

Meeting Title	Commissioning Collaborative Board (Joint Committee) - Meeting in <u>Public</u>	Date	Thursday 17 October 2019
Meeting no.	8	Time	1:00pm – 2:25pm
Chair	Professor Azhar Farooqi Clinical Chair Leicester City CCG	Venue / Location	Conference Room, 4th Floor, LC CCG, St John's House, 30 East Street, Leicester, LE1 6NB

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
CCBP/19/75	Welcome and Introductions <ul style="list-style-type: none"> • Mrs Karen English • Professor Mayur Lakhani • Ms Tracy Burton 		Professor Farooqi		1:00pm
CCBP/19/76	Apologies for Absence:	To receive	Professor Farooqi	verbal	1:00pm
CCBP/19/77	Notification of Any Other Business	To receive	Professor Farooqi	verbal	1:00pm
CCBP/19/78	Declarations of Interest on Agenda Topics	To receive	Professor Farooqi	verbal	1:00pm
CCBP/19/79	To receive questions from the Public in relation to items on the agenda only	To receive	Professor Farooqi	verbal	1:05pm
GOVERNANCE ARRANGEMENTS					
CCBP/19/80	Minutes of the meeting held on 22 August 2019	To approve	Professor Farooqi	A	1:10pm
CCBP/19/81	Matters Arising: Update on actions from the meeting held on 22 August 2019	To receive	Professor Farooqi	B	1:15pm
ITEMS FOR DECISION, ACTION AND ESCALATION					
CCBP/19/82	Cataract Surgery Service options post April 2020	To approve	Gemma Barker	C	1:20pm
CCBP/19/83	Progress Update on 2019/20 QIPP Schemes	To receive	Spencer Gay	D	1:30pm
CCBP/19/84	Update on Financial Recovery Plan	To receive	Michelle Iliffe	E	1:40pm
CCBP/19/85	Primary Care Network (PCN) Development –	To receive	Tim Sacks	F	1:50pm
CCBP/19/86	Alliance Update	To receive	Paul Gibara	G	2:20pm
The next meeting of the Commissioning Collaborative Board will take place on Thursday 21 November 2019 , Conference Room, 4th Floor, Leicester City CCG, St John's House, 30 East Street, Leicester, LE1 6NB Leicester City CCG to Chair meetings from September – December 2019			Professor Farooqi	verbal	

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LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS (LLR CCGs) COMMISSIONING COLLABORATIVE BOARD (CCB)

Minutes of the Public Commissioning Collaborative Board held on Thursday 22 August 2019 at 1:00pm in the Conference Room, 4th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

PRESENT:

Dr Nick Pulman	Deputy Clinical Chair, West Leicestershire CCG (Chair)
Professor Azhar Farooqi	Clinical Chair, Leicester City CCG
Dr Andy Ker	Vice Clinical Chair, East Leicestershire and Rutland CCG
Dr Ursula Montgomery	Clinical Chair, East Leicestershire and Rutland CCG
Ms Sue Lock	Managing Director, Leicester City CCG
Mrs Caroline Trevithick	Interim Managing Director, West Leicestershire CCG
Mr Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland CCG (Deputising for Ms Enoux)
Ms Gillian Adams,	Independent Lay Member, West Leicestershire CCG
Mr Zuffar Haq	Independent Lay Member, Leicester City CCG
Mr Spencer Gay	Chief Finance Officer, West Leicestershire CCG
Ms Carole Ribbins	Interim Chief Nurse, West Leicestershire CCG
Ms Sarah Prema	Director of Strategy and Implementation, Leicester City CCG

IN ATTENDANCE

Mr Andy Williams	Accountable Officer, Designate
Mrs Yasmin Sidyot	Acting Urgent and Emergency Care Director, West Leicestershire CCG
Dr Tim Daniel	Consultant in Public Health (item CCBP/19/70)
Ms Sarah Smith	SDEC Programme Lead, Service Improvement, West Leicestershire CCG (item CCBP/19/71)
Mr Paul Gibara	Senior Responsible Officer for Cancer, East Leicestershire and Rutland CCG (item CCBP/19/72)
Ms Hannah Hutchinson	Head of Strategy and Implementation, Leicester City CCG (CCBP/19/72)
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG

PUBLIC GALLERY

Mr Trevor Illsley, Bayer Pharmaceuticals
Ms Mackinson, EPSOM

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/19/63	<p>Welcome and Introductions</p> <p>Dr Pulman welcomed members to the public to the Commissioning Collaborative Board (CCB) meeting.</p>	
CCBP/19/64	<p>Apologies received</p> <ul style="list-style-type: none"> • Mrs Karen English, Managing Director, East Leicestershire and Rutland CCG • Professor Mayur Lakhani, Clinical Chair, West Leicestershire CCG • Ms Donna Enoux, Deputy Managing Director and Chief Finance Officer, East Leicestershire and Rutland CCG • Ms Tamsin Hooton, Director Lead for Community Services Redesign, West Leicestershire CCG 	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • Dr Avi Prasad, Co-Chair, Leicester City CCG • Ms Fiona Barber, Independent Lay Member, East Leicestershire and Rutland CCG • Mrs Michelle Iliffe, Director of Finance and Deputy Managing Director, Leicester City CCG <p>The Chair confirmed that the meeting was quorate</p>	
CCBP/19/65	<p>Notification of Any Other Business</p> <p>Dr Pulman had not received notification of any other business for discussion.</p>	
CCBP/19/66	<p>Declarations of Interest on Agenda Items</p> <p>Dr Pulman reminded members of their obligation to declare any interest they may have on any business arising at the meeting which might conflict with the business of NHS Leicester City CCG, East Leicestershire and Rutland CCG or West Leicestershire CCG.</p> <p>Ms Adams highlighted conflict under item CCBP/19/70: 'Rituximab in treatment of secondary autoimmune anaemia'. She informed that she sits on the National NHSE Clinical Reference Group for Blood & Marrow Transplantation as a member of the CRG. She stated that she has been involved in advising NHS England on the commissioning of Rituximab for other haematological diseases, although not for the auto-immune disease as highlighted in the paper. Furthermore she informed that she is a member of European Society for Blood and Marrow Transplantation and recently also co-authored an article on general information for patients and carers considering haematopoietic stem cell transplantation for severe autoimmune disease.</p> <p>Dr Pulman requested the declaration to be recorded and informed that as there is no direct conflict with the paper C, no further action was required to be taken at this moment in time.</p> <p>No further conflicts of interest were declared.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the conflicts of interest declared. 	
CCBP/19/67	<p>To receive questions from the Public in relation to the items on the agenda only</p> <p>There were no questions received in advance of the meeting; and Mr Illsley and Ms Mackinson confirmed they did not have any questions in relation to the items on the agenda.</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/19/68	<p>To APPROVE the minutes of the Public Commissioning Collaborative Board (CCB) meeting held on 18 July 2019(Paper A)</p> <p>The minutes of the Public CCB meeting held in July 2019 were approved as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the public CCB meeting. 	
CCBP/19/69	<p>To RECEIVE the Matters Arising: actions from Commissioning Collaborative Board held on 18 July 2019 (Paper C)</p> <p>There were no outstanding matters arising following the meeting held in July 2019.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the action log and note the progress to date. 	
CCBP/19/74	<p>To RECEIVE Progress Update on 2019/20 QIPP Schemes (Paper G)</p> <p>Mr Gay presented the paper outlining progress update at Month 4 from the Leicester Leicestershire and Rutland (LLR) Programme Management Office (PMO) on the Finance QIPP position. He stated that LLR CCGs are forecasting an under delivery of the QIPP plan for 2019/20 of £15.045m, of which £10.989m is attributed to unidentified QIPP. He highlighted that East Leicestershire and Rutland (ELR) CCG and West Leicestershire (WL) CCG have unidentified QIPP schemes which is amounting to £6.166m and £4.823m respectively.</p> <p>Furthermore Mr Gay reported that the Senior Responsible Officers (SROs) are forecasting QIPP delivery of £50.918m which is reported formally on a monthly basis. The LLR PMO undertakes a monthly assurance exercise reviewing workbook submissions alongside their knowledge of schemes to RAG rate delivery across a number of categories. The PMO have provided an assured value which represents the amount of QIPP savings that will be delivered at month 4 and the assured value for LLR QIPP delivery is predicted at £42.967m.</p> <p>CCB collectively noted that the shortfall in QIPP Delivery against requirement is clearly going to have a detrimental impact on the CCG's ability to achieve their financial targets within 2019/20. Mr Gay informed that work is being undertaken to identify further efficiency opportunities which have been incorporated into a System Financial Recovery Plan (FRP) to ensure achievement of financial targets. He stated that the FRP have been submitted to NHS England and NHS Improvement on 31 July 2019 which outlined the size of the financial gap across the system and how the system intends to manage the risk. He noted that the estimated financial gap across LLR is £28.9m and explained how this will be managed by implementation of further efficiency QIPP schemes. In terms of next steps, Mr Gay explained that some PMO workshops have been arranged towards the end of August 2019 which will concentrate on Project Finances and QIPP.</p>	

