

## **NHS DERBY AND DERBYSHIRE CCG**

### **2019/20 QIPP Programme**

#### **1. Introduction**

This paper is presented to the Meeting in Common of the Governing Bodies on 28<sup>th</sup> March to request Governing Body approval of the 2019/20 QIPP (Quality, Innovation, Prevention and Productivity) Programme – our Savings Plan, for the new NHS Derby and Derbyshire CCG.

The paper sets out:

- Our approach to delivering savings in 2018/19, and how we have built on this approach for 2019/20.
- The rationale for the QIPP programme for 2019/20.
- The saving programme requirements to support the CCG's 19/20 Financial Plan and the £29m Deficit Control Total agreed with NHS England.
- The proposed QIPP programme position for 2019/20; the nature of the programme and the how we will work with our partners to deliver the programme.
- The approach to ensure that QIPP is appropriately reflected in CCG budgets and Provider contract agreements where relevant.
- The position in relation to the management of risk and mitigations to ensure the delivery of the QIPP programme in 2019/20.
- Our approach to developing further QIPP Schemes during 2019/20 through a "Pipeline Process"

#### **2. Approach to delivering Savings in 2018/19**

In 2018/19 the four Derbyshire CCGs had a QIPP Target of £51m – 3% - to support delivery of the £44m deficit control total agreed with NHS England. The forecast outturn at the end of February 2019 based on Month 11+ reporting is £45.3m; the recurrent value of these savings in 2019/20 is £37m.

The Meeting in Common of the Derbyshire Governing Bodies approved the 2018/19 QIPP Programme on 17 August 2018, following an extended period of QIPP planning, at a time when North and South Derbyshire were experiencing significant financial pressures.

In the last six months of 2018/19 the four CCGs consistently delivered between £4m and £5m of savings per month. Some of the 2018/19 QIPP Schemes were implemented part way through the financial year, resulting in a full year effect of £8.8m which will contribute to the 2019/20 QIPP Target.

The 2018/19 QIPP Programme was largely transactional in nature, and the CCG was advised against including activity based schemes in the QIPP Programme, in accordance with many areas of the NHS:

- **Transactional QIPP Schemes** are those where NHS Derby and Derbyshire CCG can lead delivery of the savings programme and/or reflect reductions in payments to Providers based on Service Benefit Reviews or review of local pricing arrangements.

- **Transformational QIPP Schemes** are those where NHS Derby and Derbyshire work more closely with Providers to deliver clinical transformation programmes.

**Table 1** summarises QIPP delivery in 2018/19 between transactional and transformational schemes.

Commissioning Programmes	QIPP M11 + Forecast Outturn £m	Transactional Schemes		Transformational Schemes	
		£m	No of Schemes	£m	No of Schemes
Full Year Effect 2017/18 Schemes	2.6	0.4	5	2.2	7
Continuing Health Care	3.1	3.1	5	0.0	1
Medicines Management	17.0	13.4	8	3.7	7
CCG Organisational Efficiency	6.3	6.3	9		
Planned Care	3.5	3.0	6	0.5	7
Urgent Care	3.9	3.7	7	0.2	1
Place – Integrated Care Model	1.5	0.0	1	1.5	4
Primary Care	0.9	0.9	4		
Mental Health Services	2.1	2.1	7	0.0	2
Community Services	4.3	3.0	6	1.3	2
<b>Total</b>	<b>45.3</b>	<b>36.0</b>	<b>58</b>	<b>9.2</b>	<b>31</b>

**Table 2** summarises the 2018/19 QIPP Programme by value and number of schemes.

Commissioning Programmes	QIPP Month 11+ Forecast Outturn £m	No of Schemes	Transactional Schemes		Transformational Schemes	
			£m	No of Schemes	£m	No of Schemes
Full Year Effects 2017/18	2.6	12	0.4	5	2.2	7
Schemes Greater than £2m	19.0	6	19.0	6		
Schemes £1- 2m	8.2	6	4.5	3	3.7	3
Schemes £0.5m - £1.0m	9.3	14	7.4	10	1.9	4
Schemes £0.25m - £0.5m	3.4	9	2.6	7	0.8	2
Schemes up to £0.25m	2.8	42	2.2	27	0.6	15
<b>Total 2018/19 QIPP Schemes</b>	<b>45.3</b>	<b>89</b>	<b>36.0</b>	<b>58</b>	<b>9.2</b>	<b>31</b>

Table 2 illustrates that Full Year Effects of 2017/18 Savings Schemes and 26 new Savings Schemes account for £39m - 86% of QIPP Delivery, with the remaining 14% being delivered through 51 new Savings Schemes less than £0.5m in value. The table also illustrates that 79% of the 2018/19 QIPP Schemes delivered were transactional in nature. The largest value Schemes are summarised below.

#### **Schemes Greater than £2m**

- DW8 Prescribing Medication Drug Switches and Patient Reviews (£4.9m)
- DW3 Benefit of Branded Price Reductions for Off Patent Drugs (£3.9m)
- DW329 CCG corporate Budget Review (£3.0m)
- CB52 University Hospitals Derby Burton (£2.6m)
- DW4 Prescribing Switch to more effective and safe alternative (biosimilar) (£2.4m)
- DW49 Chesterfield Royal Hospital (£2.3m)

#### **Schemes £1-2m**

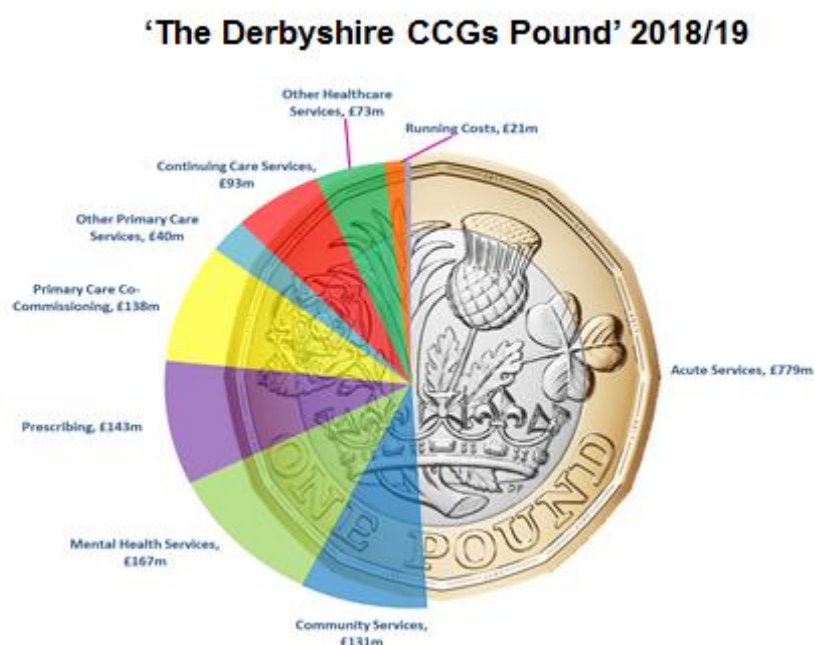
- DW334, DW50, DW183 (3 Schemes) Derbyshire Community Health Services (£4.3m)
- DW15 Continuing Healthcare (£1.8m)
- DW5 Reduction in repeat prescription costs (£1.2m)
- DW123 Reduction in avoidable non-elective admissions using Place based teams (£1.2m)

