

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item:7.2</b>										
<b>Date of Meeting:</b>	<b>2<sup>nd</sup> August, 2018</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td align="center">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Workshop</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Workshop</b>		
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<b>Paper Title:</b>	<b>Transformation &amp; Delivery Director's Report</b>											
<b>Responsible Governing Body Member Lead</b> Wendy Balmain Director Transformation and Delivery		<b>Report Author and Job Title</b> Christian Turner Head of Business Change										
<b>This Paper is for:</b>	<table border="1"> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> <td></td> </tr> </table>				To Approve	To Accept	To Assure	To Note			X	
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		X										
<p><b>Has the report (or variation of it) been presented to another Committee / Meeting?</b>  <b>If yes, state the Committee / Meeting:</b> Yes. A version of this report was received at the Finance, Performance and Commissioning Committee (FPCC).</p>												
<p><b>Executive Summary</b></p> <p>The Quality, Innovation, Productivity, Prevention (QIPP) savings requirement for 2018/19 is £5589k.</p> <p>Through the aligned incentive contract 17 high priority projects have been identified to support delivery within the agreed contract value of £94m. A new strategic approach to demand management is being tested that could be applied across several of these projects if successful.</p> <p>The new ways of working introduced through the Continuing Healthcare (CHC) work streams will see savings for 2018/19 being delivered from July. A new approach to monitoring the financial impact of CHC changes has been introduced by the CCG.</p> <p>Temporary medicines management staff to support delivery of the QIPP programme are now in place and working with GP practices and care homes.</p> <p>The CCG continues to look for additional QIPP schemes and has identified a number of additional opportunities through the pipeline process and a review of 'difficult decisions'.</p> <p>A series of workshops will be held between August – October 2018 to develop the Primary Care Home model that lies at the heart of our strategy to integrate care, <i>'Your community, your care: developing Harrogate and Rural District together'</i></p> <p>The joint procurement of NHS111 services is progressing to plan and a draft strategy, <i>'Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District'</i> is in development.</p>												

## Recommendations

Governing Body to be assured:

- The QIPP savings target for 2018/19 remains at £5589k and there is a review of 'difficult decisions' underway.
- Demand management approach is being reviewed and will include testing a new strategic framework for demand management.
- CHC changes to deliver savings in 2018/19 have been implemented and a baseline position established from June 2018 onwards.
- A value for money review of discretionary spend is due to report initial findings in September.
- The Medicines Management Team has identified additional QIPP schemes that will deliver a further £101k.
- Work to implement a Primary Care Home model is in place with agreed key checkpoints.
- The joint procurement of NHS111 services is progressing to plan with a planned contract award date in November 2018 and a go live date of 1 April 2019.
- A draft strategy, '*Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District*' is in development.

## Monitoring

Progress will be monitored through the Transformation and Delivery Board with regular update reports submitted to the FPCC and Governing Body.

## CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	X
2	Better Value Healthcare	X
3	Well Governed and Adaptable Organisation	X
4	Health and Wellbeing	X
5	Active and Meaningful Engagement	X

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

## CCG Values underpinned in this paper

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

<b>YES</b>	<b>X</b>	<b>NO</b>	
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**If yes, please indicate which principle risk and outline**

<b>Principle Risk No</b>	<b>Principle Risk Outline</b>
2:1	The changing financial position impacts the ability of the CCG to develop and implement an achievable QIPP programme that can deliver the requirements set out in the financial recovery plan.
3:1	Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.

**Does this paper mitigate risk included in the CCGs Risk Registers? If Yes, please outline.**

	<b>Ref: Risk No</b>	<b>Outline</b>
<b>YES</b>	GBAF 2-1 Principle Risk 1	The scale of QIPP required to support delivery of the Financial Recovery Plan has increased and this could impact on capacity and opportunity to develop and implement achievable service change.
<b>YES</b>	GBAF 2-3 Principle Risk 3	The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.
<b>YES</b>	GBAF 3-1 Principle Risk 1	The AIC is helping align strategic planning across the CCG and Harrogate District Foundation Trust (HDFT).

