

**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING - PUBLIC  
Front Sheet**

<b>REPORT TITLE:</b>	<b>2018/19 QIPP Plan</b>
<b>MEETING DATE:</b>	<b>8 May 2018</b>
<b>REPORT BY:</b>	<b>Helen Stubbs, Head of Performance and QIPP</b>
<b>SPONSORED BY:</b>	<b>Paul Gibara, Chief Commissioning and Performance Officer</b>
<b>PRESENTER:</b>	<b>Paul Gibara, Chief Commissioning and Performance Officer</b>

**EXECUTIVE SUMMARY:**

The report provides report on the ELRCCG 2018/19 QIPP Plan

**RECOMMENDATIONS:****Recommendation:**

The East Leicestershire and Rutland CCG Governing Body is requested to:

- **RECEIVE** the report **FOR INFORMATION** and
- **ADVISE** any further actions in support of the development of the 18/19 QIPP Programme.

**REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019:**

Transform services and enhance quality of life for people with long-term conditions	Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare	Living within our means using public money effectively	√
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).		

**EQUALITY ANALYSIS** An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not proportionate on the basis that this is a report on the monthly financial and activity position. The detailed schemes that sit behind this have already been through this process.

This completes the due regard required.

**RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:**

The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	BAF 5

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**2018/19 Quality, Innovation, Productivity Prevention (QIPP) Programme  
8 May 2018**

**East Leicestershire and Rutland CCG (ELRCCG) 18/19 QIPP Plan**

1. The three Leicester, Leicestershire and Rutland CCGs have worked collaboratively to agree the 2018/19 QIPP plan to ensure no duplication, clarity regarding responsibilities and triangulation with the CCG's individual Activity and Finance plans, alignment to Strategic Priorities and Operational Plans and in agreeing contracts to deliver a balanced plan for all three CCGs.
2. There is ongoing progress in the development of an LLR QIPP Programme Management Office which will build on the good work and standards developed by the existing QIPP teams across LLR. This will ensure that further developments in processes and standardising templates are a priority in support the 2018/19 QIPP programme and includes a co-ordinated approach to working with NHS England (NHSE) to achieve a high level of assurance on plans. The most recent QIPP plan submission on the 23rd March is currently being reviewed by NHSE and feedback is expected during May.
3. The QIPP Programme is underpinned by the 2 year Strategic Priorities across LLR and ensures that continued investment meets these aims by the CCG's living within its means and using public money effectively; supporting financial stability across the system. The schemes involve service transformation such as New Models of Care, Service Configuration and Re-designed Pathways.
4. The 2018/19 QIPP plan for ELR CCG will address inefficiencies across the system to ensure that the CCG meets constitutional requirements and delivers on its activity and finance plans whilst supporting system transformation and pathway redesign across LLR.
5. The CCG has increased the level of investments in front line services to ensure sufficient capacity as well as supporting service improvements for 2018/19 in line with Strategic Priorities. There remains however a financial challenge to the CCG for 2018/19 is to deliver £19.6m of efficiencies across the following work programmes:
  - Acute Services
  - Better Care Fund
  - Community Service Redesign
  - Personalised Commissioning
  - Corporate Services
  - Learning Disabilities and Mental Health Services
  - Non-Acute Services

- Prescribing
  - Primary Care
6. The QIPP programme will ensure a focus on delivering CCG strategic priorities, service changes and transformational plans that are supported, monitored, challenged and quality assured to meet the CCG's requirement in managing public funds to commission services that are value for money.
7. The Strategic Priorities that underpin the QIPP Programme are as follows:
- **Self Care & Prevention** - Transform services and enhance quality of life for people with long-term conditions
    - Our plans to strengthen primary care and create a more effective and skilled workforce in the community are crucial to the prevention agenda. By wrapping integrated health care around vulnerable patients and those with long term or complex conditions we will be better able to prevent deterioration in those with established disease or those who show significant risk factors. This will involve early identification of those with disease or at risk and good long-term condition management. It is worth noting that while many public health measures take a long time to show any statistical benefit, interventions targeted at patients who are living with a condition can show positive results within three to five years.
  - **Integrated Teams** - Improve integration of local services between health and social care; and between acute and primary/community care.
    - **End of Life Care:** Following redesign of the End of Life Care pathway into an integrated, patient-centred coordinated offer involving several organisations in 2017/18, we will progress the integration of community teams and reduce organisational boundaries. GP's will be supported to identify patients that are End of Life and ensure a more efficient patient offer is available. We will expand day and night services to meet current demand and support gaps that have been quantified through a Health Needs Assessment. We will develop a co-ordination centre for community services accessible by clinicians, patients and carers offering 24/7 access to specialist support. We will also develop and implement a training and education strategy across LLR for all professionals who will work in some capacity with palliative patients.
    - We will support the delivering of the integrated service through implementation of a joint communications and co-production plan that will co-produce services with people and their carers who have "lived experiences" of services and also inform a wider audience of new efficient patient offer.
    - **Home First:** The LLR vision for integrated Home First services is for people with health and social care needs to have those needs met at home, wherever possible, through the delivery of integrated care pathways by health and social care services working together with partners in housing and the voluntary and community sector.