### 3. Rationale for QIPP Programme 2019/20

The four Derbyshire CCGs have agreed five strategic priorities in establishing the new NHS Derby and Derbyshire CCG from 1st April 2019; these underpin our Strategic Commissioning plan for 2019/20:

- Reduce health inequalities by improving the physical and mental health of the people of Derbyshire.
- Continue to reduce variation in the quality of care across Derbyshire.
- Take the strategic lead in planning and commissioning care for the population of Derbyshire.
- Make best use of available resources which includes achieving our statutory financial duties.
- Deliver improvements in communications, including to all patients and stakeholders

The way in which our resources are spent will change over the period of financial recovery; our current allocation of resource is shown below:



Our clinical strategy for the new CCG will support an ambitious clinical transformation programme. Clinical leadership arrangements are being implemented for the new Strategic Commissioner to support CCG and System working arrangements. Key transformation priorities for the NHS Derby and Derbyshire CCG in 2019/20 are summarised below:

- 1) **Urgent Care** – targeting ambulatory care sensitive conditions through supporting high intensity users, diversion to most appropriate delivery point and redesign of front door delivery, development of consistent access and assessment to reduce variation.

The CCGs recognise a significant opportunity to ensure that patients are supported in the most appropriate care setting and managed through optimal care pathways. This includes the appropriate streaming of patients at the front door of Accident and Emergency departments and the management of Ambulatory Care Sensitive Conditions against the 32 mandated pathways and the 19 best practice models.

The implementation of the Urgent Care Treatment specification in line with the national plan will support a single agreed system approach to on the day and urgent demand.

The national plan clearly sets out the emergency care model that will be implemented by September 2019. The CCG will commission in line with the national plan to ensure patients can:

- Access a single point of clinical support through NHS 111;
- Received the appropriate intervention in Major A+E units (and are paid for accordingly including primary care streaming and frailty units); and
- By 2023 are supported through a single Integrated Clinical Assessment model with coordinated system care.

2) **Primary Care** – peer to peer approach to managing demand and implementation of active disease management within general practice, improving access to urgent primary care services.

In line with our local strategy, the Long Term plan and the GMS contract by 2024 we will have increased overall investment in GP services and out of hospital services, making General Practice in Derbyshire a more appealing place, attracting and retaining staff and caring for more patients closer to home. This will move activity out of the acute setting, and will release capacity in acute service provision, reducing the overall cost of care. The 2019/20 component of the GP strategy requires a focus on three immediate priorities. These have been prioritised as critical for General Practice and for the system as a whole – improving the quality of care, standardising and optimising services and providing an immediate return on investment. The CCGs will continue to review all contracts relating to primary care provision.

3) **Planned Care** – transformation of outpatient services through collaborative working with providers, maximising use of digital technology, reduce unwarranted variation and streamline care pathways.

The NHS Ten Year Plan sets a significant challenge to health care systems to transform the way that patients and professionals access the specialist support and assessments they need. NHS Derby and Derbyshire is committed to standardising clinical pathways for elective care, ensuring quality referrals and timely access to diagnostic services with only those elective interventions that need to take place in a specialist acute setting being commissioned in this way, and alternative care settings being used wherever appropriate, aligned with Place-based Integrated Care. The Strategic Commissioner will work with System Partners to prevent ill-health, and ensure equality of access across Derbyshire.

The CCGs are committed to achieving the best possible outcomes for the Derbyshire population through excellent management of conditions in primary care, early access to clinical advice and guidance to support good decision making, and maximising the use of digital and other technology to ensure that patients are managed closer to home. This model will support a sustainable system that ensures that our specialist care providers can meet the needs of those with complex clinical conditions and ensure good decision making across care pathways.

In accordance with the NHS Long Term Plan, by 2023/24 one third of all current outpatient activity delivered through face to face contact between acute based specialists and patients will be accessed in different settings or through different mechanisms that maximise the use of digital and other technology. A focus in modernising outpatient provision requires a clear strategy for the management of diagnostics and of inpatient elective care. A unified ap-

proach to acute hospital-based provision will consider opportunities to manage care interventions in different settings as well as maximising the efficiency and effectiveness of the current sites across the county.

- 4) **Continuing Healthcare** – continuing to maximise the opportunity to right size care packages, improve process and engage clinicians in best practice.

To maximise the opportunity relating to Continuing Healthcare provision the CCGs will work with providers to consider innovation across care pathways to ensure early intervention and proactive management, support people to live their lives well and reduce morbidity. The current and expanding work programme within the CCG has focused on the opportunity to ensure a reduction in variation in line with the national framework. In 2019/20 the CCG will continue a clear focus on the review of high cost packages, fully implement the Telford Model and focus on the Personal Health Budget agenda to drive personalisation and value. In addition, the CCG will ensure it delivers its market management responsibility and shape the Domiciliary Care market to meet local need within a cost and quality envelope.

The larger opportunity, in line within the Right Care Data packs for Continuing Healthcare, requires the CCG to consider the redesign of care pathways relating to each patient cohort and ensure that resource is shifted left to maintain and support people for longer before recourse to Continuing Healthcare provision. This will drive improved outcomes for patients at a reduced cost.

- 5) **Mental Health** – improvement of access to support management of Mental Health crisis and development of personality disorder pathways, improvement of post-diagnostic support for dementia and embed parity of esteem.

The transformation of Primary Care and the development of the Place Based integrated care model will consider the full care needs of the population that they support covering physical and mental health. Recognising the requirement to meet the Mental Health Minimum Investment Standard, the CCG will implement an approach with Mental Health Providers which will ensure the modernisation of current core services and the commissioning of new service requirements. This approach will ensure that patient outcomes are at the centre of the change process.

- 6) **Medicines Management** – optimising best practice in prescribing and repeat prescribing including use of biosimilar drugs.

The CCG has a continuous process of systematic review of medicines to ensure the most clinically appropriate and value for money commissioning decisions are made. Ongoing work continues to focus on optimising best practice in prescribing, repeat prescribing and the use of biosimilar drugs. JAPC is a system wide committee that meets monthly and makes cost effective decisions on new drug technologies, reviews current formulary and guidelines according to latest evidence based practice. This is underpinned by the Medicines Guidelines Group which has a rolling programme to review the system wide prescribing formulary and guidelines for all drugs.

The CCG Medicines Management Team is established to reflect medicines decision making, assurance, and delivery (medicines optimisation). The medicines optimisation team is aligned to Place Alliances and the team will flex as Primary Care Networks develop as per the NHS long term plan. The new GP contract offers the opportunity to increase the capacity of GP practice clinical pharmacists, professional leadership, and to drive improvements in medicines safety.

7) **Service Benefit Review** – ensuring commissioned services represent value for money.

