

2017/18 Quality, Innovation, Productivity and Prevention Programme

Governing Body meeting

11 January 2018

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Purpose of Paper	
<p>Governing Body signed off a gross savings or Quality, Innovation, Productivity and Performance (QIPP) target of £21.6m in December 2016. This target was set in order to deliver NHS Sheffield Clinical Commissioning Group (CCG) commissioning intentions for 2017/18 and to meet our share of the 5 South Yorkshire and Bassetlaw CCGs single financial control total agreed with NHS England. This paper is an update on the position against the QIPP target and agreed QIPP plan at month 8.</p>	
Key Issues	
<p>At the end of November 2017 (month 8) the QIPP plan continues to stand at £19.4m net against the original net target of £21.2m, therefore £1.9 of unidentified QIPP continues to contribute to the overall financial pressures of the CCG.</p> <p>At month 8 a further detailed assessment of likely delivery against all schemes has taken place which has resulted in a minimal improvement to £10.4m from the £10.2m position reported at month 7.</p> <p>Mitigating actions for key programmes continue to be the areas of focus including the additional actions agreed by Governing Body in private session in December 2016.</p>	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
<p>The Governing Body is asked to note the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigation.</p>	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i> To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	

Are there any Resource Implications (including Financial, Staffing etc)?
Yes as discussed in section 4 of the report, a focus of clinical and managerial time on priority projects.
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p>Not required as this is an update paper, individual programmes and projects will undertake assessment as part of their implementation process.</p>
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
<p>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.</p>

2017/18 Quality Innovation Productivity and Prevention (QIPP) Programme Performance Report

Governing Body meeting

11 January 2017

1. Purpose

As part of the 2017-19 Operational and Financial Plan, NHS Sheffield Clinical Commissioning Group (SCCG) identified a gross savings target of £21.6m. Governing Body receive a monthly report on the development, implementation and delivery of the QIPP programme developed to secure delivery of this target in 2017/18. This paper presents performance at month 8, November 2017.

2. Implementation and Delivery Against 2017/18 QIPP Plan

There have been no new schemes added to the plan since the Governing Body meeting on 7 December 2017. The project to suspend prescribing gluten free products to adults, that commenced delivery on 1 December 2017 will contribute to the challenging £3m QIPP target for prescribing spend. Therefore the gross QIPP plan remains at £19.4m net and the shortfall to QIPP target remains at £1.8m.

Projects and programmes are assessed each month to determine if they are meeting stated milestones for implementation and also whether they are delivering the savings and other changes anticipated. At month 8 a detailed assessment of likely delivery against all schemes has taken place and even though our delivery forecast has improved marginally to a net savings of £10.4m from the £10.2m position reported at month 7, this equates to the CCG forecasting to achieve savings of 54% of the net QIPP plan of £19.4m.

Table 1: 2017/18 QIPP Plan – Overall Performance at Month 8

Delivery	Net Plan £'000	Net Actual £'000	Variance £'000	% Variance	RAG	Confidence Rating - RAG Thresholds for Delivery			
						Green	Green/Amber	Amber	Red
Year to Date (exc. unidentified)	(9,151)	(7,038)	(2,113)	23%	R	Green	Green/Amber	Amber	Red
Forecast Outturn	(19,718)	(10,367)	(8,994)	46%	R	100%	≥ 90%	≥ 80%	< 80%

Table 2 overleaf presents a breakdown of the financial savings, by area of spend, at Month 8 and an assessment of the likely forecast out-turn position.

Table 2: QIPP position by area of spend at month 8 2017/18

Area of Spend	Annual Gross Savings Plan £'000	Year to Date (Net)			Year End (Net)	
		Plan £'000	Actual £'000	(Over)/Under Delivery £'000	Savings Forecast £'000	(Over)/Under Delivery £'000
Child Health	(1,136)	(517)	(380)	137	(581)	412
Continuing Healthcare	(2,769)	(1,466)	(1,269)	197	(1,842)	927
Estates	(300)	(100)	0	100	0	300
Individual Funding Requests	(500)	(336)	(576)	(240)	(774)	(274)
Local Authority	2,107	666	(119)	(785)	(232)	(2,339)
Medicines Management	(3,265)	(2,015)	(1,988)	27	(3,026)	239
Mental Health	(1,240)	(414)	(11)	403	(40)	1,200
Planned Care	(5,083)	(2,275)	(739)	1,537	(1,198)	3,886
Primary Care & Community Services	(600)	(271)	(172)	99	(200)	400
Running Costs	(250)	(150)	(213)	(63)	(320)	(70)
Urgent Care	(6,682)	(2,274)	(1,572)	702	(2,155)	4,313
QIPP Plan	(19,718)	(9,151)	(7,038)	2,113	(10,367)	8,994
Unidentified	(1,861)	(1,241)	0	1,241	0	1,861
QIPP Target	(21,579)	(10,392)	(7,038)	3,354	(10,367)	10,855

