



West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
5TH SEPTEMBER 2018

REPORT OF WEST LEICESTERSHIRE CCG AND EAST LEICESTERSHIRE
AND RUTLAND CCG

QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME
2018/19

Purpose of Report

1. The purpose of this report is to:
 - a) Provide information regarding CCG QIPP (Quality, Innovation, Productivity and Prevention) Savings Schemes in 2018/19 including reference to associated quality processes to ensure appropriate implementation of savings programmes.
 - b) Provide information in relation to CCG assurance ratings received from their regulator, NHS England, in relation to 2017/18.

Background

2. A report was provided to the HOSC in May 2018 outlining high level QIPP plans developed for 2018/19. This report provides an update on progress and the expected financial outturn for QIPP for 2018/19.
3. Further information has also been requested by HOSC in relation to quality processes linked to QIPP Savings and the CCG assurance ratings.

QIPP Progress and forecasts as at Month 4

4. QIPP is monitored internally within the CCGs with the support of PMO (programme management office) arrangements which operate across the 3 Leicestershire CCGs to keep a close view of progress. Senior responsible officers are in place for each QIPP scheme; responsible for development and implementation of plans alongside clinical leads supported by finance, contracting and other support staff. Monitoring and escalation of any issues takes place at the QIPP Assurance Group (QAG), which is an executive level LLR meeting which meets twice monthly. Formally, the outcome of PMO

and QAG processes is reported into the Collaborative Commissioning Board and also Individual CCG formal committees on a monthly basis.

- Activity and financial information as at Month 4 has confirmed that both Leicestershire County CCGs are currently exceeding their planned levels of savings year to date (April to July) – this shown in the table below.

Table 1: Year to Date (YTD) QIPP
Performance by CCG

CCG	Plan YTD £000	Actual YTD £000	Variance YTD £000
ELR	-4,475	-5,117	-642
WL	-5,505	-6,060	-555
Grand Total County CCGs	-9,980	-11,177	-1,197

Information in relation to performance in August will be available in early September and hence we have been unable to include that within this paper given timescales for submission of papers.

- Initial indications of the level of forecast savings for the year from existing schemes based on progress made in the first few months of the year have indicated a level of risk in achieving the full target for the year. As a result CCGs have worked together to develop QIPP recovery schemes/mitigations during August for further development, approval and implementation from September onwards.
- As a result of work undertaken in reviewing areas of expenditure, benchmarking and consideration of QIPP schemes in place in other health economies, the CCGs have been able to prioritise some schemes for development for future years' QIPP programmes.
- In developing recovery schemes for 2018/19 the CCGs have also considered and dismissed a range of options due to their potential detrimental impact on patient care (such as reducing Better Care Fund investment below the mandated level and schemes which would result in lengthening waiting times for necessary patient care).
- The full year forecast including delivery of QIPP Recovery schemes is shown in the tables below; by Programme Area first and then by CCG.

Table 2: QIPP Forecast Delivery by Programme Area

Program Area	Annual Planned Savings £000	Existing Schemes Forecast £000	Recovery Actions Forecast £000	Final Forecast Savings £000
Acute	-3,616	-1,116	-804	-1,919
CHC	-4,337	-4,903		-4,903
Community Services	-2,813	-1,315	-94	-1,409
Corporate	-4,258	-4,670	-3,445	-8,115
ILT	-1,304	-805		-805
LD	-1,495	-1,321	-1,000	-2,321
Mental Health	-2,236	-814	-1,282	-2,096
Non-Acute	-1,464	-978		-978
Planned Care	-4,283	-2,370	-207	-2,577
Prescribing	-7,843	-8,202		-8,202
Primary Care	-4,621	-6,132	-50	-6,182
Urgent Care	-1,875	-534	-193	-727
Grand Total	-40,145	-33,161	-7,075	-40,236

CCG Schemes	Annual Planned Savings £000	Existing Schemes Forecast £000	Recovery Actions Forecast £000	Final Forecast Savings £000
ELR	-19,647	-16,388	-3,275	-19,662
WL	-20,498	-16,773	-3,800	-20,573
Grand Total	-40,145	-33,161	-7,075	-40,236

Quality Processes supporting QIPP

Quality Impact Assessments

10. East Leicestershire and Rutland CCG and West Leicestershire CCG are committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on quality.
11. A Quality impact assessment (QIA) is undertaken to assess the qualitative impact of commissioning, QIPP plans, business cases and any other plans for change. The

process starts with the project lead undertaking a Quality Impact Assessment (QIA), to ensure a robust assessment from a quality and risk perspective.