This programme is the initiation of a value based review process to ensure that the Derbyshire pound is invested to the full benefit of the population. The CCGs have a national mandate to ensure that investment in health care demonstrates best value. All services will be subject to best value assessment in line with the approach and process applied within the service benefit reviews.

8) **Long Term Conditions/Disease Management** – support self-care and using Right Care information, redesign respiratory, cardiology, diabetes and gastroenterology pathways.

Following system-wide discussion of the Right Care opportunity, significant action must now focus on key points of intervention along care pathways to maximise patient benefits and support sustainability. Incremental improvements in care pathways will be maximised in addition to reviewing contract methodology to incentivise whole system change across care pathways within alliances and other formal integrated care system agreements.

9) **PLACE** – full implementation of integrated care model in primary and community services through eight Places, aligned with fourteen Primary Care Networks.

The Derbyshire system has a full commitment to the implementation of the Place Based Integrated Care model. Derbyshire is progressing the implementation of a model of integrated care through eight localities - “Places” and supports the development of the Integrated Care System (ICS) approach with Providers working to a single set of commissioning outcomes and, in future, new contractual mechanisms. The eight Places are aligned with the fourteen Primary Care Networks in Derbyshire.

There is strong national and local support for integrated working. This aims to create a redefined setting of care to meet the needs of people in their own homes (or place of residence) to support independence, hope and control and reduce the escalation of need and crisis care through; early intervention, care planning and rapid response. The National direction of travel for integrated care is further affirmed in the recently published NHS Long Term Plan

The Derbyshire CCGs approach to Integrated Care is to deliver care closer to home through improved coordination and therefore reduce non-elective admissions into acute settings.

Place Based Integrated Care will incorporate a focus on:

- Proactive care; frailty – identification, assessment & care , escalation planning
- Reactive care; rapid response (on the day) services
- Care homes
- High intensity users
- Integrated response to discharge

10) **Organisational Efficiency** – implementation of NHS Plan requirements relating to people, place and policy.

The CCG is currently operating with a workforce in line with national planned reductions in spend of 20%. This has been achieved through the restructuring of the four Derbyshire CCGs into a single management model for the new NHS Derby and Derbyshire CCG from 1<sup>st</sup> April 2019. The CCG will continue to maximise all opportunities to drive efficiency including:

- Removing or reducing all discretionary spend
- Maximising investment in staff to ensure they are enabled to support the significant transformation in health and care, supporting agile working
- Review of estates
- Working on system efficiency as set out in the Carter Review

## 11) **Community Services** transformation in line with the NHS 10 Year plan.

In line with the Ten Year Plan the development of community based care will be a central component of the CCG strategy. In order to achieve maximum value and benefit for patients there needs to be a clear and shared understanding of the current community service base-line and therefore the opportunity to enhanced delivery and drive sustainable care models. There will be a core community offer in Derbyshire with an enhanced care model established through the strategic commissioning of PLACE. Specialist services will be transformed to meet current patient need at scale.

The QIPP Programme 2019/20 aligns with these eleven strategic transformation priorities; the CCGs have used a robust methodology for the development of the 2019/20 plan including aligning system transformation with:

- NHS plan requirements and national best practice including the vanguard programme and Menu of Opportunities
- Use of benchmarking data including Right Care to identify unwarranted variation
- Local opportunity identified through clinical review

**Table 3** summarises the current Right Care benchmarked opportunity for NHS Derby and Derbyshire CCG which demonstrates local variation and opportunity to address outcomes for patients and best value commissioning and provision; the table shows the most recently published 2017/18 information, comparing the CCG to our best 5 peers, which is nationally determined. The table is an aggregate position for the four Derbyshire CCGs, as each CCG has their own nationally determined peer groups, based on demographic information etc. This demonstrates a £47.7m strategic commissioning opportunity for a range of clinical pathways, which we have used to guide our 2019/20 QIPP Programme.

Programme Area	Elective £m	Non-Elective £m	Prescribing £m	Total
Cancer	1.3	2.6	0.2	4.1
Circulation	0.2	6.2	0.0	6.4
Endocrine	0.3	1.6	0.8	2.7
Gastroenterology	1.0	1.9	0.8	3.7
Genitourinary	0.1	1.1	0.1	1.3
Musculoskeletal {MSK}	12.2	1.0	0.7	13.9
Neurology	0.5	3.1	0.4	4.0
Respiratory	0.2	7.1	0.3	7.6
Trauma	1.7	2.1	0.2	4.0
<b>Total</b>	<b>17.5</b>	<b>26.7</b>	<b>3.5</b>	<b>47.7</b>

The CCGs approved the Commissioning Prioritisation Framework at the Meeting in Common of the Governing Bodies on 28 February, which was developed in line with Right Care methodology to support identification of opportunity in the Derbyshire System. We will use the prioritisation framework as we refine and implement our QIPP Programme during 2019/20.

The QIPP programme has been developed with clinical leadership through the Clinical and Lay Commissioning Committee (CLCC) of the CCGs who have governed the approval of 2019/20 QIPP Schemes.

#### **4. Financial Requirements 2019/20**

At the Meeting in Common of the Governing Bodies on 24 January 2019, the Derbyshire CCGs Financial Requirements 2019/20 were set out including the requirements for the delivery of savings. The financial modelling completed in December 2018 indicated that the CCG would need to deliver at least 5% QIPP in 2019/20. This equates to a total QIPP Programme of at least £83m ensuring that the CCGs meet statutory financial duties.

The CCG received average allocation growth in the national settlement in January 2019 - overall 5.73% in 2019/20 (5.43% core and 6.04% Primary Care). Of the 2019/20 allocation settlement a significant level relates "Pass Through" funding – money that must be passed through to Providers to replace income they previously received through another route, Provider Tariff uplifts and other technical changes. The CCG's net real term growth is therefore 0.16% which taken together with our underlying deficit of £61m at the end of 2018/19, means that 2019/20 remains a very challenging year for the CCG.

The savings target for 2019/20 to support delivery of the deficit control total of £29m agreed with NHS England is £69.5m (4.5%), however as agreed by the meeting of the Governing Bodies on 28 February 2019 the CCGs continue to plan for a QIPP stretch target of £83m (5%) to mitigate risk to the delivery of the overall plan.

#### **5. Process for the development of the 2019/20 QIPP Programme**

The CCG has been working on the development of the 2019/20 QIPP Programme since September 2018, with focused workshops with staff from across the Organisation and detailed programme work streams. The established approach to the Programme Management Office (PMO) in 2018/19 has continued to provide the rigour and support to ensure that programme documentation is in place to provide CCG assurance on all schemes and ensure appropriate governance and monitoring is in place. The Meeting in Common of the Governing Bodies agreed savings targets relating to the eleven QIPP programmes in January 2019, updated in February. These were set based on the opportunity identified in national evidence based good practice models and Right Care and other benchmark data.

The Executive Financial Recovery Group (FRG) has been meeting weekly during 2018/19 to oversee the delivery of the 2018/19 Financial Control Total and the development of the 2019/20 Financial Plan and QIPP Programme. The Executive Financial Recovery Group have been formally reviewing all proposed 2019/20 savings schemes, and providing a formal executive gateway to the CCG's Clinical and Lay Commissioning Committee, who have provided clinical oversight, and formal approval of schemes for inclusion in the 2019/20 QIPP Programme. Where QIPP Schemes require investment to deliver savings, these business cases have been presented to the confidential meeting in common of the Governing Bodies for approval.