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	<p>He stated that planning workshops are proposed for early autumn to support the development of the local response to the NHS Long Term Plan, with further details to be released closer to the time.</p> <p>Dr Pulman summarised the progress update provided by Mr Gay and at the same time acknowledged the concerns raised and the actions that are being taken to mitigate the financial gaps as much as they can.</p> <p>Dr Tim Daniel joined the meeting</p> <p>Mr Haq queried if there were many CCGs that are in the similar position as the LLR CCGs. Mr Gay stated that there are other CCGs who are experiencing similar concerns as the LLR CCGs mainly around growth in activity in the acute sectors.</p> <p>Dr Montgomery echoed Dr Pulman's comments with regards to PMO taking relevant actions to mitigate the financial gap. Furthermore she highlighted that there was a recent tweet on twitter in regards to SDEC at the Glenfield hospital using an e-system to assist with same day discharge process and suggested to explore this option to understand what the impact is and if there is an opportunity to further expand the process in other areas.</p> <p>Dr Pulman thanked Mr Gay for the progress report.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE and DISCUSS the content of this report 	
CCBP/19/70	<p>To APPROVE Rituximab in treatment of secondary Autoimmune Haemolytic Anaemia (Paper C)</p> <p>Dr Tim Daniel presented the policy which defined LLR CCGs' commissioning position on Rituximab as part of the treatment pathway for adult patients with secondary AIHA. He explained that AIHA is a rare condition caused by autoantibodies directed against a person's own red blood cells. Approximately half of AIHA cases are primary and half are secondary to other conditions. CCGs only have commissioning responsibility for the secondary AIHA cases in adults.</p> <p>Dr Daniel stated that Rituximab is not licensed for this indication however it is widely used in the UK. Furthermore he added that the British Society for Haematology recommends the use of rituximab as a second line treatment for the treatment of warm AIHA, mixed AIHA and paroxysmal cold haemoglobinuria after first line corticosteroids. He stated that these recommendations have now been adopted by a number of CCGs in England. The cost of a single four-week course of treatment is estimated at circa £4400, but this is offset by a reduced need for transfusions and other second line treatments such as immunoglobulins or a splenectomy. Dr Daniel informed that Rituximab is an excluded high cost drug and approving a commissioning policy for its use as described by</p>	

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	<p>this policy commits the LLR CCGs to additional recurrent spend on an annual basis.</p> <p>He highlighted that the Head of Haematology at UHL has signed off this policy and UHL has been funding the cost of Rituximab internally to date for a small group of patients who are on the secondary AHIA, however CCGs elsewhere are now introducing commissioning policies based on the evidence and the recommendations from the British Society for Haematology, hence the recommendation for LLR CCGs to approve the Rituximab AIHA policy for the LLR population.</p> <p>Mr Haq queried what would happen to those patients with this condition if the treatment was not offered. Dr Daniel explained that these patients would suffer from ongoing severe anaemia and frequent admissions into hospitals for blood transfusions.</p> <p>Dr Pulman queried if this should have gone through UHL's internal processes rather than through commissioning processes. Dr Daniel informed that a gap was noticed recently when a request was followed up via the Individual Funding Request (IFR) process. This is when it was suggested that a commissioning policy to be written in order to support the small group of patients with this rare condition.</p> <p>Ms Sarah Smith joined the meeting</p> <p>There was further debate from CCB members in regards to the drug not being approved by the National Institute of Health and Care Excellence (NICE) which posed a cause for concern. For this reason CCB did not feel comfortable in approving the policy. Furthermore Dr Pulman questioned if the policy had been through the Leicestershire Medicines Strategy Group (LMSG) and should the policy be approved by them. Mr Sacks informed that LMSG do not have decision making power and even if the policy is reviewed at LMSG the approval would need to take place at CCB or any other appropriate committees within the CCGs. Ms Lock added that it is vital to understand that the policy has been through LMSG's process and also the contracting team to understand in terms of where does the budget for this treatment sit with.</p> <p>CCB did not approve the policy and requested Mr Sacks to check if the policy has been through the LMSG and that they are happy with the contents. The policy does not need to come back to CCB for approval if LMSG are happy with the policy.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOT APPROVE the Leicester, Leicestershire and Rutland Commissioning Policy: Rituximab in the Treatment of Secondary Autoimmune Haemolytic Anaemia <p>Dr Daniel left the meeting</p>	<p style="text-align: center;">Mr Sacks</p>

ITEM	DISCUSSION	LEAD RESPONSIBLE
CCBP/19/71	<p>To APPROVE Leicester, Leicestershire and Rutland (LLR) Falls Programme (Paper D)</p> <p>Ms Sarah Smith presented the paper which highlighted that nationally falls and fall-related injuries are a common and serious problem for older people. With the elderly population increasing year on year, there is a need to ensure that older people can access prevention of falls and treatment following a fall as quickly as possible to reduce the risk of injurious falls and the need for subsequent hospital admission.</p> <p>The report provided a summary of the LLR Falls Programme and a recommendation that two of the five projects within it are commissioned recurrently.</p> <p>Recurrent funding was requested for the following two programmes.</p> <ul style="list-style-type: none"> • Postural Stability and Exercise: This is a 24 week exercise programme comprising of tailored seated and standing exercises. The report requests that funding for this component of the Falls Programme is made recurrent and the service to proceed as usual in 2020/21, without further annual business cases. • Currently the service is provided by Leicestershire & Rutland Sport, and has been embedded within Leicestershire County and Rutland since March/April 2018. 40 courses (of up to 14 patients each course) have been funded for 2019/20. The service accepts both step up and step down referrals. <p>Ms Smith highlighted that the recurrent funding request for this programme was for the two County CCGs only. Leicester City CCG has made a £100k non-recurrent investment from Better Care Fund (BCF) monies for an initial one year period from 1st April 2019 whilst it assesses the patient outcomes.</p> <ul style="list-style-type: none"> • Therapy Triage Service: This service has been live for two years for the County CCG patients, which aims to triage referrals in a timely manner to ensure intervention(s) by an appropriate clinician, removing inappropriate acute first outpatient referrals. The service lead is now working with the LHS PRISM team to develop a PRISM electronic referral form for cascade across LLR GP practices. This will ensure that the patient is referred to the right place, first time and remove any unnecessary delays in patient waiting times. Once again the paper requested that the funding for this component of the Falls Programme is made recurrent and the service to proceed as usual in 2020/21. <p>Once again Ms Smith highlighted that the recent funding for this programme was for the two County CCGs only. Leicester City CCG continues to commission the UHL Falls Service for</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>its population and has no access to the LPT Therapy Triage Service.</p> <p>Mr Gay stated that the paper does not demonstrate what benefits would be seen; should the funding be made available on a recurrent bases. It was noted that there was no evidence presented in terms of benchmarking carried out against other similar programmes. Ms Smith informed that one of the biggest benefits would be seen if funding was made recurrent is that the programmes would continue on a rolling programme and at the same time retain workforce, which is currently an issue.</p> <p>Dr Pulman asked if there were any alternative services which could provide this service. Ms Smith informed that there are no alternative services available which can provide a tailored service.</p> <p>Dr Ker informed that Public Health England have recently published health and balance quality markers, which highlights good Key Performance Indicators (KPIs) and better outcomes for the future programmes. He added that he would support the paper however should funding be made recurrent if benefits cannot be demonstrated is debatable.</p> <p>There was some further debate with regards to approving the funding on a recurrent basis; however there was no evidence to demonstrate benefits.</p> <p>Dr Montgomery reiterated on paragraph 4 on page 5 of the report, under the therapy triage service where it states that the service has been live for two years for the County patients, however after 2years the service is still trying to aim to triage referrals in a timely manner for interventions and trying to remove inappropriate acute first outpatient referrals. She commented that what guarantee would be provided that by making the funding recurrent, the pathway issue would be resolved. She stated that the pathway issue should be resolved in order to ensure that patients are triaged through the right pathway in first time.</p> <p>Ms Adams asked if other alternate executive programmes had been explored and compared to see if similar benefits could be achieved. Ms Smith informed that other similar services are also using the East Midlands programme, which the CCGs are following.</p> <p>Mr Haq suggested that if funding is provided it may be useful to visit these services periodically to see how the service is working. Mrs Trevithick informed that it is also vital to understand if there is an opportunity to take this work via the</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>RightCare model. Ms Smith informed that discussions are underway with the appropriate colleagues in the RightCare team to understand if there are any opportunities to take these programmes via the right model.</p> <p>Mr Gay informed that he was supportive of the service but would not agree to approve funding on a recurrent basis as there was no evidence to highlight any specific benefits to the patients. Furthermore he stated that funding was already made available via the BCF on an annual basis.</p> <p>CCB therefore did not approve the recurrent funding for the two programmes, however agreed the running of the pilot as indicated in the report. Dr Pulman also signposted Ms Smith to explore developing of an App via the Digital IT Hub.</p> <p>It was agreed that Ms Smith to:</p> <ul style="list-style-type: none"> • Compare the outcomes between the County and the City Services; • Compare the information with the RightCare Data; • Gather evidence which highlights specific benefits to patients; • Lastly once the above actions have been completed to bring an updated report back to CCB. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOT APPROVE the request for funding in respect of project (i) Postural Stability and Exercise to become recurrent from 1st April 2020 for the ELR CCG and WL CCG registered populations. • NOT APPROVE the request for funding in respect of project (iv) Therapy Triage Service to become recurrent from 1st April 2020 for the ELR CCG and WL CCG registered populations. <p>Ms Smith left the meeting.</p>	
CCBP/19/72	<p>To AGREE the Draft Leicester Leicestershire and Rutland Cancer Strategy (Paper E)</p> <p>Mr Paul Gibara and Ms Hannah Hutchinson joined the meeting</p> <p>Dr Pulman welcomed Mr Gibara and Ms Hutchinson to the meeting.</p> <p>Mr Gibara presented the draft cancer strategy highlighting the key points. He stated that the strategy will aim to improve cancer outcomes, enhance and improve the experience of patients living with cancer. He noted that this will be a live</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>strategy which will be adapted to reflect the ever-changing advances in cancer care. Ms Hutchinson highlighted that the vision of the strategy in LLR is to support preventing people getting cancer, to ensure patients are diagnosed early and receive high quality and timely treatment and to ensure their cancer journey is a positive experience for those living with and beyond cancer. Mr Gibara explained that this will be achieved by delivery of the 4 main key strategic aims with the priority being improving the experience of our patients. The 4 key strategic aims are:</p> <ul style="list-style-type: none"> • Focus on prevention • Improve early diagnosis • Ensure access to treatment of excellence • Deliver the personalised care agenda <p>Ms Hutchinson informed that in order to support some of the innovative work within the Cancer Strategy; funding is being provided throughout 2019/20 from the East Midlands Cancer Alliance (EMCA) and LLR are receiving £1,038,862. She explained that this is in addition to the £947,334 received in 2018/19 which was allocated to the following areas:</p> <ul style="list-style-type: none"> ○ Early Diagnosis <ul style="list-style-type: none"> ▪ Colorectal Cancer Pathway Redesign ▪ Lung Cancer Pathway Redesign ▪ Prostate Cancer Pathway Redesign ○ Living With Cancer (LWC) <ul style="list-style-type: none"> ▪ Recovery Package ▪ Risk Stratified Follow Up <p>Ms Hutchinson and Mr Gibara informed that a task and finish group has been set up which is the link between the Cancer Alliance and the strategy and is accountable for the delivery of the aims stated above. It was highlighted that in terms next steps; once the principles of the strategy has been approved by the CCB reflecting the strategic direction of the system then the strategy will go to the LLR System Leadership Team for formal approval. It will also go to the East Midlands Cancer Alliance Board meeting in October 2019 for endorsement.</p> <p>Ms Adams asked what level of public and patient engagement has been carried out to date and moving forward what plans are in place for engaging with wider public and patients. Ms Hutchinson explained that whilst patient feedback has been incorporated into the Cancer Strategy to date, engagement still needs to be undertaken with Healthwatch around the document. The Leicester City CCG Communications team has also agreed to develop a public facing document to reflect the essence of the Cancer Strategy. Furthermore Mr Gibara informed that patient members have been on the board and have already conducted engagement however further wider engagement is still pending. Ms Hutchinson added that so far 24 public events have taken place and there is a survey on survey monkey which is set up at the practices for</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>patients to complete. Survey questionnaires have also been sent to those who do not have access to computers to complete the survey. Engagement has also been undertaken via the voluntary sectors, libraries, hospitals and in the community. All the information received will be collated. Ms Adam offered to support with elements of engagement if needed. Ms Hutchinson appreciated Ms Adam's offer and agreed to have further discussions with her outside of the meeting. Ms Hutchinson was asked to share the survey monkey link with the CCB members.</p> <p>Professor Farooqi informed that the City population is diverse and need to be mindful that the health and equalities section in the strategy is made explicit and covers the wider population and their needs. Mr Gibara informed that he is aware of the gap around the integration and wider prevalence and are currently working on it to ensure that the strategy covers the LLR population demographics. Furthermore he added that work is also underway to see how integration and engagement with Primary Care Networks (PCNs) and localities could be carried out going forward.</p> <p>Further comments received such as:</p> <ul style="list-style-type: none"> • The pathway needs to be made explicit in respect of transferring care safely; • Need to target the right audience in terms of wider engagement; • Utilising appropriate media channels; • The strategy forms a strong foundation, however what measures or indicators are or will be put in place to drive the delivery. <p>Mr Gibara explained that a number of improvements are being noted within the cancer pathway and there are good markers in place however acknowledged that this is a big piece of work to focus on the wider elements of cancer to drive delivery and improve the whole of the cancer pathway.</p> <p>Dr Pulman summarised the discussion and went through the recommendations. In terms of approval of the strategy CCB agreed that it would be more appropriate to take the strategy for approval at the Senior Leadership Team (SLT) and not through the CCGs respective governance arrangements.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • Agree the principles of the cancer strategy for LLR recognising the extensive work with partners in the creation of the document and the further engagement to be undertaken. • NOTE that the cancer strategy will need comments from the Senior Leadership Team, following which each organisation would need to approve it through respective governance arrangements. <i>(It was agreed</i> 	<p>Ms Hutchinson</p>