<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	There are no immediate legal implications.
<b>Management of Conflicts of Interest</b>	The potential conflicts of interest within the integrated care programme have been reviewed at Governing Body and decision-making will be formally delegated to FPCC to remove any potential conflicts.
<b>Communication / Public and Patient Engagement</b>	Public and patient engagement will feature in several of the schemes outlined in this paper. The Patient Participation Group is sighted on schemes and plans are in place to develop their involvement.
<b>Financial / resource implications</b>	The QIPP programme for 2018/19 needs to deliver at least £5.589m savings in year. This enables the CCG to access the Commissioner Sustainability fund to bring it into in-year financial balance.
<b>Outcome of Equality Impact Assessment</b>	EIA assessments are completed for schemes as part of the integrated impact assessment process for each scheme as they progress. Copies are available on request.

For further information please contact:  
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## 1.0 Purpose

This report provides an update on progress being made on the CCG's Transformation and Delivery Programme including the CCG QIPP savings programme for 2018/19.

## 2.0 QIPP Plan 2018/19

The financial plan identifies a QIPP plan requirement for 2018/19 of £5589k. The plan covers three broad areas as follows:

Programme	Target 18/19 (£k)	Current plan 18/19 (£k)	Risk adjusted savings
Aligned incentives	£2,600	£2,600	£2,600
Medicines management	£1,151	£1,151	£1,036
CHC	£1,838	£632	£569
<b>Totals</b>	<b>£5,589</b>	<b>£4,383</b>	<b>£4,205</b>
<b>Variance to target</b>	<b>0</b>	<b>-£1,206</b>	<b>-£1,384</b>

Each area is supported by detailed plans, with progress summaries provided through this report. The risk adjusted position indicates a potential shortfall of £1,384k. This is due to further financial analysis of the CHC, reducing the value of opportunity and some minor adjustment to the medicines management programme reported previously to this committee. Work is underway to review the 'difficult decisions' to provide mitigation against the risk adjusted position in 2018/19 and will be reported shortly.

### 2.1 Aligned incentive contract

This programme is focussed on the delivery of the £94m contract with Harrogate District Foundation Trust but has a clear relationship with the demand management priority that was agreed in 2017/18 and includes GP variation and referral management.

The programme spans three core areas, planned care and unplanned care and high cost drugs. Delivery groups are established for each area supported by a technical and information group. The groups have joint clinical and other professional leadership from both CCG and HDFT and have developed projects categorised as follows:

- Managing demand through reducing demand on the secondary care system
- Pathway changes to reduce unnecessary activity and cost within a pathway
- Cost management that matches activity to budget
- Bed reduction schemes that ensure optimal occupancy and flow are achieved and maintained.

33 projects have been identified and subject to a prioritisation exercise based on the CCG 'decision tree criteria'. This criteria supports effective decision making and ensures resources are allocated to schemes with the greatest likelihood and opportunity for delivery. These schemes have been shared with the Strategic Management Oversight Board (SOMB) for agreement, with 17 identified as high priorities.

Implementing such a large number of schemes requires a different approach to manage resource capacity efficiently and to support pace of implementation. As such the delivery groups will manage implementation of schemes using standard frameworks for each of the broad categories noted above.

The first strategic framework to be tested will support a refreshed approach to demand management. While we saw reduction in growth of 4.9% in primary care referrals in 2017/18 we now need to take stock and review our approach in the context of early signs of referral growth in 218/19. The review will include referral management and GP variation, which is currently live in 9 practices, and run in parallel to a pilot of the strategic framework in the urology pathway. The pilot approach for referrals into secondary care will include:

- Principle that referrals are for an opinion rather than an appointment
- Clear expectations that referrals will be managed at the appropriate service level.
- Principle of receiving a safe and effective opinion at the lowest level

It should be noted that other areas of work that comprise the 17 high priorities are already well developed including muscular skeletal and gastroenterology pathways and that subject to the outcome of the pilot, wider implementation of the new demand management strategic framework will be adopted.

## **2.2 Medicines Management**

Temporary members of Medicines Management staff (pharmacists and a technician) are now in place and are delivering new approaches as per agreed project plans. Practice-based pharmacists have commenced a programme of carrying out in depth medication review of residents within several care homes and the pharmacy technician is meeting with practices and patient participation groups to enhance the waste reduction work programme.