All approved QIPP Schemes for 2019/20 have had Quality Impact Assessments and Equality Impact Assessments completed with the outcomes formally recorded on the Scheme Project Initiation Documents; any Quality or Equality Impact Assessment outcome that concluded a high level of risk, was escalated to the CCG's Quality and Performance Committee for formal consideration.

The Executive Director of Turnaround formally shared the full detail of the proposed 2019/20 QIPP programme with Provider Chief Executives and Finance Directors, and STP Colleagues, in Mid-March 2019 and CCG Staff met with stakeholders on the 12<sup>th</sup> and 19<sup>th</sup> March 2019 to discuss the QIPP Schemes.



## 6. Summary of 2019/20 QIPP Plan

**Table 4** summarises the QIPP Schemes by Programme and demonstrates progress with meeting QIPP Targets, from a planning perspective.

Commissioning Programmes	QIPP Target (5% stretch)	2018/19 Confirmed FYE + CLCC Approved PIDs for new 2019/20 QIPP Schemes	2019/20 CLCC Approved PODs for PID approval @ CLCC 28/3/19	2019/20 QIPP in Development for approval @ CLCC 28/3/19	2019/20 QIPP Programmes in development for approval @ CLCC in Quarter One	TOTAL QIPP
		£m	£m	£m		£m
FYE 2018/19 Schemes	7.8	8.8				8.8
Continuing Health Care	4.0	1.0			3.0	4.0
Medicines Management	16	11.8			1.0	12.8
CCG Organisational Efficiency	9.2	9.9				9.9
Disease Management (Long Term Conditions)	8.0	0.3		0.7		1.0
Service Benefit Reviews	8.0	3.5			4.5	8.0
Planned Care	10.0	5.9	2.9	2.2		11.0
Urgent Care	5.0	5.5				5.5
Place – Integrated Care Model	5.0	2.5	2.0			4.5
Primary Care	4.0	2.2				2.2
Mental Health Services	1.0	0.4				0.4
Community Services	1.0	1.6				1.6
Pipeline Programme	4.0					0.0
<b>Total</b>	<b>83.0</b>	<b>53.3</b>	<b>4.9</b>	<b>2.9</b>	<b>8.5</b>	<b>69.5</b>

**Appendix 1** is the CCG's PMO Master QIPP Schedule for all schemes included in Table 4

There are £53.3m of confirmed QIPP Schemes for 2019/20:

- **£8.8m** of Full Year Effect of 2018/19 QIPP Schemes confirmed by the Executive Financial Recovery Group on 12 March 2019.
- **£7.7m** relates to benefit from a Corporate Budget review confirmed by the Executive Financial Recovery Group on 12 March 2019.
- **£37.8m** of new 2019/20 QIPP Schemes approved by the Clinical and Lay Commissioning Committee up to 14 March 2019.

Three further QIPP Schemes amounting to **£4.9m** of schemes were considered at the 14 March Clinical and Lay Commissioning Committee which are subject to ongoing work, for further consideration by the Clinical and Lay Commissioning Committee on 28 March:

- £2.0m relates to ongoing implementation of the Place- based Integrated Care service model. The Clinical and Lay Commissioning Committee received a combined Project Initiation Document for Phases One and Two of the planned rollout of the service model; The Commissioning and Lay Commissioning Committee approved Phase One of the Project Initiation Document which effectively continues and extends the approach from 2018/19 into 2019/20; no investment is required to deliver this phase of implementation. The Clinical and Lay Commissioning Committee asked the

Commissioning Team to generate a more comprehensive Project Initiation Document for Phase Two on 14 March as there were a number of queries related to the level of investment to deliver Phase Two.

- £0.9m relates to the redesign of the lower GI Colorectal Cancer Pathway in South Derbyshire to ensure an equitable approach across the County; The Clinical and Lay Commissioning Committee approved a Project Outline Document and approved that the Commissioning Team develop a Project Initiation Document, for approval on 28 March.
- £2.0m relates to a Modernisation programme. The Clinical and Lay Commissioning Committee approved a strategic Project Outline Document and approved that the Commissioning Team develop a Project Initiation Document, for approval on 28 March. Governing Bodies are asked to note that the value of the POD presented to the Clinical and Lay Commissioning Committee was £3.7m; a number of queries were raised at the committee in terms of overlap with other QIPP Schemes and so a moderated value of £2m is included in the 2019/20 QIPP Programme.

A further **£2.9m** of schemes at Project Outline Stage that have been considered by the Executive Financial Recovery Group are currently being developed into PIDs for consideration by the Clinical and Lay Commissioning Committee on 28 March:

- £0.7m relates to three schemes to improve the Respiratory and Cardiovascular Clinical Pathways developed through the new Strategic Commissioning Long Term Conditions Programme. Two Project Initiation Documents will be formally considered at the Executive Financial Recovery Group on 25 March, and submitted to the Clinical and Lay Committee for approval by 28 March.
- £2.2m relates to Phase Two of the Musculoskeletal Clinical Transformation Programme where there continues to be a significant opportunity for redesigning our services based on the Right Care opportunity for MSK as highlighted in Table 3. A Project Initiation Document will be formally considered at the Executive Financial Recovery Group on 25 March, and submitted to the Clinical and Lay Committee for approval by 28 March.

A further **£8.5m** is included in the 2019/20 QIPP Programme on the recommendation of the Executive Financial Recovery Group in relation to three QIPP Programmes relating to Service Benefit Reviews, CCG Medicines Management Schemes and Continuing Healthcare. QIPP Schemes for these Programmes will be formally considered by the Clinical and Lay Commissioning Committee in Quarter One of 2019/20:

- The four Derbyshire CCGs initiated a formal programme of Service Benefit Reviews during 2018/19 and notified a number of priority areas for review to Providers in the Commissioning Intentions we notified to our Providers in September 2018. The total value of services being reviewed in Phase One and Two of this Programme is £30m. We have included £3.5m of benefit in our QIPP Programme where the outcome of completed Service Benefit Reviews has concluded that the CCGs do not receive value for money for the commissioned services. We plan to include a further, minimum value of £4.5m in the 2019/20 QIPP Programme based on the overall target agreed by the Governing Bodies in February 2019, bringing the total targeted value to a minimum of £8m in 2019/20.

- £3m relates to the Continuing Healthcare Programme of work, where we know that, based on national and local evidence that there continues to be opportunity to improve the value for money of our commissioned services. The Governing Bodies agreed a total QIPP target of £4m for Continuing Healthcare in 2019/20 for new QIPP Schemes; to date £1m of QIPP Schemes have been approved by the Clinical and Lay Commissioning Committee. Work is ongoing on a number of further efficiency opportunities, including a diagnostic piece of work in relation to the rightsizing of our Continuing Healthcare Provider payments. The Executive Financial Recovery Group will receive proposals in April, to formalise these opportunities into Project Initiation Documents to mobilise the Schemes.
- £1.0m relates to the CCG Medicines Management Programme of work, where we know that further efficiency opportunities are currently being explored. The Governing Bodies agreed a total QIPP target of £16m for Medicines Management in 2019/20 for new QIPP Schemes; to date £11.8m of QIPP Schemes have been approved by the Clinical and Lay Commissioning Committee. The £1m stretch is the minimum additional value agreed to be delivered during 2019/20.

