QIPP Summary

March 17

16/17 QIPP Summary

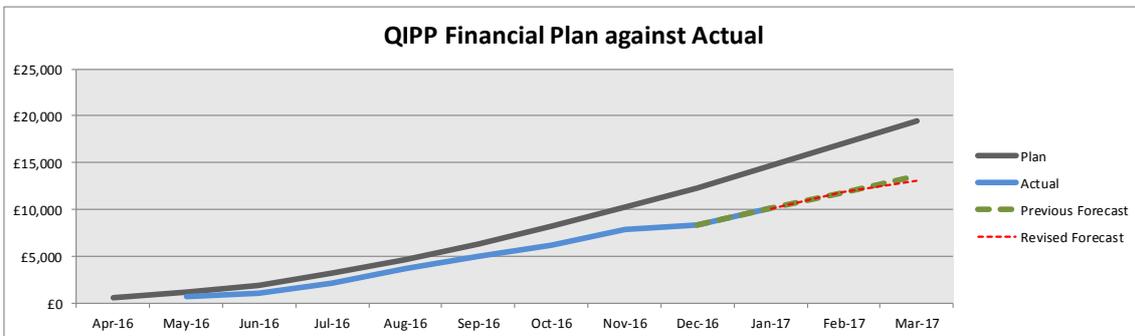
Finance

CCG Financial Position

16/17 Position		Month 10 Position	
Plan (£,000s)	£835,618	Budget to date (£'000)	£687,407
Forecast (£,000s)	£832,118	Year to date Spend (£'000)	£684,490
Variance (£,000s) £3,500		Variance (£,000s) £2,917	

QIPP Financial Position

16/17 Position		Month 10 Position	
Gross Plan (£,000s)	£19,491	Gross Plan to Date (mth 10)	£14,677
Gross Forecast (£,000s)	£13,049	Gross Actual to Date (mth 10)	£10,106
Shortfall (£,000s) £6,442		Shortfall (£,000s) £4,571	



Schemes

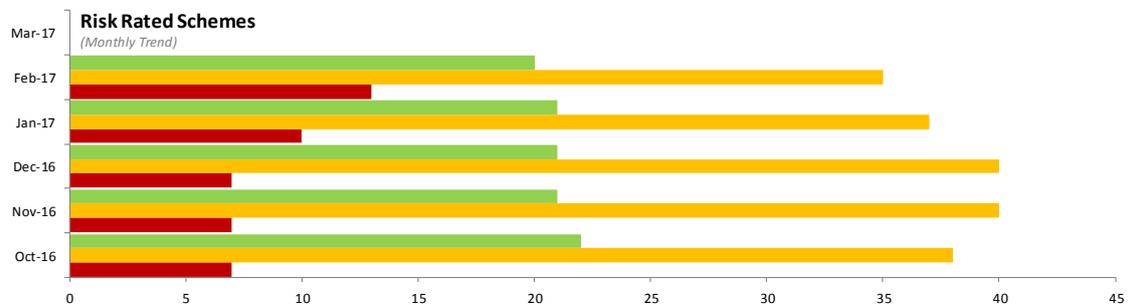
Plan	
Total no. schemes	68
Total no. risk rated as red	13
Total no. risk rated as amber	35
Total no. risk rated as green	20

Plan with STH	
Total no. schemes with STH	34
Total financial savings with STH (Plan)	£13,101
Total financial savings with STH (Forecast)	£7,181
Total financial savings achieved to date with STH	£5,287

Risk Rated Red	
Total no. risk rated as red	13
Total planned savings against these schemes (£,000s)	£6,051
Total forecast savings against these schemes (£,000s)	£2,691
Total no. forecasting £0	6

Risk Rated Amber	
Total no. risk rated as amber	35
Total planned savings against these schemes (£,000s)	£7,661
Total forecast savings against these schemes (£,000s)	£4,499

Risk Rated Green	
Total no. risk rated as green	20
Total planned savings against these schemes (£,000s)	£4,611
Total forecast savings against these schemes (£,000s)	£5,858



Comments

As reported in the body of this report since the review undertaken last year by the Interim Deputy Director of QIPP and the Head of Programme Management Office, there has been a significant shift in approach. Key programmes of work have been prioritised to deliver at pace transformational change and improved efficiencies against key national and local targets. The revised framework is now being embedded supported by a number of revised tools, activities and training. The continued focus is on maximising matrix and system working, ownership of delivery and improvements to turnaround of the current forecast for 2016/2017 and 2017/18 delivery