Early informal feedback from GP practices, care homes and patients has been positive. As well as this local work the CCG is engaged with West Yorkshire and Harrogate Health and Care Partnership care home project which is planned to start in September 2018 and will focus on reviewing prescriptions for patients with learning disabilities.

Recent data has shown a significant increase in uptake in patients registering for online services at GP practices in Ripon and Knaresborough following activity by the Medicines Management team to promote this.

Plans are in place to implement the national guidance relating to conditions for which over the counter items should not routinely be prescribed in primary care.

A joint stoma project has been rolled out in partnership with local stoma nurse team with aim to make sure all stoma patients are offered a specialist review. This is being trialled in one of our practices.

Following publication of national guidance the overall reduction in spend for items not to be routinely prescribed in primary care was £100,000 in 2017/18 compared with 2016/17. Present data shows continued reduction in spend for these items.

## **2.3 Continuing Healthcare (CHC) Programme**

The CHC programme for 2018/19 has several workstreams and progress on these is outlined below. A new approach to monitor the impact of changes in delivery has been developed by the CCG, it's anticipated that the impact of changes will start to be seen from July.

Average package costs will be tracked against a baseline taken in June. As the work stream changes take effect the average cost of a package should drop. A new CHC brokerage service provided by North Yorkshire County Council (NYCC) has been live since July 2nd and is providing the service for mainstream CHC clients. Ongoing discussions are being held for Fast Track and Contracting clients.

To help ensure value for money and maintain patient outcomes existing Fast Track cases are being reviewed using the agreed decision support tool (DST). New Fast Track cases are reviewed via a telephone conversation at the 6 week point (and as appropriate thereafter).

All new referrals for Funded Nursing Care (FNC) are subject to an assessment to determine the appropriate care and there is a continuing programme of reviews for current patients.

## **2.4 Pipeline schemes**

A draft report on the value for money review being undertaken by NYCC will be available in September. Initial feedback has indicated potential for efficiency savings around administrative processes and alternative purchasing opportunities.

The Medicines Management team have identified five further schemes with an estimated in year saving of £101k. Four additional opportunities have been identified and in year savings estimates are being prepared for these.

A submission has been made to NHSE as part of the QIPP 4 programme to secure additional resource to support the CCG demand management programme. At the time of writing the CCG is awaiting the outcome of the submission.

## **3 Integrated care**

*'Your community, your care: developing Harrogate and Rural District together'* has been widely shared with partners and is underpinning the work programme of the Health and Social Care Integration Board. The Board has commissioner and provider membership and is responsible for the design and implementation of a new integrated primary and community services delivery model based on Primary Care Home.

The Board held a development session on the 28 June 2018 to share the Primary Care Home model, confirm the programme vision and agreed key checkpoints and milestones. A task and finish sub-group has been established to develop the Primary Care Home hub model including an option appraisal for the Harrogate and Rural District place. The high level appraisal of hub options is now complete and based on data including demographics and health needs.

Hub options will be widely tested through workshops with clinicians, other professionals, patient groups, voluntary and independent sector providers and executive groups August – October. They are very much a first draft with a view to the integration of local services being developed by ground up experience.

Further task and finish sub groups for communications and data, technology, finance and digital are also being established to support a hub model approach that is based on a sound clinically and financially footing.

## **4 Integrated urgent care**

The procurement of a new NHS 111 service is being jointly commissioned with the West Yorkshire and Harrogate Health and Care Partnership. The procurement delivery plan remains on track with face to face dialogue and moderation throughout July and an aim to award the contract in November 2018 to ensure go-live 1 April 2019. Discussions are underway on how the CCG place based offer will link with the new service.

A draft strategy, *'Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District'* has been prepared. The document describes key policy and service expectations that will shape a new partnership approach to Integrated Urgent Care (IUC). It

identifies opportunities to work together across the whole system to respond to the changing needs of our population.

To support the strategy, a workshop was held with partners on the 3 July to review the current urgent care offer, and discuss how we can work together to provide services which are joined up and make sense to the people. The session produced a number of themes which have informed priority work streams for further development and will link to the integrated Primary Care Home approach described above.

Next steps will involve finalising the strategy and developing a delivery plan for the key work streams which will assist its delivery. A further iteration of the document will be shared for comment at the next Governing Body meeting.

## **5 Recommendations**

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