Note 1: The CCG and Sheffield City Council (SCC) have a joint programme to transform mental health services in the city. This should allow us to jointly make efficiency savings not just from more effective services for people with mental health problems but also make savings from other areas of care e.g. hospital admissions by providing more effective treatment for example in community settings. The joint programme for 2017/18 is to make £4m of such efficiency savings with £1.5m attributable to the CCG and £2.5m to SCC. As most of the savings are planned to come from health as opposed to social care through the formal risk share arrangements which form part of the Section 75 Better Care Fund Agreement (approved by Governing Body), if we are fully successful in our plans the CCG will transfer £2.5m of resources to SCC by the end of the year. If no savings are made the CCG's risk and hence transfer of funds is capped at £0.8m. The CCG's QIPP plan encapsulates the total gross savings to be made from health services as part of this agreement and hence also includes the £2.5m as a positive figure to allow payment across to SCC. The figure shown in the table above is slightly less because we have other areas of our QIPP plan where if we make the efficiencies planned the level of funding which will flow to SCC will be reduced. **At month 8 we have played out the likely year end position on the risk share agreement. We expect to transfer c£0.5m to SCC as part of the risk share but have other savings to "claw back" from SCC as part of CHC savings – hence this allows us to release all of the budget held as originally requiring to be transferred to SCC but at the same we are reporting that this is because we have not achieved all the planned savings through the work with SHSC or continuing care on high cost packages.**

2.1 Year to Date Position – Performance at Month 8

At month 8, year to date net QIPP delivery is £7.1m or 77% of profiled savings of £9.2m but this reflects that a number of schemes are not due to deliver significant savings until the last quarter of 2017/18 and hence the large adverse movement expected by year end.

2.2 Forecast Out-Turn

The forecast out turn has been prepared using the latest reported data and "soft intelligence" from the work stream leads. QIPP is now forecast to under deliver against the £21.6m gross plan by £10.9m net. This position includes a robust assessment of anticipated delivery against those schemes that will move into delivery in the last quarter of the year, together with an assessment of the impact of winter pressures on delivery in a number of areas such as excess bed days.

Previous reports have discussed the key areas that are driving the current QIPP position and the factors affecting delivery, briefly these are:

- Active Support and Recovery programmes - re-assessment of the start date of schemes such as community IV treatment and reconfiguration of intermediate care beds, as well as latest position from the virtual ward initiative have contributed to under delivery against plan.
- Elective Care Programmes under delivery on plans for whole pathway service reviews, a reduction in the expected impact of clinical variation reviews in year and fewer areas to re-profile activity plans with Sheffield Teaching Hospitals while still maintaining delivery of the 18 week referral to treatment requirement.
- Medicines management – performance continues to improve on the Prescribing Quality Incentive Scheme

3. Mitigation and Additional QIPP

Last month Governing Body approved a number of proposals that sought to mitigate under delivery in the elective care work stream. Work continues with partners to develop these proposals however, increasing non-elective demand in secondary care and winter pressures across the system have limited partners ability to engage with these programmes. This is likely to result in implementation slipping into February and March 2018. While this will result in minimal impact for 2017/18 proposals continue to be pursued as they will deliver a benefit in 2018/19.

Work with the national QIPP team continues with a work programme agreed in two key areas. The national team are supporting the development of the CCG project on unwarranted variation in primary care by developing an expanded information pack for primary care and supporting the development and delivery of a new model to support practices to use this information. Plan will be presented to the City Wide Locality Group in early January for discussion and then rolled out in 10 practices across the city in the first instance. The national team are also undertaking an urgent care review that includes intelligence from RADIR 111 and other key dashboards to present a comprehensive picture of system wide flow. Findings will be used at a workshop in early January to develop an action plan.

4. Development of 2018/19 QIPP plan

Work continues on the development of plans for 2018/19 in the light of current position in 2017/18 and the agreement of Governing Body in December 2017 to set a QIPP target of £15m. It is anticipated that NHS England will publish planning guidance in January 2018. Further details of the CCG planning process are presented separately to the Governing Body this month.

5. Recommendation

The Governing Body is asked to note the year to date and forecast out turn positions for 2017/18 QIPP and identified risks and mitigation.

Paper prepared by: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning and Julia Newton, Director of Finance
 On behalf of: Brian Hughes, Director of Commissioning and Performance

22 December 2017

SCCG QIPP Risk Ratings

RAG Ratings			
RAG	Confidence	Implementation	Delivery
G	100%	Strong delivery plan. Clear timescales and milestones for implementation. Full responsibility and ownership	In delivery or delivered Expect to deliver 100% of planned savings or savings fully achieved
GA	≥ 90%	Delivery plan good. KPIs and metrics agreed. All major and most minor risks mitigated.	In delivery or delivered Expect to deliver at least 90% of planned savings
A	≥ 80%	Plan in place but not considered strong, responsibility accepted, work has started Implementation progressing, no formal plans or minor risks highlighted. Work not due to start yet or some elements have minor slippage Some unmitigated risk to delivery	In delivery Expect to deliver at least 80%
R	<80%	No plan, no identified metrics, no accepted responsibility. Not commenced or commenced and significantly behind several milestones (4 weeks or more). Planned activities are at high risk of not delivering to timescale. Mitigating actions have not been implemented. Significant unmitigated risk to delivery.	Delivery not commenced or delivery commenced but achieved savings less than 80% of YTD plan. Forecast savings will not deliver more than 80% of plan.