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p><i>by CCB that the approval of the strategy could be taken via SLT and not through the respective governance arrangements as SLT is a more appropriate forum to approve the strategy).</i></p> <ul style="list-style-type: none"> • NOTE the financial allocation received from the East Midlands Cancer Alliance and how the spend reflects the LLR Cancer Strategy. <p>Mr Gibara and Ms Hutchinson left the meeting.</p>	
<p>CCBP/19/73</p>	<p>To APPROVE the Emergency Preparedness, Resilience and Response (EPRR) – update on core standards (Paper F)</p> <p>Mrs Yasmin Sidyot joined the meeting</p> <p>Mrs Sidyot informed that the NHS England Core Standards for emergency preparedness, resilience and response (EPRR) sets out clearly; the minimum EPRR standards which NHS Organisations and providers of NHS-funded care must meet. She stated that the Core Standards will also enable agencies across the county to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance process.</p> <p>Mrs Sidyot informed that the purpose of the EPRR Annual Assurance Process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards. She stated that the CCGs undertook a self-assessment against the relevant individual core standards and rated their compliance. In addition to this CCGs were also required to undertake a self-assessment against this year's EPRR assurance deep dive standards which focused on Severe Weather. The self-assessment was undertaken by the Operational Resilience & Emergency Planning Officer in conjunction with leads from each CCG.</p> <p>Mrs Sidyot stated that the CCGs have their own Incident Co-ordination Centre (ICC) and identified the venues that will be utilised for dealing with minor and major incidents.</p> <p>Mrs Trevithick queried the training exercises and how have they been developed. Mrs Sidyot explained how the training exercised have been developed which included some real scenarios and how they would be worked through. Dr Montgomery informed that looking at the information, it only highlights measures for acute pressures via the OPAL however there are no measures highlighted in respect of primary care pressures and how they could be resolved. Mr</p>	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	<p>Sacks informed that NHS England is working on devising a system which has the denominator around Primary Care which would support in capturing useful datasets and trends that could be incorporated as part of the wider EPRR standards. Mr Williams asked what the process is when OPAL 4 triggers. Mrs Sidyot explained what the process was. Dr Montgomery stated that similar process should be in place for primary care as well.</p> <p>Mrs Sidyot informed that this Core Standards Declaration will now be presented at the respective Governing Body meetings in September 2019, for formal approval and sign off for submission to NHS England. NHS England have however agreed that the self-assessment can be submitted and sign off can be done retrospectively to meet the tight submission deadline of Friday 30 August 2019.</p> <p>CCB members informed that as the EPRR core standards have been discussed via the appropriate Governance forums in each of the three CCGs they could be approved at CCB. It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and SIGN OFF the CCG self-assessment against the 2019/20 NHS EPRR Core Standards and the CCG Major Incident Plan and ICC Plan. <p>Mrs Sidyot left the meeting.</p> <p>Public meeting concluded at 2:25pm</p>	
<p>Date of Next Meeting Thursday 19 September 2019, 4th Floor – Conference Room, St John’s House, 30 East Street, Leicester, LE1 6NB</p> <p>LCCCG to Chair the meeting from September – December 2019 Inclusive.</p>		

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Leicester, Leicestershire and Rutland (LLR) CCGs Commissioning Collaborative Board (CCB)

Key

Public Action Log

Completed	On-Track	No progress made
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Minute No	Meeting Date	Item	Responsible Officer	Action Required	To be completed by	Progress as at 17 October 2019	Status
CCBP/19/70	22 August 2019	Rituximab in treatment of secondary Autoimmune Haemolytic Anaemia	Tim Sacks	To check if the policy has been through to LMSG and are happy with the contents	September 2019 October 2019	To provide update	AMBER
CCBP/19/72	22 August 2019	the Draft Leicester Leicestershire and Rutland Cancer Strategy	Hannah Hutchinson	To share the survey link to the CCB members	September 2019	Survey monkey link has been circulated to CCB members. Action closed.	GREEN

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COMMISSIONING COLLABORATIVE BOARD MEETING

Front Sheet

Paper C

Title of the report:	Cataract Surgery Service options post April 2020
Report to:	Commissioning Collaborative Board Meeting
Section:	Public
Date of the meeting:	17 th October 2019
Report by:	Minesh Mistri, Contract and Provider Performance Manager, Leicester City CCG
Sponsoring Director:	Michelle Iliffe – Executive lead for the Alliance contract Ket Chudasama – Executive lead for Planned Care
Presented by:	Gemma Barker, Senior Contracts Manager, Leicester City CCG

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				
Manager				CPP ELT

Received by CCG (sub-group or equivalent) prior to CCB:

City	East	West
CPP/ELT		

SUMMARY:

1. The purpose of this paper is to present a proposal on an approach to be taken from April 2020 with regard to cataract surgery activity currently provided by the Independent Sector, as the contract is due to end 31st March 2020.

The option to undertake a contract variation as permissible under the current Alliance Contract is deemed the best approach for Leicester Leicestershire and Rutland (LLR)

to ensure the Cataract Surgery service is delivered across LLR as a seamless service.

NHS MLCSU Procurement Team have provided procurement advice to ensure that the option is within the procurement rules and regulations and have been involved in the process.

2. The contract to be offered will be on the same terms and conditions of the existing Alliance contract which will end on 31st March 2021.

The proposal was endorsed at the Competition and Procurement panel (CPP) 26th September 2019. This has been further supported by Executive Leadership Team (ELT) 7th October 2019.

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to:

- **AGREE** to the existing LLR AQP Cataract Surgery activity to be subsumed into the Alliance contract via a contract variation when the Newmedica contract expires on the 31st March 2020.
- **NOTE** that this is permissible under the current tender and OJEU tender process for the contract with the Alliance.
- **NOTE** that the contract variation will be under the exact same terms and conditions which are in place already with the Alliance which ends 31st March 2021 and will not be extended as this contract has been extended twice already.
- **NOTE** that the above approach will require a focused group to progress including, review of quality schedules, service specification and Key Performance Indicators.
- **SEEK** engagement advice about whether consultation/engagement will need to be undertaken.

REPORT HEADING

1. Introduction

The purpose of this paper is to present a proposal on an approach to be taken from April 2020 with regard to cataract surgery activity currently provided by the Independent Sector, as the contract is due to end 31st March 2020.

A previous paper presented to ELT set out a proposal to procure cataract services as the current IS contract is due to end in March 2020. ELT requested that a different approach be explored that would include the AQP activity within the Alliance contract which already provides cataract services across LLR.

The option to undertake a contract variation as permissible under the current Alliance Contract is deemed the best approach for LLR to ensure the Cataract Surgery service is delivered across LLR as a seamless service.