There has been a differential rate of progress in meeting of the QIPP Planning Targets at this stage in planning which reflects different levels of maturity in QIPP planning. For example, in the case of Medicines Management good progress has been made in developing nearly £12m of QIPP Schemes, and Planned Care has developed significant strategic commissioning opportunities for progression with Providers, which are in different stages of development from a planning perspective. In contrast, a less well developed area is the Disease Management Strategic Commissioning programme, which is just being established to help improve the strategic commissioning and delivery of Long Term Condition Clinical Pathways; in this case we are beginning to see a number of Project Initiation Documents come forward for approval, and will see more through our QIPP Pipeline process. Further schemes will be translated from Right Care opportunities identified as a rolling and continuous program of work

**Table 5** summarises the QIPP Programme by type and number of savings schemes.

Commissioning Programmes	Total QIPP £m	Transactional Schemes		Transformational Schemes	
		£m	No of Schemes	£m	No of Schemes
FYE 2018/19 Schemes	8.8	3.9	16	4.8	6
Continuing Health Care	4.0	4.0	5		
Medicines Management	12.8	10.1	12	2.7	3
CCG Organisational Efficiency	9.9	9.9	6		
Disease Management	1.0	0.0	1	1.0	4
Service Benefit Reviews	8.0	8.0	6		
Planned Care	11.0			11.0	9
Urgent Care	5.5	0.7	3	4.8	1
Place – Integrated Care Model	4.5	0.2	1	4.4	3
Primary Care	2.2			2.2	3
Mental Health Services	0.4	0.3	1	0.0	1
Community Services	1.6	0.5	1	1.1	3
<b>Total</b>	<b>69.5</b>	<b>37.6</b>	<b>52</b>	<b>31.9</b>	<b>33</b>

**Table 6** summarises the 2019/20 QIPP Programme by value and number of schemes.

Commissioning Programmes	QIPP Plan £m	Number of Schemes	Transactional Schemes		Transformational Schemes	
			£m	No of Schemes	£m	No of Schemes
Full Year Effects 2018/19	8.8	22	3.9	16	4.8	6
Schemes Greater than £2m	36.8	10	23.3	6	13.5	4
Schemes £1- 2m	7.9	5	2.2	2	5.7	3
Schemes £0.5m - £1.0m	8.7	12	3.9	6	4.8	6
Schemes £0.25m - £0.5m	4.6	13	2.2	6	2.4	7
Schemes up to £0.25m	2.6	23	2.0	16	0.6	7
<b>Total</b>	<b>69.5</b>	<b>85</b>	<b>37.6</b>	<b>52</b>	<b>31.9</b>	<b>33</b>

Table 6 illustrates that Full Year Effects of 2018/19 Savings Schemes and 15 new QIPP Schemes over £1m in value, account for £53.5m - 77% of QIPP Delivery, with the remaining 23% being delivered through 48 new Savings Schemes less than £1m in value. The table also illustrates that 54% of the 2019/20 QIPP Plan is transactional in nature, and 46% is transformational, which represents a significant change in the nature of the savings that the CCG will plan to deliver.

Of the Schemes up to £16m may be non-recurrent in nature, at this stage in planning.

The largest value Schemes are summarised below and Appendix 1 has all the 2019/20 QIPP Schemes.

#### **Note 1 Schemes Greater than £2m**

- DW522 Corporate Budget Review (£7.7m)
- DW518 Implementation of Evidence Based Pathways in on the Day and Urgent Services (£4.8m)
- DW495 Outpatient Modernisation Programme - Improved Care Pathways and Maximising Use of Technology (£4.5m)
- DW544 Ongoing Service Benefit Reviews (£4.5m)
- DW464 Improving outcomes for people eligible for Continuing Healthcare Programme (£3.0m)
- DW448 Medicines optimisation operational delivery (£3.0m)
- DW453 High Cost Drugs 19/20 (£2.6m)
- DW535 Changing in Pricing Clinical Pathway (£2.5m)
- DW536 Modernisation Programme Evidence Based and Best Practice Model (£2.0m)
- DW429 Clinical Pathways Maximising Outcomes for Musculoskeletal Conditions (£2.2m)

#### **Note 2 Schemes £1-2m**

- DW542 Development of an Integrated Model of Care in Place Phase Two (£2.0m)
- DW436 Reducing Waste in the Repeat Prescribing Process (£1.9m)
- DW422 Development of an Integrated Model of Care in Place Phase One (£1.9m)
- DW547 Improving Prescribing Outcomes for Patients (£1.0m)
- DW442 People and Policy (£1.2m)

The proposed QIPP Programme for 2019/20 includes 12 Invest to Save Schemes. These are Savings Schemes where the Governing Body has agreed to provide up-front investment to help redesign services in order to improve outcomes and deliver efficiency for the Derbyshire Pound. In total NHS Derby and Derbyshire CCG will invest £4.9m to release gross savings of £13.6m, thus releasing a net saving of £8.7m for these 12 Schemes.

## 7. QIPP Plan Profile and Delivery

The phasing of the 2019/20 QIPP programme is considered across the full 12 month period. As with previous years there are a number of schemes that are expected to impact in the final two quarters of the year. This increases the risk profile for the CCG and work will continue to bring forward as much implementation into the earlier part of the financial year. The following planning assumptions have been applied to the phasing profile:

- Approved schemes are profiled in line with scheme documentation approved through CLCC
- Schemes in development are profiled to impact in Q3 and Q4 with 50% benefit in each quarter, pending a formal assessment of delivery impact.
- Any investments approved to support delivery of QIPP Schemes are profiled according to the approved Scheme documentation.

**Table 7** shows a summary of QIPP Programme profiling based on current assessment of approved and in development schemes.

Commissioning Programmes	Quarter One		Quarter Two		Quarter Three		Quarter Four		Total £m
	£m	%	£m	%	£m	%	£m	%	
FYE 2018/19 Schemes	3.3	38	2.9	33	1.6	19	0.9	10	8.8
Continuing Health Care	0.2	4	0.2	6	1.8	45	1.8	45	4.0
Medicines Management	2.4	19	2.9	23	3.7	29	3.8	30	12.8
CCG Organisational Efficiency	2.4	25	2.4	25	2.5	25	2.5	25	9.9
Disease Management	0.1	12	0.2	19	0.3	33	0.3	36	1.0
Service Benefit Reviews	0.9	11	0.9	11	3.1	39	3.1	39	8.0
Planned Care	0.8	7	1.6	14	4.3	39	4.4	40	11.0
Urgent Care	0.1	2	1.7	32	1.8	33	1.8	33	5.5
Place – Integrated Care Model	0.5	10	0.5	10	1.8	40	1.8	40	4.5
Primary Care	-0.1	-4	0.5	21	0.9	41	0.9	42	2.2
Mental Health Services	0.1	23	0.1	20	0.1	19	0.1	38	0.4
Community Services	0.1	4	0.3	21	0.6	37	0.6	37	1.6
<b>Total</b>	<b>10.7</b>	<b>15</b>	<b>14.2</b>	<b>21</b>	<b>22.5</b>	<b>32</b>	<b>22.1</b>	<b>32</b>	<b>69.5</b>

In line with the report to the Meeting in Common of the Finance Committees, the CCGs will set all internal budgets in line with the delivery of the fully agreed QIPP programme. Operating budgets will reflect the approved QIPP Plan to ensure the focused management and mitigation of risk in year and support appropriate reporting through the committee structure.

