### Governing Body

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>Commissioning Intentions/QIPP update</th>
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<tr>
<td>Date of meeting:</td>
<td>25.11.15</td>
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<tr>
<td>Presented by:</td>
<td>Sam Jones</td>
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<tr>
<td>Title:</td>
<td>Director of Delivery and Service Transformation</td>
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<tr>
<td>Prepared by:</td>
<td>Sam Jones</td>
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<td>Title:</td>
<td>Director of Delivery and Service Transformation</td>
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#### Summary of 2015-16 Corporate Objectives Supported by this Report (X)

1. **To commission high quality, cost effective services to meet the needs of local people which improve health outcomes and reduce inequalities.**

2. **To ensure that the patients’ and public’s voice is heard so that we improve the quality of the services that we commission for the diverse needs of our population.**

3. **To develop Greenwich CCG as a clinically driven organisation with effective member engagement, that can attract and retain excellent staff, deliver effective governance and its full statutory and financial duties.**

4. **To create and optimise a data rich environment to inform commissioning decisions at CCG, Transformation Steering Group, Syndicate and practice level.**

5. **To develop a long term approach to improving healthcare and delivering more integrated services for the population of Greenwich delivered by sustainable providers through partnership working with RBG, local providers, the community and voluntary sector.**

#### Please provide brief executive summary:

This paper provides an update to the September 2015 Governing Body paper entitled Commissioning Intentions. The headline commissioning intentions were approved in September for local negation and detailed design. This paper updates on progress towards deliver of the January presentation of QIPP plans.

### Summary of Impact Assessment and Risk Management Issues (x)

(please provide detail in the body of the report)

<table>
<thead>
<tr>
<th>Impact on Risk Assurance Framework (x)</th>
<th>Yes</th>
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<tr>
<td>Impact on Environment (x)</td>
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<td>Legal Implications (x)</td>
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<td>Equality impact assessment (x)</td>
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<td>Impact on current NHS Outcomes Framework areas (x)</td>
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<td>Patient and Public Involvement (x)</td>
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<td>Impact on CCG Constitution (x)</td>
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**Brief Summary of Recommendations**

The Governing Body is asked to **Note:**

1) Progress in relation to the internal changes put in place to steer the CCG towards commissioning intention definition and QIPP plan delivery;
2) The new internal governance arrangements to oversee QIPP delivery;
3) The new commissioning arrangements to design and deliver the 2016/17 QIPP plan;
4) The engagement arrangements to consult on the next round of commissioning intentions and QIPP initiatives through December 2015;

**Commissioning intentions / QIPP update**

At the Governing Body meeting on 27th September, Greenwich CCG approved its high level commissioning intentions. These were categorized as follows:

- i. Transformation plans to change services significantly
- ii. Contract termination/review notices where an alternative provision is available
- iii. Improve efficiency through Procurement
- iv. Payment efficiencies by reviewing contractual values
- v. Delivery efficiencies - improve pathways/ prevention
- vi. Better Care Fund – improve value

The commissioning intentions and negotiation round is an iterative process, starting from a long list of opportunities and refining it via detailed analysis, challenge and negotiation with our providers into a final negotiation strategy and QIPP plan.

Since the September Governing Body, the CCG Executive has met with the executive teams from Lewisham and Greenwich Trust (12th November) and Oxleas Foundation Trust (23rd November) to talk through the headline QIPP challenge and the approaches set out in the commissioning intentions paper.

Important future dates include the publication of the government’s Comprehensive Spending Review (due on Wednesday 25th November) and the publication of the CCG’s budget for 2016/17 (late December 2015). Both of these will inform the next iteration of the commissioning intentions to be presented at the CCG’s Governing Body on 27th January 2016. Following the January Governing Body meeting, the CCG will enter into formal negotiations with our providers on the commissioning intentions and a final paper seeking approval of the 2016/17 QIPP will be presented at the March 2016 Governing Body meeting.
**Strengthening our internal processes**

The recent review of the CCG’s QIPP and financial processes recommended a strengthening of the CCG’s QIPP capability. To ensure close focus and scrutiny the CCG has introduced a weekly QIPP recovery meeting reporting into a new monthly QIPP and Programme Executive group, reporting directly to the Greenwich Executive Group.

To strengthen internal capability, additional commissioning staff are being recruited. Whilst the recruitment is undertaken, the CCG has requested consulting support and await NHSE’s approval to proceed.

The CCG has designed and implemented new project and programme governance arrangements, including new templates, flow charts and is planning a refresh of the Programme Management Office arrangements to support the new requirements.

In addition to governance and capability enhancements, the CCG has restructured its commissioning development processes around four commissioning and development groups:

- Children and young People
- Adults
- Realising Value through large scale transformation of pathways of care
- Local Care Networks

Each of the groups will have formed by the end of December 2015 and will oversee the development of the commissioning intentions for their areas.

In addition to these groups, there are also dedicated groups for the Better Care Fund, Integrated Care/Greenwich Co-ordinated Care and contract meetings.