NHS MLCSU Procurement Team have provided procurement advice to ensure that the option is within the procurement rules and regulations and have been involved in the process.

The contract to be offered will be on the same terms and conditions of the existing Alliance contract which will end on 31st March 2021.

The proposal was endorsed at the Competition and Procurement panel (CPP) 26th September 2019. This has been further supported by Executive Leadership Team (ELT) 7th October 2019.

2. Cataract Procedures

The current provision is for a local cataract surgery service for any LLR patient with a cataract diagnosis in line with the LLR Approved Referral Pathway (ARP) Policy. Cataract Surgery involves the replacement of the cloudy lens in the affected eye with an artificial one. This can be carried out in one or both eyes dependent on the nature of the patient's visual acuity and lifestyle. The procedure for the second eye, if required, would be conducted separately usually 6-12 weeks apart¹.

The operation itself is a straightforward procedure which is the most common operation performed in the UK, with a high success rate for improvement to patient's vision. This was part of the reason to move the activity away from UHL originally as it allowed capacity to be freed up for more complex patients requiring an acute setting for treatment.

¹ <https://www.nhs.uk/conditions/cataract-surgery/>

The more complex ophthalmology procedures are still commissioned for LLR patients mainly within the UHL contract.

Access for all cataract referrals is direct from GP/Optomtrist via Referral Support Service (RSS) where a choice of provider is offered, according to a set of clinical criteria, patients can choose from a variety of providers unless the patient's condition requires more specialist or complex procedures which are only carried out by NHS secondary care providers. (e.g. UHL, Peterborough etc.)

Patients are referred to the service from a GP or Optometrist through the RSS (formerly the Cataract Booking Management Centre) and who meet the ARP criteria. A review of the effectiveness of this pathway recently undertaken is supported by a new service specification to support the decision making processes, to support ensuring that patients are directed to the appropriate provider first time. Previously 20% of patients initially chose a provider, who due to the patient's clinical condition could not carry out the procedure, resulting in duplication of first appointments.

Patients are offered a choice of service providers through the RSS. The specification for the service is to provide a pre-operative appointment, assessment for surgery and surgical procedure. Routine follow up is provided by a suitably accredited high street Optometrist from a choice of qualified providers closer to the patient's home.

The existing service specification is currently being updated to reflect the new Referral Support Service process, with a review of the existing clinical pathway

3. Background

A procurement exercise was carried out in 2014 for a cataract surgery service and the successful bidders were Newmedica Ltd. and Circle.

The contracts were awarded to the two providers on an Any Qualified Provider (AQP) zero based contract value, with activity paid at tariff – the contracts commenced on 1st April 2015 on 3 + 1 year basis.

The Circle contract was terminated on 29th July 2019, due to the re-awarding of the contract for the Nottingham Treatment Centre to Nottingham University Hospitals following legal challenge. There was minimal activity with this provider, which has now been absorbed by other providers but mainly into the UHL Pillar.

New Medical (trading as Newmedica) is a subsidiary of Specsavers, operating from Stonegate Eye Hospital on London Road, Leicester and undertakes approx.£2m worth of cataract activity. The extension option was taken up for the financial year 2019/20 and their contract expires on 31st March 2020.

Please note that in terms of making this decision each CCG will have a conflict as each organisation is a partner of the Alliance and this has been mitigated by securing external M&L CSU advice and approval at the CPP which .

Two planned care team members have conflicts due to having split Senior Management roles across Alliance & LLR CCGs and this has been managed by enabling them to input into developing a proposal but not involved in any decisions and should not be involved in the final recommendations of the chosen commissioning option.

4. Proposal for on-going provision of cataract services in LLR

The Alliance have stated that there is sufficient capacity within the Alliance to absorb the activity that is undertaken by Newmedica.

Procurement advice has confirmed that it is within procurement rules to approve a contract variation to enable the existing LLR AQP Cataract Surgery service to be subsumed into the Alliance contract when it expires on the 31st March 2020. This is because the original OJEU when the Alliance Partnership was procured stated that it would be permissible to add additional elective services to the Alliance over the life of the contract.

The existing contract with Newmedica is due to expire in March 2020. Under the NHS standard Contract, formal notice is not required between Commissioner and Provider. It is good practice however to give notice to the incumbent supplier. The acute contract team will manage the process and will provide formal notice to Newmedica to ensure exit arrangements, including TUPE implications, facilities, equipment and full handover within a structured mobilisation commences to ensure a seamless service is transferred to the Alliance.

Alliance will continue to provide a cataract service from the London Road site that Newmedica operate their service from. Engagement/consultation advice will need to be sought to determine if engagement/consultation is required based on the circumstances set out in this report.

RECOMMENDATIONS

The Commissioning Collaborative Board is asked to:

- **AGREE** to the existing LLR AQP Cataract Surgery activity to be subsumed into the Alliance contract via a contract variation when the Newmedica contract expires on the 31st March 2020.
- **NOTE** that this is permissible under the current tender and OJEU tender process for the contract with the Alliance.
- **NOTE** that the contract variation will be under the exact same terms and conditions which are in place already with the Alliance which ends 31st March 2021 and will not be extended as this contract has been extended twice already.
- **NOTE** that the above approach will require a focused group to progress including, review of quality schedules, service specification and Key Performance Indicators.
- **SEEK** engagement advice about whether consultation/engagement will need to be undertaken.

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LLR Programme Management Office (PMO) and Finance QIPP Report

Paper D

Title of the report:	LLR Programme Management Office (PMO) and Finance QIPP Report
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	17 October 2019
Report by:	Sarah Ferrin, Acting Head of PMO Nigel Brady, PMO Manager
Sponsoring Director:	Spencer Gay, CFO West Leicestershire CCG
Presented by:	Spencer Gay, CFO West Leicestershire CCG

Report supports the following LLR CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	
Use our resources wisely	✓		

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician	N/A	N/A	N/A	
Manager	PMO – C Nixon	PMO – C Richardson	PMO – N Brady	QAG, CFO's

EXECUTIVE SUMMARY:

Leicester, Leicestershire and Rutland (LLR) CCGs are forecasting an under delivery of the QIPP plan for 2019/20 of £18.275m, of which £10.989m is attributed to unidentified QIPP. This has moved adversely by £0.516m from last month.

LC CCG is reporting an under delivery against plan of £2.277m, ELR CCG is reporting an under delivery of £8.191m and WL CCG an under delivery of £7.806m. ELR CCG and WL CCG have unidentified QIPP amounting to £6.166m and £4.823m respectively.

SROs are forecasting QIPP delivery of £47.688m which is reported formally on a monthly basis. The LLR PMO undertakes a monthly assurance exercise reviewing workbook submissions alongside their knowledge of schemes to RAG rate delivery across a number of categories. In addition the PMO provides an 'assured value' which represents the amount of QIPP savings that the PMO is confident will be delivered – at month 6, the 'assured value' for LLR QIPP delivery is £44.840m.

This shortfall in QIPP Delivery against requirement is clearly going to have a detrimental impact on the CCG's ability to achieve their financial targets within 2019/20. Work has been

undertaken to identify further efficiency opportunities which have been incorporated into a System Financial Recovery Plan to ensure achievement of financial targets.

Executive Summary										
Program Area	QIPP	Planning Stage				M6 YTD Actual			M6 SROs FOT	
	2019/2020 QIPP Target	Pipeline	Design	Developed	% Developed to QIPP Target	YTD Plan Target	YTD Target Achieved	% YTD Target Achieved	M6 FOT	% Target Achieved
	Acute Services	£ 17,707.21	£ 410.69	£ 2,000.00	£ 15,296.52	86%	£ 6,260.22	£ 3,829.36	61%	£ 11,422.82
Community Health services	£ 5,567.02	£ -	£ 1,196.91	£ 4,370.11	78%	£ 2,848.35	£ 2,423.00	85%	£ 4,642.14	83%
Continuing Care services	£ 8,000.00	£ -	£ -	£ 8,000.00	100%	£ 3,995.32	£ 4,466.94	112%	£ 10,000.21	125%
Mental Health Services	£ 4,381.17	£ -	£ 1,077.96	£ 3,303.21	75%	£ 2,362.76	£ 1,921.16	81%	£ 3,509.55	80%
Prescribing	£ 14,577.98	£ -	£ 942.73	£ 13,635.25	94%	£ 8,514.66	£ 8,383.86	98%	£ 14,082.85	97%
Primary Care	£ 3,750.49	£ 326.31	£ -	£ 3,424.18	91%	£ 2,004.74	£ 1,751.05	87%	£ 3,303.09	88%
Running costs	£ 990.20	£ 216.00	£ 700.00	£ 74.20	7%	£ 130.86	£ 167.48	128%	£ 727.20	73%
Unidentified	£ 10,988.66	£ 10,988.66	£ -	£ -	0%	£ 5,397.16	£ -	0%	£ -	0%
Total	£ 65,962.72	£ 11,941.66	£ 5,917.61	£ 48,103.45	73%	£ 31,514.08	£ 22,942.84	73%	£ 47,687.86	72%

19/20 Plan vs M6 FOT By CCG

CCG	Plan	FOT	Assured Value
ELR	£26,000.00	£15,000.00	£10,000.00
WL	£22,000.00	£12,000.00	£8,000.00
LC	£18,000.00	£10,000.00	£6,000.00

PMO Risk RAG Rating

Service	Risk Rating
Acute Services	Medium Risk
Community Health services	Medium Risk
Continuing Care services	Low Risk
Mental Health Services	Medium Risk
Prescribing	Low Risk
Primary Care	Low Risk
Running costs	Medium Risk
Unidentified	High Risk

RECOMMENDATIONS:

- The Commissioning Collaborative Board is asked to:
- **NOTE** and **DISCUSS** the content of this report

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Appendix 3: Full ELR CCG QIPP Dashboard

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 5: Full LC CCG QIPP Dashboard

1. QIPP Delivery

1.1 Introduction:

SRO's have submitted workbooks for QIPP schemes, including risk adjusted forecasts of the likely financial delivery for the year. These workbooks have been reviewed and their contents analysed by the LLR PMO. This report highlights key points and items of interest from these workbooks.