## 8. Provider Facing QIPP and Associated Activity Plans

The QIPP programme includes a number of activity based and contract facing schemes and these have been shared with individual providers through the contract offer and negotiation process and as noted through the system engagement approach.

The CCGs have been required to submit activity plans to NHS England to support the development of the full system financial plan for 2019/20. The QIPP programme impact forms a part of this submission process and therefore all activity related QIPP is aligned with the activity and financial plans for the CCG.

The Meeting in Common of the Governing Bodies was advised that as of the 21 February 2019 £45.1m of QIPP schemes required negotiation with acute, community and mental health NHS providers. The CCG Executive Team is working with Providers to align the QIPP Programme with 2019/20 Contracts and to mobilise delivery plans.

## 9. QIPP Programme Risks and Mitigation

The CCG has completed a full risk assessment of the current QIPP planning position.

**Table 8** summarises risks and mitigations.

Risk Area	Risk Description	Likelihood (H/M/L)	Impact (H/M/L)	Mitigation (Including key aspects to delivery)
Structural change within CCG	Rebuilding capacity and capability including strategic commissioning approach	M	H	CCG OD Programme (Paper to April GB) CCG Business Critical role assessment throughout recovery.
Scale and pace at which STP transitions to ICS	Rapid shift required in collective organisational cultures to deliver efficiencies of integrated system working	M-H	H	STP Work Streams in Place to develop joint pathways across providers (e.g. MSK). Regular system exec-exec meeting between CCG and providers to provide joint leadership to change processes and joint problem solving. STP OD Programme.
Management of demand to match capacity and resource limits	Risk that demand exceeds capacity and resource availability, resulting in poor service performance and failure to achieve financial control targets	M	H	Demand management processes, tackling unwanted clinical variation. Public engagement and self-care aware messages. Capacity and demand modelling for urgent and planned care.
Workforce to deliver new care models	Risk that workforce skills and capacity do not match requirements for new models of care and increased care outside of hospital	M	H	GP recruitment plan and international recruitment programme in place. Workforce modelling and planning, working with STP. STP members collaborating to maximise workforce skills utilisation and multi-disciplinary team working across settings.

In line with the CCG's statutory duties on public and patient engagement, schemes which represent changes in service will have a tailored engagement programme as part of their implementation planning.

## 10. QIPP Programme Governance Arrangements

The CCG needs a clear QIPP governance and accountability framework for 2019/20, if we are to deliver the scale of QIPP required to support the Financial Recovery Plan; the QIPP governance arrangements, agreed by the Governing Bodies in January 2019, are summarised below.

The CCG's Financial Recovery Plan and QIPP Programme are governed by the CCG Governing Body and Sub-Committees.

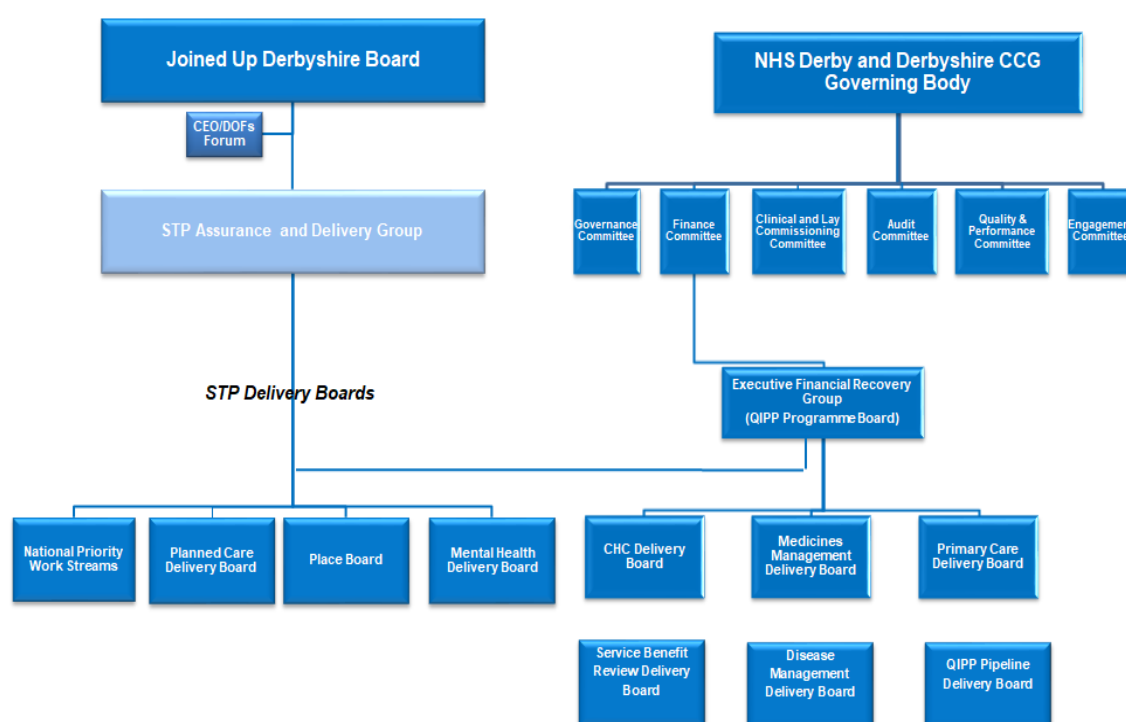
- CCG Governing Body - Strategy/Decision Making/Assurance; seeking assurance on overall CCG position; assurance report from Finance Committee. GB will define and agree Financial Recovery Plan/QIPP vision and strategy and review Organisational delivery via dashboards.
- Finance Committee - accountable for delivery of Financial Duties to Governing Body; seeks assurance from Executive Directors and PMO on overall CCG position and agree any actions for outliers based on recovery plans. Seeks assurance from Quality Committee that QIPP projects will/are supporting patient quality requirements.
- Clinical and Lay Commissioning Committee - accountable for approval of Clinical QIPP Schemes and clinical oversight of overall QIPP Programme.
- Audit Committee - ensures financial and QIPP system and processes are in place.
- Quality and Performance Committee - ensures that Quality Impact Assessments and Equality Impact Assessments are completed for all QIPP Schemes.