2016/17 QIPP Programme

- 2.1. The month 10 year to date gross savings position is £10.106m. This means that we are £4.571m behind plan at this point in the year. This is a deteriorated position of £661k compared to last month. Table 2 details this shortfall by areas of spends.
- 2.2. The CCG QIPP team has continued to work with Programme Leads during the past month to support them achieve the maximum efficiencies that are possible within the last few months of this year, whilst recognising the pressures that the health system is under during the winter months. This has included, though not exclusively: moving forwards at pace, the Service Review Programme; supporting the development of the Discharge to Assess pathways in line with the nationally 'must do's'; supporting the development of the Urgent Care System; and moving forward the IFR brain injury review.
- 2.3. Last month's year end forecast position was £13.565m which was felt to be a more realistic and achievable position. This month, the forecast has decreased slightly to £13.049m due to the spend in the 6 AS&R programme specialities not reducing as originally planned. Table 3 details the forecast as owned by the Lead Directors and subsequently equates to achievement of approximately 70% of the original (gross) QIPP plan.
- 2.4. Whilst the CCG will not achieve the full savings target of £19.4m in 2016/17, work continues to ensure as much of this target is achieved in the remainder of FY 2016/17. In parallel the CCG's Director of Finance is leading work to ensure that the CCG can still deliver against its financial plan of a 0.5% surplus, including through the use of contingency reserves and deferment of investment. The tables below show the position year to date and forecast year end position.

Table 2: Year to Date (Month 10) QIPP position by area of CCG expenditure

Area of CCG Expenditure	Gross Savings Plan Full Year	Gross Savings Plan M10	Gross Savings Actual M10	Gross Savings Variance M10	Investment M10	Net Saving M10	Net Variance M10
	£'000	£'000	£'000	£'000		£'000	£'000
Child Health	-1,405	-1,039	-397	642	0	-397	642
Community Healthcare Continuing	-1,475	-1,166	-228	938	0	-228	938
Healthcare	-1,650	-1,339	-1,682	-344	0	-1,682	-344
Elective Care	-4,762	-3,469	-2,419	1,050	348	-2,070	857
High Cost Drugs	-1,043	-835	-421	414	235	-186	391
Mental Health	-470	-388	-381	7		-381	7
Other	-350	-167	-100	67		-100	67
Prescribing	-2,330	-1,872	-1,714	158	171	-1,543	8
Urgent Care	-6,006	-4,403	-2,765	1,638	125	-2,639	1,487
Total	-19,491	-14,677	-10,106	4,571	880	-9,227	4,053

Table 3: QIPP Year End Forecast against Plan based on M10 results

Area of CCG Expenditure	Gross Savings	Gross Savings	Gross Savings	Investment Forecast	Net Saving	Net Saving
	Plan Full Year	Forecast M10	Variance M10		Forecast M10	Variance Forecast M10
	£'000	£'000	£'000		£'000	£'000
Child Health	-1,405	-521	884		-521	884
Community Healthcare	-1,475	-288	1,187		-288	1,187
Continuing Healthcare	-1,650	-2,151	-501	0	-2,151	-501
Elective Care	-4,762	-2,807	1,955	469	-2,337	1,748
High Cost Drugs	-1,043	-557	486	269	-288	446
Mental Health	-470	-459	11		-459	11
Other	-350	-100	250		-100	250
Prescribing	-2,330	-2,500	-170	377	-2,123	-192
Urgent Care	-6,006	-3,667	2,339	205	-3,462	1,982
Total	-19,491	-13,049	6,442	1,320	-11,730	5,814

2017/18 QIPP Programme

- 2.5. The Director of Finance presented a paper in February 2017 on initial budgets for 2017/18. This shows that the CCG has as a minimum to deliver a £21.6m QIPP plan. The QIPP sub group discussed the need for the CCG to have a QIPP plan in place before 1 April 2017 which is in excess of the minimum required and the Organisation has agreed a working target of £25m.
- 2.6. Over the last month, a lot of work has been undertaken on the continued planning of the 2017/18 QIPP Programme, including working with NHS England and neighbouring CCG's on sharing ideas, work-streams and processes to increase our deliverability of our 2017/18 QIPP target. This resulted in NHS Sheffield CCG showcasing the Service Review Programme on 21st February 2017 and using the review of the Gastroenterology service as an example of the good practice the Organisation is adopting. These Service Reviews were seen as an excellent way forwards by NHS England and the other CCG's and therefore, our methodology and approach is being considered by our partner CCGs.
- 2.7. More workshops are being held in parallel to identify other areas of efficiency that can be adopted across the whole of South Yorkshire and Bassetlaw. These include standardising processes such as the potential decommissioning services is there is a clear and evidenced case, IFR process and the approach taken for clinical thresholds. These workshops have been viewed as a positive approach.
- 2.8. Following the approval of the Programme Management Framework and Matrix Working, the programmes and projects have been grouped together against the five key priorities into focused outcomes (Table 4). As a way of ensuring that the revised processes are implemented and adopted by the whole organisation, training workshops have been arranged on 'Programme Management Methodology and

Effective Commissioning'. Currently there are approximately 40 members of staff who have voluntarily scheduled onto the course.