12. There is then a local process for scrutiny and challenge of the proposed scheme by a group of multi-professionals which includes the quality lead within the CCG. The QIAs are embedded as business as usual within CCG commissioning processes.
13. The QIA tool is broken down into the 3 domains of Quality as outlined by the Darzi principles:
 - Safety – Rating the impact of the proposal on patient safety;
 - Effectiveness – Rating the impact of the proposal on the clinical effectiveness of patient care;
 - Experience – Rating the impact of the proposal on the patient experience of care delivery.
14. The QIA tool also assesses additional contributory factors such as; organisational reputation, evidence base and resources.
15. The QIA tool is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality are considered, with mitigating actions outlined in a uniformed way

Quality Impact Assessment process

16. The Quality Impact Assessment process is as follows:
 - 1. The project lead undertakes a Quality Impact Assessment (QIA), to ensure a robust assessment from a quality and risk perspective to identify any risks of the proposed Business case / QIPP;
 - 2. The QIA is then reviewed by a group of multi-professionals which includes the quality lead within the CCG for scrutiny and challenge of the proposed scheme. This provides a robust confirm and challenge process to each proposal presented ensuring a thorough multi-professional review of services is undertaken. Detailed risk assurance and mitigating actions are confirmed and an agreed overall risk score is set for the scheme;
 - 3. The final sign off of the QIA is undertaken by the Chief Nurse and Quality Officer and the CCG Clinical Chair.
17. The QIA is an integral part of CCG business and forms part of a process of a wider piece of work that the CCG undertakes in order to carry out its statutory responsibility to ensure safe, cost effective services are commissioned for the health needs of the population that it serves within the financial envelope and is used to ensure the impact on quality is understood and considered as part of decision making.

CCG Assurance Ratings

18. The CCG annual assessment for 2017/18, carried out by NHS England (NHSE), provides each CCG with a headline assessment against the indicators in the CCG

improvement and assessment framework (CCG IAF). The IAF aligns key objectives and priorities as part of delivering the Five Year Forward View.

19. The CCG IAF used to determine CCG ratings comprises 50 indicators selected to track and assess variation across policy areas covering performance, delivery, outcomes, finance and leadership.
20. CCGs are rated in one of four categories: 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.
21. Each CCG receives a letter detailing the assessment by NHSE and confirming the annual assessment, as well as a summary of any areas of strength and where improvement is needed from a year-end review.
22. The 2017/18 annual assessments were published on the CCG Improvement and Assessment page of the NHSE websites' in July 2018. At the same time, they were published on the MyNHS section of the NHS Choices website. The full letter is also published on the CCG's website.
23. For 2017/18, West Leicestershire CCG and East Leicestershire and Rutland CCGs were rated 'Requires Improvement' having been assessed as 'Outstanding' and "Good" respectively in 2016/17. NHSE state that the main reason for the downturn in ratings is the financial position faced by the CCGs locally.
24. Key areas of strength/areas of good practice highlighted by NHSE are the leadership provided to the Urgent and Emergency Care programme, the further development of the LLR Sustainability and Transformation Plan, improved performance in dementia diagnosis, increased oversight of Continuing Health Care and recognition of the leadership given to the GP 5 year forward view transformation programme.
25. NHSE also acknowledge the establishment of collaborative commissioning arrangements in LLR.
26. The performance assessment highlights challenges in the following service areas:
 - delivery against emergency care standards - particularly during the winter period;
 - Lack of progress with Cancer performance despite additional transformational funds being allocated;
 - Failure to deliver Transforming care trajectories;
 - IAPT performance has remained significantly below the expected standard particularly in respect of access; and
 - improving Referral To Treatment performance requires a robust plan to be developed to ensure effective demand management and sufficient elective capacity available to meet the needs of patients.
27. NHSE highlights the financial position of the CCGs as the primary reason for the 2017/18 assessment. The CCGs recorded a year end deficit of £1.6m (West) and £5.2m (East) despite both organisations achieving their highest ever level of savings through QIPP programmes and also developing financial recovery plans during the year to reduce the level of deficit – plans which were overseen and agreed with NHS

England. Both CCGs achieved the revised forecast outturn position which was agreed with NHSE prior to the end of the financial year.

Summary of Key Points

28. This report outlines progress made during the financial year 2018/19 with respect to QIPP savings delivery for ELR and WL CCGs, showing over delivery for both organisations year to date. Following the development of recovery schemes during August to mitigate emerging QIPP risks, both CCGs are expected to deliver savings in line with QIPP targets by the end of the financial year.
29. The report also shows how there is a robust QIA process in place for any QIPP schemes implemented to ensure that CCGs can effectively comply with statutory duties.
30. This report also outlines how the CCG assurance ratings are developed by the regulator (NHSE) and that financial pressure experienced in 2017/18 is the root cause in the deterioration in rating for both CCGs.

Circulation under local issues alert procedure

None.

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