- Engagement Committee – ensures that the CCG meets its statutory duties around engagement and involvement.
- Governance Committee – ensures that the CCG governs the QIPP Programme in accordance with statutory responsibilities and best practice.
- Primary Care Committee – ensures that any specific QIPP Programmes relating to Primary Care are in accordance with the CCG’s Primary Care Strategy.

The CCG’s Executive Financial Recovery Group is chaired by the Executive Director of Turnaround, and reports to the Finance Committee, being responsible for the executive management and delivery of the financial recovery plan.

Appendix 2 sets out accountability arrangements of Governing Body Executive Directors and QIPP Delivery Roles.

### CCG QIPP Governance Arrangements



It is important to note that in 2019/20 the CCG will work formally with Joined up Care Derbyshire through the Delivery Boards for Planned Care, Urgent Care, Mental Health and Place-Based Integrated Care. The CCG will continue to have Strategic Commissioning work streams for these areas, but the focus for working with our Providers will be through the JUCD Delivery Boards.

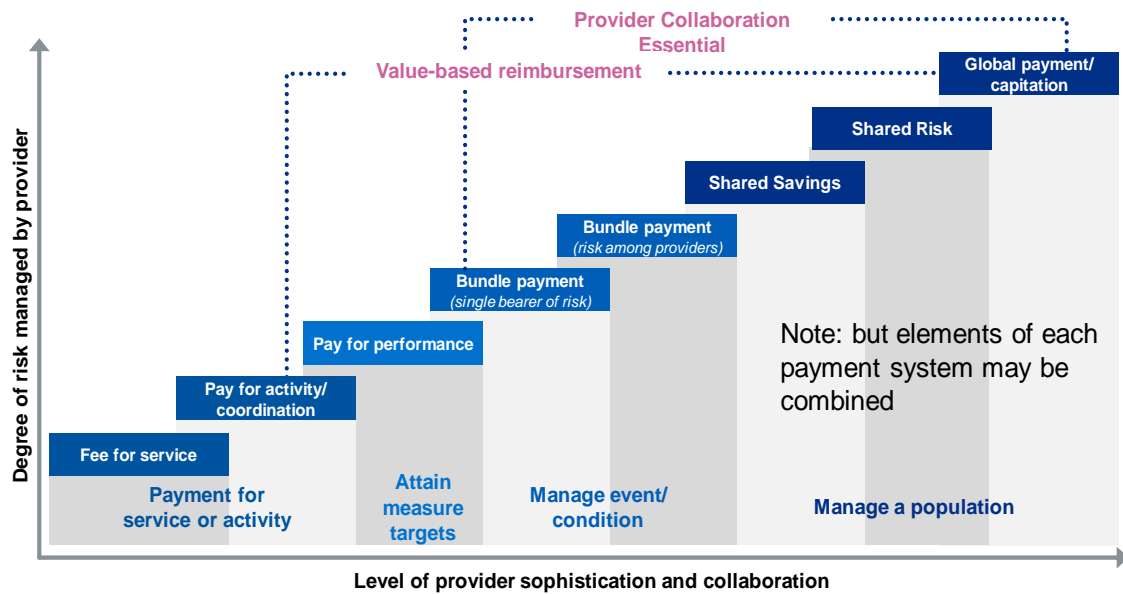
**Table 9** outlines CCG Governing Body Executive Directors who have accountability to NHS Derby and Derbyshire CCG Governing Body for delivery of the 2019/20 QIPP Programme. The Executive Director of Turnaround has overall accountability for ensuring that the QIPP Programme meets its objectives and delivers projected benefits, to deliver the £69.5m target in 2019/20.

<b>Commissioning Portfolio</b>	<b>Governing Body Accountable Executive Director</b>
Continuing Health Care	Chief Nursing Officer
Medicines Management	Executive Medical Director
Organisational Efficiency	Executive Director Corporate Strategy and Delivery
Disease Management	Executive Medical Director
Primary Care	Executive Medical Director
Service Benefit Reviews	Chief Nursing Officer
Place-based Integrated Care	Executive Director of Commissioning Operations
Planned Care Clinical Transformation	Executive Director of Commissioning Operations
Urgent Care Clinical Transformation	Executive Director of Commissioning Operations
Community Services Clinical Transformation	Executive Director of Commissioning Operations
Mental Health Clinical Transformation	Executive Director of Commissioning Operations
QIPP Pipeline Programme	Executive Director of Turnaround

The CCG will work as part of Joined up Care Derbyshire to deliver clinical transformation programmes that support delivery of the NHS Long Term Plan, and financial efficiencies. Notwithstanding system working arrangements, NHS Derby and Derbyshire CCG will be statutorily accountable for delivery of CCG financial duties, and the 2019/20 Control Total agreed with NHS England; the Governing Body cannot delegate these accountabilities. The CCG Executive Team will ensure that the Joined up Care Derbyshire system governance arrangements include formal reporting to NHS Derby and Derbyshire CCG Governing Body, and Sub-Committees on any area of clinical transformation, that impacts on the CCG's financial plan.

The CCG Chief Executive is in discussion with system partners about the formal agreement of financial risk sharing arrangements, to recognise the role of system partners in delivering respective parts of the system plan; for the CCG the role of Providers in supporting delivery of a significant part of our QIPP Plan needs to be recognised within any such risk share arrangement. The diagram below illustrates the movement from transactional 'fee for service'/PBR payment to capitated / outcomes based payment, and the benefits that such a shift can deliver. Principally the model is intended to deliver an increased level of collaboration on patient outcome risk and collaboration across the health system to deliver these outcomes.





An update will be provided to the Governing Body meeting on 28<sup>th</sup> March 2019, on the development of a formal risk share agreement.

## 11. Development of QIPP Pipeline Schemes

The CCG are implementing a QIPP Pipeline process to ensure the ongoing development of QIPP Schemes during 2019/20, in recognition that we need to aim to meet the QIPP Planning targets agreed by the Governing Bodies in January, and updated in February 2019, to be certain of delivering the absolute £69.5m QIPP target, within the Financial Plan.

A formal QIPP Pipeline Programme Board has been established with Governing Body leadership from the Executive Director of Turnaround and operational leadership by the Director of Efficiency. The purpose of this group is to ensure that the organisation has a process pipeline for QIPP in year and for future year projects including:

- Regular and consistent benchmarking of opportunities
- A total delivery programme that reflects in year and longer term schemes
- Recommendations to target resource

The group will be responsible for the following:

- Generating a rolling pipeline of projects to populate in year and future year QIPP (noting risk mitigation requirements in 2019/20)
- Developing projects up to scoped level identifying risks, opportunities and key decision requirements for consideration by Delivery Boards, the Executive Financial Recovery Group and Governing Body Sub-Committees
- Oversight of decommissioning recommendations (in line with the Prioritisation Framework and noting the SBR programme)
- Capacity to review projects post close down to ensure 'lessons learned' are embedded in the organisation (to support Delivery Boards)

## 12. Public Engagement Approach

The CCGs' Communications and Engagement Team are currently working with each project to understand aims and objectives and to develop tailored communications, engagement and consultation approaches as required. Any projects which represent the possibility of service change will benefit from a bespoke engagement programme on an individual, scheme-by-scheme basis to provide assurance that the CCG will meet its statutory duties around engagement and involvement. This approach will feed into the assurance sought by the CCG's Engagement Committee.