1.2 Month 6 Position

Month 6 position as reported by SRO's at the start of October indicated QIPP achievement of £22.943m year to date and forecast £47.688m achievement by the end of the year against plans of £31.514m and £65.963m respectively. This is shown at summary level in tables 1 and 2 below.

Table 1: Month 6 Year to Date Delivery:

Workstream	M6 YTD (£'000)															
	East CCG				West CCG				City CCG				LLR			
	Plan	Deliveries	Variance	% of Target achieved	Plan	Deliveries	Variance	% of Target achieved	Plan	Deliveries	Variance	% of Target achieved	Plan	Deliveries	Variance	% of Target achieved
CHC	(£1,195)	(£1,644)	(£449)	6.2%	(£1,116)	(£1,010)	£106	4.5%	(£1,685)	(£1,813)	(£128)	10.7%	(£3,995)	(£4,467)	(£472)	6.8%
Children's	(£116)	£0	£117	0.0%	(£129)	(£0)	£128	0.0%	(£133)	(£4)	£129	0.0%	(£378)	(£4)	£374	0.0%
Community Health	(£1,464)	(£1,204)	£260	4.5%	(£1,410)	(£1,038)	£371	4.6%	(£1,515)	(£1,182)	£333	7.0%	(£4,388)	(£3,424)	£964	5.2%
Contracting	(£854)	(£800)	£54	3.0%	(£833)	(£694)	£139	3.1%	(£747)	(£758)	(£11)	4.5%	(£2,434)	(£2,252)	£182	3.4%
Corporate	(£57)	(£93)	(£37)	0.4%	(£74)	(£74)	£0	0.3%	£0	£0	£0	0.0%	(£131)	(£167)	(£37)	0.3%
Integrated Teams	(£265)	£52	£318	-0.2%	(£248)	£54	£301	-0.2%	(£115)	£32	£147	-0.2%	(£628)	£138	£766	-0.2%
Medicines Management	(£2,882)	(£3,001)	(£119)	11.3%	(£2,816)	(£2,711)	£105	12.1%	(£2,816)	(£2,672)	£145	15.8%	(£8,515)	(£8,384)	£131	12.7%
Mental Health	(£276)	(£250)	£27	0.9%	(£149)	(£122)	£27	0.5%	(£27)	(£278)	(£251)	1.6%	(£452)	(£649)	(£198)	1.0%
Planned Care	(£709)	(£459)	£251	1.7%	(£678)	(£522)	£156	2.3%	(£761)	(£493)	£268	2.9%	(£2,149)	(£1,474)	£675	2.2%
Primary Care	(£1,512)	(£1,469)	£43	5.5%	(£501)	(£314)	£187	1.4%	(£360)	(£336)	£24	2.0%	(£2,372)	(£2,119)	£254	3.2%
Unidentified	(£3,045)	£0	£3,045	0.0%	(£2,353)	£0	£2,353	0.0%	£0	£0	£0	0.0%	(£5,397)	£0	£5,397	0.0%
Urgent Care	(£201)	(£8)	£193	0.0%	(£232)	(£113)	£119	0.5%	(£243)	(£20)	£223	0.1%	(£675)	(£141)	£534	0.2%
YTD	(£12,575)	(£8,875)	£3,700	33%	(£10,537)	(£6,544)	£3,992	29%	(£8,402)	(£7,524)	£879	44%	(£31,514)	(£22,943)	£8,571	35%

Table 2: Month 6 Forecast Out-turn:

Workstream	M6 FOT (£'000)															
	East CCG				West CCG				City CCG				LLR			
	Plan	Deliveries	Variance	Monthly Movement	Plan	Deliveries	Variance	Monthly Movement	Plan	Deliveries	Variance	Monthly Movement	Plan	Deliveries	Variance	Monthly Movement
CHC	(£2,347)	(£3,439)	(£1,091)	(£500)	(£2,296)	(£2,604)	(£308)	(£541)	(£3,357)	(£3,957)	(£600)	(£458)	(£8,000)	(£10,000)	(£2,000)	(£1,500)
Children's	(£233)	(£12)	£221	£3	(£257)	(£13)	£245	£1	(£266)	(£21)	£244	£4	(£756)	(£46)	£710	£9
Community Health	(£2,800)	(£2,227)	£572	£29	(£3,225)	(£2,438)	£787	£163	(£2,995)	(£2,349)	£646	£17	(£9,020)	(£7,015)	£2,005	£209
Contracting	(£1,660)	(£1,553)	£108	£0	(£1,555)	(£1,278)	£278	£0	(£745)	(£772)	(£27)	£0	(£3,960)	(£3,602)	£358	£0
Corporate	(£916)	(£653)	£263	(£168)	(£74)	(£74)	£0	£0	£0	£0	£0	£0	(£990)	(£727)	£263	(£168)
Integrated Teams	(£755)	(£220)	£536	£275	(£651)	(£157)	£494	£288	(£448)	(£204)	£244	£63	(£1,855)	(£581)	£1,274	£626
Medicines Management	(£4,956)	(£5,043)	(£87)	£122	(£4,811)	(£4,760)	£51	£139	(£4,811)	(£4,280)	£531	£212	(£14,578)	(£14,083)	£495	£473
Mental Health	(£326)	(£306)	£20	£7	(£180)	(£160)	£20	£7	(£53)	(£369)	(£316)	£7	(£559)	(£835)	(£276)	£20
Planned Care	(£2,633)	(£1,539)	£1,095	£315	(£2,558)	(£1,534)	£1,024	£319	(£2,737)	(£1,616)	£1,120	£216	(£7,928)	(£4,689)	£3,239	£850
Primary Care	(£3,023)	(£2,940)	£83	(£2)	(£977)	(£637)	£340	£0	(£485)	(£461)	£24	£0	(£4,485)	(£4,038)	£447	(£2)
Unidentified	(£6,166)	£0	£6,166	£0	(£4,823)	£0	£4,823	£0	£0	£0	£0	£0	(£10,989)	£0	£10,989	£0
Urgent Care	(£827)	(£520)	£307	£10	(£970)	(£916)	£53	(£19)	(£1,046)	(£635)	£410	£8	(£2,842)	(£2,072)	£770	(£0)
FOT	(£26,642)	(£18,451)	£8,191	£91	(£22,378)	(£14,571)	£7,806	£356	(£16,943)	(£14,666)	£2,277	£70	(£65,963)	(£47,688)	£18,275	£516

The forecast out-turn of £47.688m across LLR has moved adversely from month by £0.516m. Table 3 below outlines the main movements in month by CCG:

Table 3: Movement in Forecast Out-turn:

Main FOT movements in Month:	LLR	ELR	WL	LC
	£'000	£'000	£'000	£'000
Favourable Movements:				
Running Costs	(168)	(168)	0	0
Continuing Healthcare	(1,500)	(500)	(541)	(458)
Adverse Movements:				
Community Services Redesign	219	31	162	27
Falls	428	194	234	0
End of Life	107	52	25	29
Diagnostics	877	292	292	292
High Cost Drugs	258	(43)	65	236
Medicines Management	216	166	74	(24)
Other	79	67	45	(32)
Total	516	91	356	70

Main Favourable Movements

- **Running Costs:** Detailed budget holder meetings have been held during September to review current vacancy levels and non pay commitments. The outcome of these meetings has been reflected in the forecast this month, resulting in a favourable movement.
- **Continuing Health Care:** Overall CHC schemes are on track in delivery. CHC is reporting an over delivery of £2m in their stretch target due to the under performance in the CHC financial position. Work is on-going to better understand the under-performance but preliminary evidence is suggesting that the favourable movement is mainly being achieved by stabilising the number of newly eligible cases coming through CHC services.

Main Adverse Movements

- **Community Services Redesign (CSR):** The University Hospitals Derby and Burton contract variation has been signed in September 2019. Previously there was resistance to adopt the escalation rules but this has now been contracted. The movement this month is as a result of only 75% of the original plan for rehab activity being removed from the contract. Through implementing Home First, an assumption of a 10.5% reduction in non-elective activity has been made. Low cost activities (mainly general medicine) have been identified and have been contracted within the UHL contract.
- **Falls:** The year to date non elective activity relating to the cohort of patients expected to be impacted by the Steady Steps programme has shown an overall increase in activity in relation to the baseline, rather than a decrease. Having reviewed the data set further, it has been confirmed that this element of the scheme cannot demonstrate any delivery of QIPP as previously advised by the PMO.

- **End of Life:** The current forecast delivery is based on the agreed CV with UHL in relation to this scheme. The original CV value of £0.214m as reported last month has since been reviewed and agreed at the lower level of £0.107m. There is also concern around the methodology to be used to measure actual delivery against this CV. Currently there is no evidence of any clear methodology to be used to measure the impact of the scheme.
- **Diagnostics:** The large reduction in the level of QIPP delivery is due to sickness absence of the project manager and amendment to the % reduction in activity achievable. The original assumption of a 43% reduction in activity has been deemed unrealistic and so has been amended to 10% accordingly. This level will be refined again once a decision is made as to the nature of the interventions (due for discussion at Planned Care Board in November).
- **High Cost Drugs:** Actual savings realised during August due to drug switches showed over delivery for WL and ELR CCG, but under delivery for LC CCG (£0.147m). This month, the 'Stretch' element of the QIPP (£1.1m) has been reported based on actual savings realised from the 10% procurement savings in relation to the drug Lucentis. Although the team are working on other ideas, nothing definite has been put in place and therefore nothing additional has been assumed in the forecast. This has resulted in a reduction of £0.242m (£0.082m per CCG) in relation to the stretch element of the QIPP; however this is now fully assured. Considering the initial stretch target was set at £1.100m across LLR, the forecast under delivery of £0.585m in relation to these schemes means that over half of this has been realised which is an achievement.
- **Medicines Management:** The main movement has occurred within ELR CCG schemes. This movement is mostly due to the correction of an error within the reporting which was picked up by the PMO (£0.095m) plus a reduction in the stretch element of the QIPP due to lower than anticipated savings being achieved in July (£0.052m).