**Engaging with our local stakeholders on Commissioning Intentions/QIPP development**

A meeting of the Greenwich Patient Participation Group is being arranged for December 2015 to engage on the next iteration of commissioning intentions prior to the January Governing Body meeting.

In addition to the Patient Participation Group, each of the four commissioning and development groups will be inviting local representation from patient advocates and the local voluntary sector as well as our partners from the Royal Borough (commissioners and public health) and the provider voice.

Each group will be undertaking a Quality and Equality Impact Assessment of the QIPP schemes to inform the March 2016 Governing Body paper.

2016/17 Commissioning Intentions / QIPP plans at November 2015
Next year, the CCG has to deliver £8.8m of QIPP to achieve financial balance. We have therefore set ourselves a stretch target of £13m to allow for slippage in some schemes.

On Friday 27th November the QIPP and Programme Executive will consider the QIPP delegation targets for each group, given the pipeline of projects that have been worked up to date. Stretch targets have also been proposed for contractual negotiation.

Once internal approval is received, the next iteration of detail will be circulated to each group and consulted via the engagement events outlined above. The following section updates on the progress on each of the areas set out in the September paper:

**Transformation plans to change services significantly**

Executive level discussions are continuing with key local providers to assess appetite and impact in relation to the four transformation plans set out in the September paper. These are ambitious plans and there is some concern across our providers whether they are able to take such a large step. Each of the four areas are being reviewed for intermediate options, for example, the long term conditions proposal bundled together delivery of a number of pathways – diabetes, cardiology, respiratory. We are currently reviewing whether there is there an appetite across the providers to take a single pathway.

**Contract termination/review notices where an alternative provision is available**

The MCCH contract termination process has had to be cancelled for one year, to come into line with RBG’s negotiation plans.

The RMBS notice has been extended for 6 months, as it is subject to the outcome of the transformation negotiations above.

A further review of contracts is being undertaken to identify if there are further opportunities to gain efficiencies.

**Improve efficiency through Procurement**

Notice has been given to Oxleas on the current contracts for children and community services as well as Eltham community hospital beds. Negotiations are on-going with the Trust in relation to procurement options and pricing models.

**Payment efficiencies by reviewing contractual values**

In addition to the three areas listed in the September paper (continuing healthcare costs, voids and acute productivity) a further review of efficiency is being undertaken. The CCG contracts for approximately £350m and every contract is being scrutinised for opportunities.

**Delivery efficiencies - improve pathways / prevention**

In relation to the children’s pathway, clinical reviews are being undertaken to look at opportunities to develop the pathway and alternative models of delivery for urgent care for
children, particularly under 5’s. The reviews are due to report back at the end of November.

The flu plan is currently underway. This is a prevention initiative to impact on the trend of the number of people who are admitted over the winter months with flu.

Medicines management and threshold reviews are being undertaken and will be reported on at the January Governing Body meeting.

**Better Care Fund – improve value**

Each CCG is expected to review its Better Care Fund plan annually. The CCG’s new Joint Commissioning Executive will oversee the review and report back by the end of December 2015. The Better Care Fund steering group meets quarterly. Given the next meeting of the group is not due to take place until February 2016, an exceptional meeting will be called at the beginning of January 2016 to present the review findings.

**Summary of risks**

The CCG has identified QIPP delivery as a key risk in the Governing Body Assurance Framework. The CCG’s internal auditors are undertaking a review of the plans in place to manage this risk and controls to mitigate where possible.

The three key risks identified are set out below:

1) Without timely access to business intelligence to inform the commissioning intentions round, business cases will be delayed. To mitigate this risk, additional resource has been appointed to ensure that each commissioning lead has access to the data and finance required to develop business plans for December presentation.

2) Insufficient internal capacity to deliver the scale of work required. As noted above, a recruitment process is underway as well as bringing in short term immediate capacity. A key mitigation was to undertake fewer larger projects to map the CCG’s plans to its available resource. This mitigation is subject to provider engagement in the new contractual approaches.

3) Lack of provider capacity and appetite to contract differently could result in alternative approaches to QIPP identification and delivery having to be identified. Executive level meetings are being held to review plans with each key provider and to discuss risk appetites to move to a new contracting process. This remains a key risk to the CCG due to the lack of incentives and pump priming that would normally support such a significant change.

**Equality and Quality Impact Assessments**
As noted above, each of our commissioning steering groups will be required to undertake a Quality and Equality Impact Assessment on their commissioning intentions and QIPP plans. The results of the assessments will be presented to the Governing Body in March 2016.

**Recommendation**

The Governing Body is asked to **Note:**

5) Progress in relation to the internal changes put in place to steer the CCG towards QIPP plan delivery;
6) The new internal governance arrangements to oversee QIPP delivery;
7) The new commissioning arrangements to design and deliver the 2016/17 QIPP plan;
8) The engagement arrangements to consult on the next round of commissioning intentions and QIPP initiatives through December 2015;