- **Adult Mental Health** - Improve the quality of care, clinical effectiveness, safety and patient experience
  - **Mental Health** Increase timely clinical efficiency and partnership processes to create alternatives to acute admission e.g. crisis café; enable timely flow through acute hospital beds; effective care management, evidence based care cluster pathways, access and support to mainstream and potentially bespoke accommodation.
- **Quality** - Listening to our patients and public – acting on what patients and the public tell us.
  - **Patient Experience:** The patient, carer and service user voice is heard using a range of methodologies. Insight is gathered either through established patient groups and outreach work or through specific engagement programmes relating to service redesign or in relation to proposed changes to services.
- **Primary Care** - Reduce inequalities in access to healthcare
  - **Our model for primary care** is based on the GP as expert clinical generalist working in the community with general practice being at the centre, ensuring the effective co-ordination of care. The GP has a pivotal role in tackling co-morbidity and health inequalities but increasingly they will work with specialist co-located in primary and community settings, supported by community providers and social care to create integrated out of hospital care.
  - Ensure access to extended primary care services in the evening and weekend outside of core GP opening hours in multiple sites across the geography.
- **Acute Reconfiguration** - For nearly two decades the need to consolidate acute hospital services in Leicester has been widely recognised. The current three acute sites configuration is not by design, and as the pressure on local health and social care services has increased it has become more and more of a barrier to improving patient care in LLR requiring a reconfiguration of the sites.
- **Key Enablers** - Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).
  - **Governance:** Evolving our governance arrangements, as we move to a more system based delivery of solutions our governance arrangements will need to change. Proposals are currently being considered on how we can move our current governance arrangements around delivery from organisational based to system based. We are also looking at our Programme Management Office arrangements to see if these need strengthening.
  - **Engagement in 2018/19:** This year there are a number of schemes, both generally and within our System Transformation Plan (STP) that require engagement and involvement with patients, service users, carers and staff to understand their experiences of the care they receive and what matters most to them. A number of schemes previously engaged on are

now at a stage of co-production with staff and patients. In addition, there are a number of transformational schemes within our STP that require formal consultation.

- **Communications:** self-care campaigns to educate the public will be implemented throughout the year on various themes, developed by partners including public health and supported by all organisations in the health economy.
- **IM&T:** We want to remove the use of paper, move a majority onto secure electronic communications and deliver paper free at point of care, with a key focus to make the use of fax obsolete as a method of communication. In doing this we can improve communication within Health and Care, e.g. communication between hospitals and GP practices can be refined to highlight actions points to improve the quality of care.
- Not only will this integration and improvement be safer and more efficient in terms of time and money spent by the NHS, it will also make a huge difference to the patient experience, since people will not have to constantly repeat the same information whenever they are transferred from one part of the system to the other.

### Summary

The current challenges for the 2018/19 QIPP Programme remain a priority for all three LLR CCGs who are working even closer together to ensure that the whole local health economy is in a strong position to deliver system level changes that support the Sustainability and Transformation Partnership plan (STP).

The System Transformation Plan is supporting the Health economy in addressing a number of challenges in achieving large scale system improvements.

In support of this system wide working the CCG's have developed governance processes that ensure the patients are at the heart of any change and are part of the discussions through focus groups, regular public updates through committees, engaging with patient groups and experts and undertaking appropriate consultation where required.

All schemes that have been agreed and included in the plan to date have been through the Quality and Equality Impact Assurance process and are either formally signed off or will be by the final QIPP plans submission. The QIPP plan has been reviewed and agreed by ELRCCG's Governing Body on 24<sup>th</sup> April, 2018.

NHS England will continue to oversee the processes associated with QIPP delivery ensuring that the CCG continues to meet its obligation in improving care for the population of Leicestershire and Rutland CCG.

### Recommendation:

The East Leicestershire and Rutland CCG Governing Body is requested to:

- **RECEIVE** the report **FOR INFORMATION** and
- **ADVISE** any further actions in support of the development of the 18/19 QIPP Programme.