The forecast out-turn under delivery of £18.275m across LLR is mostly due to the level of unidentified QIPP. Table 4 below outlines the main contributors to the under delivery:

Table 4: Breakdown of Under Delivery of QIPP:

Main drivers of under delivery >£300k:	LLR	ELR	WL	LC
	£'000	£'000	£'000	£'000
Unidentified QIPP	10,989	6,166	4,823	0
System Pathway Opportunities (Gastro & Cardio)	1,000	333	333	333
Diagnostics	877	292	292	292
LPT - CHS Short Term Reduction	807	250	261	296
Falls	691	350	342	0
Community Services Redesign	657	202	318	137
High Cost Drugs	585	65	(118)	638
Children's Complex Care	500	167	167	167
End of Life	495	151	174	171
Same Day Emergency Care (SDEC)	476	235	(47)	288
LPT - MH Short Term Reduction	459	79	130	250
PCCC Budget Alignment QIPP	416	90	326	0
Audiology	411	140	149	122
Referral Support Services	386	202	28	156
MRET/OOA	358	108	278	(27)
Follow Up Outpatients	343	64	161	118
Offset by:				
CHC	(2,000)	(1,091)	(308)	(600)
S117 & AHP - 1819 FYE	(336)	0	0	(336)
Other	1,161	389	499	273
Total	18,275	8,191	7,806	2,277

LC CCG is reporting a forecast under delivery against plan of £2.277m, ELR CCG an under delivery of £8.191m and WL CCG an under delivery of £7.806m. A large proportion of this under delivery is due to unidentified QIPP within ELR CCG and WL CCG.

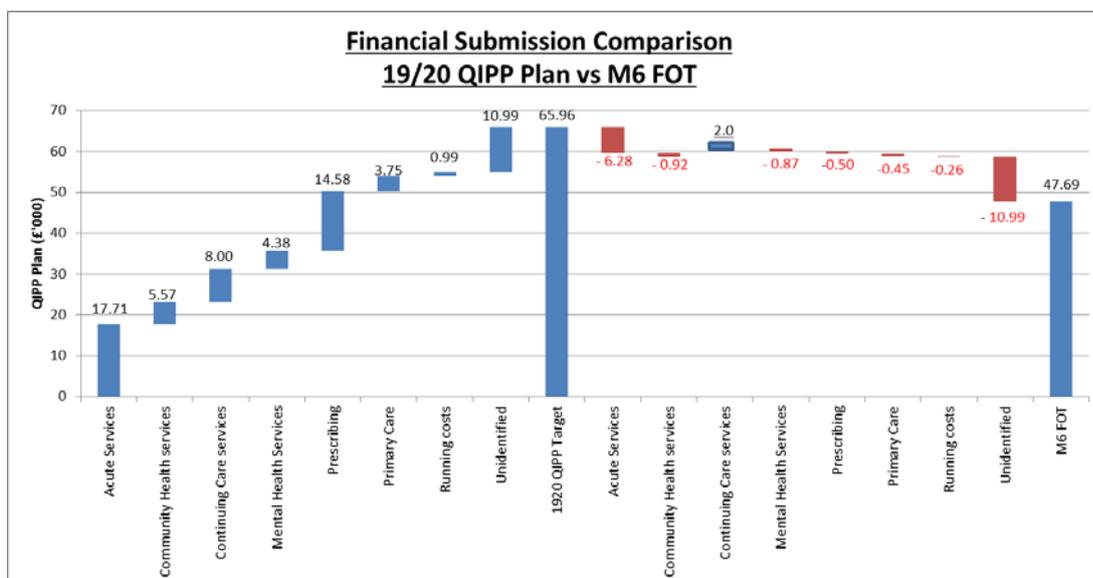
Identified Schemes - Main Adverse Variances (>£300k)

- System Pathway Opportunities (Gastro & Cardiology):** A piece of work has been undertaken on the Gastro workstream to cross check the identified opportunities in the logic model and existing QIPP programme. It appears that many of the opportunities are being explored in other workstreams and this piece of work is unlikely to deliver any financial benefits in its own right within 2019/20. The Cardiology component of System Pathway Opportunities has been assimilated into the main Long-Term Conditions programme and is being driven forward by the Planned Care and LTCs teams. This means that the £0.500m assigned to this workstream will not be delivered, but the newly streamlined Cardiology approach may be in a stronger position to deliver the £0.430m LTC Cardiology plan.
- LPT – CHS Short Term Reduction:** Pathway 3 is expected to deliver £0.193m in year across LLR against the original target of £1.000m. Excess capacity is to be utilised in community hospital beds as an alternative to care home placement or spot purchase of beds. The additional pressure of increase in out of area placements has also contributed to the lack of progress. A recovery plan is now in place and monthly monitoring with NHSE to ensure improvement in the position and return back to trajectory.

- **Children's Complex Care:** Following discussions at QAG with the SRO, it was clarified that there will be no financial delivery this financial year, however further work will be undertaken to determine if there are any efficiencies that could contribute towards 20/21 QIPP.
- **Same Day Emergency Care (SDEC):** The under delivery relates to all 3 areas of the project. The shift of direct access diagnostic activity to community diagnostic hubs was planned to start from July 2019, however it will now go live in January 2020 at the earliest. The other two elements around ED deflection and the use of Urgent Care Centres have been delayed from July to October 2019. Further slippage of this programme is expected in the coming months due to the scale of complexity of the programme.
- **LPT – MH Short Term Reduction:** Progress beds are now in use and QIPP amounting to £0.381m has been captured in avoiding placing patients in out of area beds. However, £0.459m of the original plan still remains unidentified and the continued pressure in out of area placements is still impacting on further QIPP identification.
- **PCCC Budget Alignment:** The forecast level of savings within WL CCG (£0.365m) is below the plan of £0.691m, however, work is underway to identify and implement further mitigations which could see delivery in excess of the original plan.
- **Audiology:** An options appraisal paper was taken to QAG in July and a decision to work with UHL in an ICS-type model was favoured. This will mean that no savings will be delivered this year.
- **Referral Support Services:** The implementation of the Ophthalmology and General Surgery specialities has been delayed; Ophthalmology is now delayed to October and General Surgery was delayed until September.
- **MRET/OOA:** The amount reflected in the final contracts (£1.424m) was lower than the original estimate made in March of £1.783m.
- **Follow Up Outpatients:** The amount reflects an over performance of £0.035m against actuals planned this month; however this is one month of data only. The PMO assured value remains as last Month at £0.822m
- **Falls/Diagnostics/CSR/HCD/End of Life/:** The explanations above in relation to the adverse movements in month also relate to the overall under delivery.

The waterfall graph below illustrates how the QIPP plan was made up and what areas have contributed to the under delivery forecast to date:

Figure 1: Components of the QIPP plan and under-delivery forecast to date



1.3 Overall Scheme Risks:

All schemes have been allocated an overall PMO RAG rating by the LLR PMO in relation to the completeness of documentation and the level of assurance that this gives regarding delivery. This review involves rating the schemes across a number of categories:

- Milestones (35% weighting)
- Financial Benefits (35% weighting)
- Risks/Issues (30% weighting)

An overall PMO RAG rating was then calculated based on the weightings above. These are shown in Table 5 below:

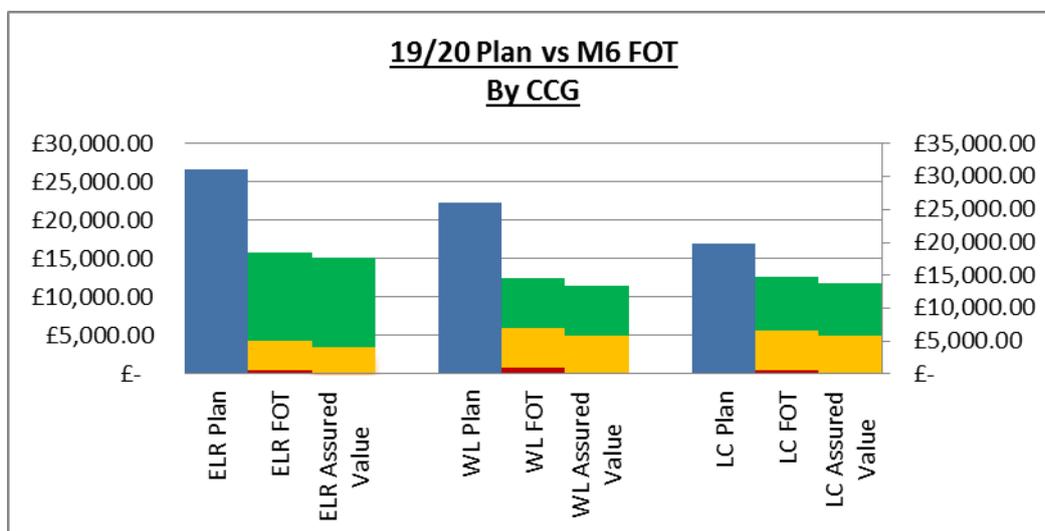
Table 5: Forecast Out-turn by PMO by Overall RAG rating & Assured Value

Programme Area	Green	Amber	Red	(Completed)	Grand Total	Confidence /Assured
CHC	(5,456)	(4,544)	0	0	(10,000)	(10,000)
Children's	0	(3)	(42)	0	(46)	(48)
Community Health	(188)	(425)	(496)	(5,905)	(7,015)	(6,512)
Contracting	(1,424)	0	0	(2,178)	(3,602)	(3,602)
Corporate	0	(653)	0	(74)	(727)	(727)
Integrated Teams	0	(680)	99	0	(581)	495
Medicines Management	(9,397)	(4,686)	0	0	(14,083)	(14,053)
Mental Health	(585)	(100)	0	(150)	(835)	(835)
Planned Care	0	(4,689)	0	0	(4,689)	(4,559)
Primary Care	(2,677)	(405)	(10)	(946)	(4,038)	(4,026)
Unidentified	0	0	0	0	0	0
Urgent Care	0	(548)	(1,524)	0	(2,072)	(972)
Grand Total	(19,727)	(16,734)	(1,974)	(9,253)	(47,688)	(44,840)

As part of the financial review above, 'Assured' values were also attributed to each scheme to outline where the PMO has a high level of confidence in the delivery of the QIPP as forecast by the SRO.