Table 4: Priority Areas and Focused Outcomes

No	Priority Area	Focused Outcome
1.	Planned Prevention	Keeping people well through Active Support and Recovery.
2.	Urgent Care	Redesigning the front door of the acute pathway to prevent unnecessary and unplanned visits to hospital.
3.	Planned Care	Streamlining patient's treatment through the implementation of end to end clinical pathways that reduce fragmentation of service delivery across primary, community, secondary and social care.
4.	Out of Hospital Care	Streamlining the discharge process to maximise patients opportunity to return home with appropriate assessments and packages of support.
5.	Long Term Conditions	Maximising active support and recovery following diagnosis of a long term condition.

2.9. Taking this fresh approach to delivery enables project interdependencies to be grouped into programmes of work that are a priority. This enables the CCG to deliver efficiencies at pace and in a more coordinated manner with shared outcomes.

2.10. Key programmes and projects that support this approach are:

- Development of end to end pathways (Service Review Programme) prioritising; Gastroenterology, Gynaecology, Dermatology, Respiratory, Neurology (Acquired Brain Injury) and Heart Failure. The elective care commissioning lead and Clinical Director have made huge progress. Matrix teams have been meeting, service specifications have been redrafted and finalised so that they can move into mobilisation and implementation phase. Links across Right Care are also embedded within this process.
- Urgent Care: A priority to avoid unnecessary visits to A&E and reduce unplanned and unnecessary admissions to hospital, through redesigning a different model has now been progressed into a series of consultations.
- Aiming to support the reduction of unnecessary A&E attendances and unplanned admissions is a project called Care Homes has commenced being led by our Deputy Chief Nurse. A matrix project team is working together actively in redesigning the model of care within the community to deliver access to tiered levels of support, advice and training. In line with National Guidance 'The Silver Book'.

- To facilitate the streaming and discharging of patients admitted to hospital a new project has commenced to implement the nationally mandated 'Discharge to Assess Model of Care'. Current services and expenditure is currently being mapped against the revised model to ensure maximum use of existing resources, reduced duplication and increased efficiency. Commissioning leads from the CCG are also working closely with the hospital to help them achieve internal efficiencies through implementing best practice tools and guidance.

2.11. Internally, the detail behind the 2017/18 QIPP Programme continues to be shaped, ensuring that Project Briefs, Service Specifications and Delivery Plans have been completed for each of the schemes and metrics have been identified to capture the impact. This work is ongoing and will continue to be until the end of March 2017 to ensure that next year's QIPP Programme has been fully developed and reviewed. It is critical that all of this work is supported by robust contract documentation and negotiation, to ensure the shifts in activity and finance are clearly articulated and held to account within revised contracts and performance monitoring processes. Table 5 shows the current position of all of the 2017/18 QIPP schemes and their current compliance with the Programme Management Framework. As stated above, this is progressing at pace with the Programme Management Office and the Commissioning Portfolios.

Table 5: 2017/18 QIPP Programme

 - Documents completed  - Progressing as expected

Portfolio	No. of Prog / Projects	Stage 1 Approval <i>(Project Brief / Business Case)</i>	Stage 2 Planning <i>(Delivery Plan / Risk Log / Benefits Dashboard / Service Specification)</i>	Stage 3 Implementation <i>(Highlight Report / Mobilisation Plan)</i>	Stage 4 Service Delivery & Review <i>(Lessons Learnt Report)</i>
Urgent Care	4				
Elective care	4				
Mental Health	Still being scoped				
Children & Young people	11				
Active ageing	3				
Medicines Management	3				
Other (CHC, Estates, IFR, Primary Care)	8				

3. Next Steps

- 3.1. As already highlighted above, the Deputy Director of QIPP and Head of PMO will continue to work directly with the Director Leads and Programme Leads in order to support the delivery of the schemes as far as possible in quarter 4. All avenues of efficiency are being investigated to ensure that we maximise 2016/17 QIPP delivery.
- 3.2. The workshops and training sessions based on MSP methodology and effective commissioning will be held in March. These will continue over the next few months ensuring all relevant staff members are able to attend.

4. Recommendation

- 4.1. Governing Body is asked to note the revised forecast in relation to the total QIPP saving that is due to be achieved in 2016/17 and the work that is ongoing in order to maximise our potential of achieved savings.
- 4.2. Governing Body is also asked to note the work that has been completed and ongoing development of the 2017/18 QIPP Programme.

Paper prepared by: Sandie Buchan, Head of Programme Management Office
Diane Meddick, Deputy Director of QIPP

On behalf of: Matt Powls, Director of Commissioning

March 2017