In developing schemes to support the 2019/20 savings plan, project managers have been invited to attend 'confirm and challenge' sessions made up of lay representatives to consider key business projects. This is intended to build in engagement at a very early stage of a project, often in its embryonic form. Thirteen transformation projects have been through this process to date and these sessions will continue as projects move through the required governance processes and implementation planning phase.

The CCGs and Joined up Care Derbyshire are working collaboratively on a revised engagement model which draws on existing best practice in the county and further afield, and will be utilised in approaching the 2019/20 savings plan and broader engagement on local health and care initiatives. The model demonstrates the way in which the CCG will use existing mechanisms both within and outside the CCG to tailor engagement approaches to the needs of each project. This 'suite' of engagement opportunities will also tie together engagement opportunities from primary care, the Foundation Trust sector, voluntary sector as well as using a new Citizen's Panel approach that is being funded by NHS England and will be developed through the spring of 2019. The model has been developed in collaboration with existing CCG patient reference groups and will be ratified at the Engagement Committee in May.

## 13. Summary and Recommendations

The meeting in Common of the four Governing Bodies is asked to:

- **Note** the approach to developing the 2019/20 QIPP programme
- **Note** the 2019/20 CCG QIPP governance and accountability framework
- **Approve** the 2019/20 CCG QIPP Plan for the new NHS Derby and Derbyshire CCG
- **Note** that the Executive Financial Recovery Group will continue to develop the QIPP Programme, and in particular ensure additional pipeline schemes are established to meet the £83m stretch target, that as much of the QIPP Programme is mobilised for delivery in the first half of the financial year, and that CCG resource is focused on delivering Schemes of largest value and lowest complexity, to mitigate risk to delivery of the CCG Financial Control total agreed with NHS England for 2019/20.
- **Note** ongoing work with System Partners to develop a single system plan, incorporating the CCG's QIPP Plan

## Appendix Two QIPP Accountability Arrangements

### Governing Body Accountability

**QIPP Programme SRO Executive Lead** = CCG Executive Director of Turnaround

- The visible owner of the overall business change and ensures that the QIPP programme meets its objectives and delivers projected benefits
- Works closely with Assistant Director PMO to monitor and control the progress of the programme at a strategic level
- The key leadership figure in driving forward the QIPP programme

**QIPP SRO Executive Lead** = CCG Governing Body Executive Director

- Responsible Officer for Programmes in Executive Directorate. In this capacity, they will act as executive lead for all Programmes within their Directorate(s) and therefore ultimately accountable for implementation and benefits realisation.
- Provide strategic oversight into Programmes.
- Identifying and managing interdependencies between Programmes
- Managing overall resources and assessing whether resource needs to be moved within Directorate to support under-performing Programmes
- Resolving conflicts and removing obstacles across Programmes
- Provide executive support to Functional Directors to help unblock any barriers to delivery
- Assure exception reports to Financial Recovery Group/Finance Committee

### Programme Level Accountability

**Programme SRO Executive Lead** = CCG Functional Director

- Responsible Officer for one of the Programmes. In this capacity, they will act as executive lead for all projects within their Programme(s) and therefore ultimately accountable for implementation and benefits realisation.
- Provide strategic oversight into developing projects
- Identifying and managing interdependencies between projects
- Managing their resources and assessing whether resource needs to be moved to support under-performing projects
- Resolving conflicts and removing obstacles across the Programme
- Provide executive support to Project leads to support unblock any barriers to delivery
- Sign off exception reports and attend Financial Recovery Group/Finance Committee to present exception reports for scrutiny and approval

### **Programme Clinical Lead**

- Accountable for providing clinical leadership to the Programme and ensures the Programme maintains and improves quality of care for patients
- Identify opportunities for future service developments and improved quality
- Involved in the quality impact assessment and equality impact assessment of savings schemes
- Identify and manage risks to service delivery with patient in mind
- Provide clinical oversight on how to redesign services and clinical accountability for delivery of QIPP
- Attend Programme Boards for quality assurance
- Attend clinical network events to provide updates on project status and generate QIPP ideas
- Mobilise clinical input to Programmes by linking clinicians across the system to ensure sign-up
- Assisting in overcoming and operational resistance to change

### **Project Level Accountability**

#### **Project Lead**

- Accountable for ensuring the project objectives and financial targets are delivered
- Managing the production of all project documentation and managing risks and issues
- Managing the project team and delegating tasks to team members
- Monitoring progress and updating the PMO
- Producing exception reports for at risk projects
- Attending Programme board for confirm and challenge

#### **Project Team Members**

- Team responsible for planning and executing the project
- Consists of project leads and a number of Project Team members, who are brought in to deliver the project tasks according to the project plan. Key members of the project team are process owners, these individuals own and manage the process which is being improved. Accountability for the success of the project sits jointly with them and the project lead
- Some large projects may require project leads who provide task and technical leadership and maintaining the work stream portion of the project plans e.g. H.R, procurement and contracting

### **Clinical Leads**

- Lead clinical delivery of projects including development and agreement of clinical models
- Engage primary care colleagues in QIPP schemes including community and mental health colleagues
- Engage secondary care clinical colleagues in QIPP schemes
- Support delivery of communication plans including explaining clinical models to media, public etc. As appropriate
- Work as clinical peers, across QIPP projects, to resolve wicked issues both informally with commissioning teams, and formally within clinical executive/clinical senate
- Deep dive benchmarking information to understand clinical variations and where there are real opportunities for efficiencies
- Help manage key cost drivers

### **Business Support Accountability**

#### **Finance Lead**

- Supports Project Leads with financial modelling to develop Project Initiation Documents (PIDs)
- Provides clear financial and management information to SRO Executive Lead on the financial status and forecast of the project
- Advises on financial risks and issues

#### **Business Intelligence Lead**

- Support Project Leads to develop PIDs by providing activity and baseline data
- Develop the financial and activity trajectories in line with the key milestones to be delivered
- Identify Key Performance Indicators and methods of measurement/sources

#### **Programme Management Office (PMO)**

- Undertakes a monitoring and escalation role for the overall Programme; achieving a balance between enabling local ownership and accountability whilst ensuring sufficient operational grip and focus to deliver actions
- Manage and co-ordinate complex interactions between projects; support projects with a weekly cycle of reporting.
- Track and provide oversight to the overall Programme milestones, risks, success measures (including finance). Support teams in the development of long term improvement plans.

The PMO Team is led by an Assistant Director PMO with responsibility for delivering CCG QIPP agenda. Key duties include;

- Developing an overall QIPP and Transformation Programme Plan with supporting governance and reporting procedures focusing on management by exception, grip, risks to delivery and quality, and accountability.

- Preparing information and project reports to CCG Directors as necessary. This extends to identifying challenges and areas of slippage in the project and escalating within project and programme structures.
- Ensuring there is effective communication and partnership with relevant stakeholders groups.
- Direct management of the PMO Team and supporting capacity improvement and skills development of the team by developing best practice job descriptions, person specifications and interview processes, where required.