Figure 3 below shows the overall PMO RAG ratings attributed to the FOT and Assured values per CCG:

Figure 3: Overall PMO RAG rating attributed to FOT & Assured Value per CCG:



LLR QIPP schemes, their current levels of delivery and RAG ratings for each CCG are attached in Appendices 1 to 5.

1.4 Other Risks by Programme Area

1.4.1 Long Term Conditions

It is unlikely that Long Term Conditions will deliver savings this year. While significant work is taking place, this programme is transformational and multi-year in duration. The programme has been impacted by the uncertainty of the role of Primary Care in the delivery of key components of the programme, coupled with moderate provider engagement and unforeseeable high activity in UHL.

1.4.2 Children's Efficiencies

The main risk around delivering these schemes relates to potential slippage of deliverables and milestones.

1.4.3 Urgent Care

This programme carries a number of risks, which centre around ED activity, EMAS and DHU. Many of these risks have some components which are difficult to control, therefore making mitigation difficult. Quarter 4 delivery has been forecasted by the project team, but there is a risk of under-delivery regarding the EMAS-centric projects within this programme. Agreeing a tariff for "call handling" has not been agreed, resulting in additional cost. The CNH service is not expected to deliver benefits until April 2020.

1.5 Financial Recovery Plan (FRP)

Table 6 below shows the latest position in relation to the Financial Recovery plan across LLR:

Table 6: LLR Financial Recovery Plan as at October 2019:

Schemes by Type	Revised Forecast £'000	RAG Status
Net Risk	-28,181	
Contract Triangulation	-5,700	
Consistent Position Before FRP	-33,881	
FRP Schemes:		
Budgetary Review	10,765	
Review what accounting flexibilities there are and how these will be used	8,000	Green
UHL Removal of spend from 19/20 to 18/19	0	Red
Investment Slippage	765	Green
Internal FRP	2,000	Orange
Cost Control	1,000	
Consider what tighter controls can be applied to out of county acute contracts	500	Green
Reduce Non-Clinical WTE Spend	500	Green
Elective Care	2,440	
Manage Elective Performance: Cost Savings to UHL	268	Orange
IS Demand Management & Capacity Utilisation Review	2,172	Green
Non Elective Care	3,564	
Emergency Care Additional Schemes	3,564	Orange
Contract Triangulation Outcome	2,850	
Contract triangulation differences mainly result from differing QIPP (£2.9m) and contract challenge (£2.5m) assumptions in Forecast Outturn - assume resolve with only 50% cost impact	2,850	Orange
Grand Total	20,619	

Revised Forecast Position after FRP

-13,262

Other Items not Forecast in FRP

UHL Further Elective Cost reduction - impact on waiting list numbers, cancer performance and 52 week breaches

1,959

Community Hospitals

130

Total Items not in FRP Forecast

2,089

Organisation Impact of All Items

-11,173

The breakdown of the £11.173m shortfall across the LLR organisations is as below:

University Hospitals of Leicester	(£0.676m)
Leicestershire Partnership Trust	(£0.370m)
Leicester City CCG	£6.737m surplus
East Leicestershire & Rutland CCG	(£7.242m)
West Leicestershire CCG	(£9.622m)

The PMO is working closely with the Planned Care and Urgent Care teams who have FRP schemes amounting to £2.440m and £3.564m respectively. Progress in relation to these additional schemes will be reported via the PMO from next month onwards, although initial review indicates that there is a high level of risk associated with these plans.

2 PMO Progress.

2.1 QAG:

The QIPP Assurance group meet twice a month, once to review the overall QIPP position and once to receive updates and further clarity from specific schemes which are causing concern.

Following the meeting on 20th September and subsequent discussions it was deemed that there were no schemes which required escalation. There were 3 areas which were considered, however alternative actions were agreed as outlined below:

- **Same Day Emergency Care (SDEC):** the PMO will work with the Urgent Care team to confirm the inter-relationship between the existing QIPP scheme and the additional urgent care schemes recently identified in the Financial Recovery Plan (FRP).
- **System Pathway Opportunities in Gastro:** A report is to be completed for the next QAG meeting to confirm whether there are any viable savings in this area.
- **Long Term Conditions:** A review to be completed outside of QAG around the work undertaken and progress made with a view to learning lessons for the future.

2.2 Additional PMO team activities:

In order to provide additional support to project and programme teams, the PMO held a second Project Finance workshop on Friday 13th August and an Activity workshop on 20th August.

2.3 PMO Next Steps

The PMO are working closely with project teams responsible for developing and delivering the FRP in order to agree a process for reporting progress made, whilst minimising reporting requirements.

Planning Workshops also proposed for early autumn to support the development of our operational plan responding to the NHS Long Term Plan, with further details to be released closer to the time.

Conclusion and Recommendations

LLR CCGs are forecasting an under delivery of the QIPP plan for 2019/20 of £18.275m, of which £10.989m is attributed to unidentified QIPP. This has moved adversely by £0.516m from last month.

LC CCG is reporting an under delivery against plan of £2.277m, ELR CCG is reporting an under delivery of £8.191m and WL CCG an under delivery of £7.806. ELR CCG and WL CCG have unidentified QIPP amounting to £6.166m and £4.823m respectively.

SROs are forecasting QIPP delivery of £47.688m which is reported formally on a monthly basis. The LLR PMO undertakes a monthly assurance exercise reviewing workbook submissions alongside their knowledge of schemes to RAG rate delivery across a number of categories. In addition the PMO provides an 'assured value' which represents the amount of QIPP savings that the PMO is confident will be delivered – at month 6, the 'assured value' for LLR QIPP delivery is £44.840m.

This shortfall in QIPP Delivery against requirement is clearly going to have a detrimental impact on the CCG's ability to achieve their financial targets within 2019/20. Work has been undertaken to identify further efficiency opportunities which have been incorporated into a System Financial Recovery Plan to ensure achievement of financial targets.

RECOMMENDATIONS:

The Commissioning Collaborative Board is asked to:

- **NOTE** and **DISCUSS** the content of this report

Appendix 1: PMO Red Rag Rated Schemes

Scheme Name	Deliverables	Milestones	Total Risks	Issues	Overall PMO RAG ratings	Annual Plan	Sum of Revised FOT
Audiology	Red	Red	Red	Red	Red	(411)	0
Children's efficiencies	Red	Red	Red	Red	Red	(231)	(42)
Children's Complex Care	Red	Red	Red	Red	Red	(500)	0
Community Services Redesign	Red	Red	Red	Red	Red	(9)	(9)
Community Services Redesign Stretch	Red	Red	Red	Red	Red	(487)	(487)
End of Life	Red	Red	Red	Red	Red	(500)	(5)
Falls	Red	Red	Red	Red	Red	(587)	104
Same Day Emergency Care	Red	Red	Red	Red	Red	(2,000)	(1,524)
System Pathway Opportunities (Cardiology)	Red	Red	Red	Red	Red	(500)	0
System Pathway Opportunities (Gastro)	Red	Red	Red	Red	Red	(500)	0
Unidentified QIPP	Red	Red	Red	Red	Red	(10,989)	0
University of Leicester Post	Red	Red	Red	Red	Red	(48)	(10)
Grand Total						(16,762)	(1,974)

Appendix 2: Full LLR CCG QIPP Dashboard

Appendix 2 Full LLR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
1.1	Same Day Emergency Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(667)	(93)	(2,000)	(1,524)	(728)
1.2	Community Services Redesign	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(86)	0	(173)	(188)	(188)
	Community Services Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	0	0	0	296	296
	Community Services Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(75)	(29)	(523)	(147)	(147)
	Community Services Redesign	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(5)	(1)	(9)	(9)	0
1.3	Long Term Conditions	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(85)	48	(768)	(680)	253

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<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
1.4	Integrated Urgent Care	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(9)	(48)	(842)	(548)	(245)
1.5	Falls	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(294)	48	(587)	104	140
1.6	End of Life	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(250)	43	(500)	(5)	102
1.7	MRET/Readmission OOA rebates (Non Recurrent)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(891)	(712)	(1,783)	(1,424)	(1,424)
2.1	Audiology	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(205)	0	(411)	0	0
2.2	Referral Support Services	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(1,127)	(742)	(2,598)	(2,211)	(2,211)
2.3	Dermatology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(49)	(50)	(341)	(342)	(342)
2.4	Ophthalmology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(28)	(39)	(194)	(205)	(205)
2.5	Pathology	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(540)	(291)	(1,186)	(951)	(856)
2.6	Follow Up Outpatients	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(200)	(352)	(1,200)	(857)	(822)
2.7	Diagnostics	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	0	0	(1,000)	(123)	(123)

Appendix 2: Full LLR CCG QIPP Dashboard

Appendix 2 Full LLR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
2.8	System Pathway Opportunities (Cardiology)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(500)	0	0
3.1	Medicines Optimisation	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(2,938)	(2,906)	(4,020)	(3,988)	(3,988)
	Medicines Optimisation	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(1,454)	(1,429)	(1,990)	(1,962)	(2,057)
3.2	High Cost Drugs	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Green	(3,208)	(3,273)	(6,718)	(7,005)	(7,005)
3.3	LC CCG CBS Review	0	0	0	Grey	0	0	0	0	0
3.4	University of Leicester Post	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(48)	0	(48)	(10)	0
3.5	GP Backfill Scheme - City	0	0	0	Blue	(131)	(131)	(131)	(131)	(131)
3.6	PCCC Budget Alignment QIPP	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(346)	(183)	(691)	(365)	(365)
	PCCC Budget Alignment QIPP	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(65)	2	(130)	(40)	(38)
3.7	Primary Care QIPP	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(750)	(750)	(1,500)	(1,500)	(1,500)
3.8	PC Budget Alignment QIPP (ELR only)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(585)	(610)	(1,170)	(1,177)	(1,177)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(431)	(506)	(647)	(649)	(649)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(954)	(704)	(2,012)	(1,465)	(1,465)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(1,067)	(1,160)	(2,224)	(2,630)	(2,630)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(306)	(468)	(640)	(712)	(712)
5.1	Contracting Efficiencies - UHL Price Change	0	0	0	Blue	(1,365)	(1,362)	(2,000)	(2,000)	(2,000)
5.2	Orthotics Contract	0	0	0	Blue	(178)	(178)	(178)	(178)	(178)
5.3	Northants Mental Health Contract Block to cost per case	0	0	0	Blue	(150)	(150)	(150)	(150)	(150)
6.1	Primary Care Co-ordinators	0	0	0	Blue	(375)	(375)	(750)	(750)	(750)
	Primary Care Co-ordinators	0	0	0	Blue	8	8	15	15	15
6.2	Reduction in Stroke Beds	0	0	0	Blue	(637)	(637)	(743)	(743)	(743)
6.3	ICS notice	0	0	0	Blue	(400)	(400)	(600)	(600)	(600)
6.4	Voluntary Sector	0	0	0	Blue	(114)	(63)	(342)	(253)	(253)
6.5	LPT Growth QIPP	0	0	0	Blue	(2,151)	(2,151)	(4,302)	(4,309)	(4,302)
6.6	LPT CHS Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(500)	0	(1,000)	(193)	(193)
7.1	Children's Blood Borne Viruses	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(12)	0	(25)	(3)	(5)

Appendix 2: Full LLR CCG QIPP Dashboard

Appendix 2 Full LLR CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
7.2	Children's efficiencies	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(116)	(4)	(231)	(42)	(42)
7.3	Children's Complex Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(250)	0	(500)	0	0
8.1	Reduced Clinical Input	0	0	0	Blue	(74)	(74)	(74)	(74)	(74)
8.2	Running Costs	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	0	(69)	(746)	(483)	(483)
8.3	Clinical Director QIPP	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(57)	(24)	(170)	(170)	(170)
9.1	LPT MH Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(420)	(142)	(840)	(381)	(381)
9.2	LD Short Breaks	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(80)	0	(160)	(100)	(100)

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<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
9.3	S117 & AHP - 1819 FYE	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(222)	(499)	(249)	(585)	(585)
1.2 a	Community Services Redesign Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(487)	(487)	0
2.8 a	System Pathway Opportunities (Gastro)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(500)	0	0
3.1a	Medicines Optimisation Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(183)	(363)	(250)	(430)	(430)
3.1a	Medicines Optimisation Stretch	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(183)	(152)	(250)	(220)	(220)
3.1a	Medicines Optimisation Stretch	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(183)	(183)	(250)	(250)	(125)
3.2a	High Cost Drugs Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(367)	(78)	(1,100)	(228)	(228)
3.5a	City GP Office	0	0	0	Blue	(80)	(80)	(80)	(80)	(80)
4.1a	Continuing Healthcare - Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(1,238)	(1,630)	(2,476)	(4,544)	(4,544)
UNIDENTIFIED	Unidentified QIPP	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(5,397)	0	(10,989)	0	0

Appendix 3: Full ELR CCG QIPP Dashboard

Appendix 3 ELR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
1.1	Same Day Emergency Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(198)	3	(593)	(357)	(174)
1.2	Community Services Redesign	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(29)	0	(58)	(33)	(33)
1.2	Community Services Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	0	0	0	175	175
1.2	Community Services Redesign	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(2)	(0)	(3)	(2)	0
1.3	Long Term Conditions	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(33)	13	(291)	(256)	83

Appendix 3: Full ELR CCG QIPP Dashboard

Appendix 3 ELR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
1.4	Integrated Urgent Care	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(3)	(11)	(234)	(163)	(78)
1.5	Falls	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(149)	24	(298)	52	70
1.6	End of Life	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	15	(167)	(16)	37
1.7	MRET/Readmission OOA rebates (Non Recurrent)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(510)	(456)	(1,021)	(913)	(913)
2.1	Audiology	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(70)	0	(140)	0	0
2.2	Referral Support Services	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(375)	(173)	(866)	(664)	(664)
2.3	Dermatology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(17)	(9)	(120)	(112)	(112)
2.4	Ophthalmology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(9)	(5)	(65)	(61)	(61)

Appendix 3: Full ELR CCG QIPP Dashboard

Appendix 3 ELR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
2.5	Pathology	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(171)	(117)	(374)	(326)	(293)
2.6	Follow Up Outpatients	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(67)	(155)	(400)	(336)	(314)
2.7	Diagnostics	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	0	0	(333)	(41)	(41)
2.8	System Pathway Opportunities (Cardiology)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1	Medicines Optimisation	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(1,454)	(1,429)	(1,990)	(1,962)	(2,057)
3.2	High Cost Drugs	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Green	(1,123)	(1,183)	(2,349)	(2,575)	(2,575)
3.6	PCCC Budget Alignment QIPP	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(65)	2	(130)	(40)	(38)
3.7	Primary Care QIPP	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(750)	(750)	(1,500)	(1,500)	(1,500)
3.8	PC Budget Alignment QIPP (ELR only)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(585)	(610)	(1,170)	(1,177)	(1,177)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(287)	(341)	(432)	(418)	(418)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(305)	(270)	(678)	(555)	(555)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(114)	(209)	(252)	(547)	(547)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(76)	(128)	(160)	(198)	(198)
5.1	Contracting Efficiencies - UHL Price Change	0	0	0	Blue	(296)	(296)	(593)	(593)	(593)
5.2	Orthotics Contract	0	0	0	Blue	(47)	(47)	(47)	(47)	(47)
5.3	Northants Mental Health Contract Block to cost per case	0	0	0	Blue	(150)	(150)	(150)	(150)	(150)
6.1	Primary Care Co-ordinators	0	0	0	Blue	(119)	(119)	(238)	(238)	(238)
6.1	Primary Care Co-ordinators	0	0	0	Blue	8	8	15	15	15
6.2	Reduction in Stroke Beds	0	0	0	Blue	(164)	(164)	(191)	(191)	(191)
6.3	ICS notice	0	0	0	Blue	(400)	(400)	(600)	(600)	(600)
6.4	Voluntary Sector	0	0	0	Blue	(47)	(23)	(140)	(91)	(91)
6.5	LPT Growth QIPP	0	0	0	Blue	(579)	(579)	(1,158)	(1,164)	(1,158)
6.6	LPT CHS Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(154)	0	(307)	(57)	(57)
7.1	Children's Blood Borne Viruses	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(3)	0	(6)	(1)	(1)
7.2	Children's efficiencies	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Red	(30)	0	(60)	(11)	(11)

Appendix 3: Full ELR CCG QIPP Dashboard

Appendix 3 ELR CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
7.3	Children's Complex Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	0	(167)	0	0
8.2	Running Costs	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	0	(69)	(746)	(483)	(483)
8.3	Clinical Director QIPP	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(57)	(24)	(170)	(170)	(170)
9.1	LPT MH Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(90)	(38)	(180)	(102)	(102)
9.2	LD Short Breaks	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(27)	0	(53)	(33)	(33)
9.3	S117 & AHP - 1819 FYE	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(100)	(100)	(123)	(123)	(123)
1.2 a	Community Services Redesign Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(162)	(162)	0
2.8 a	System Pathway Opportunities (Gastro)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1a	Medicines Optimisation Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(183)	(363)	(250)	(430)	(430)
3.2a	High Cost Drugs Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(122)	(26)	(367)	(76)	(76)
4.1a	Continuing Healthcare - Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(413)	(696)	(825)	(1,720)	(1,720)
UNIDENTIFIED	Unidentified QIPP	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(3,045)	0	(6,166)	0	0
Grand Total						(12,575)	(8,875)	(26,642)	(18,451)	(17,642)

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 4 WL CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
1.1	Same Day Emergency Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(228)	(99)	(684)	(730)	(341)
1.2	Community Services Redesign	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(32)	0	(63)	(119)	(119)
1.2	Community Services Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(75)	(29)	(523)	(147)	(147)
1.2	Community Services Redesign	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(2)	(1)	(3)	(6)	0
1.3	Long Term Conditions	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(20)	16	(195)	(216)	83

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 4 WL CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
1.4	Integrated Urgent Care	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(4)	(13)	(286)	(186)	(82)
1.5	Falls	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(145)	24	(290)	52	70
1.6	End of Life	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	13	(167)	7	32
1.7	MRET/Readmission OOA rebates (Non Recurrent)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(381)	(242)	(762)	(484)	(484)
2.1	Audiology	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(74)	0	(149)	0	0
2.2	Referral Support Services	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(350)	(322)	(794)	(766)	(766)
2.3	Dermatology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(18)	(9)	(127)	(118)	(118)

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 4 WL CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
2.4	Ophthalmology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(10)	(30)	(72)	(92)	(92)
2.5	Pathology	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(159)	(84)	(350)	(278)	(251)
2.6	Follow Up Outpatients	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(67)	(78)	(400)	(239)	(242)
2.7	Diagnostics	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	0	0	(333)	(41)	(41)
2.8	System Pathway Opportunities (Cardiology)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1	Medicines Optimisation	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(1,469)	(1,300)	(2,010)	(1,841)	(1,841)
3.2	High Cost Drugs	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Green	(1,043)	(1,201)	(2,184)	(2,592)	(2,592)
3.4	University of Leicester Post	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(24)	0	(24)	(10)	0
3.6	PCCC Budget Alignment QIPP	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(346)	(183)	(691)	(365)	(365)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	0	0	0	0	0
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(303)	(217)	(647)	(603)	(603)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(76)	(189)	(160)	(285)	(285)
5.1	Contracting Efficiencies - UHL Price Change	0	0	0	Blue	(342)	(342)	(684)	(684)	(684)
5.2	Orthotics Contract	0	0	0	Blue	(110)	(110)	(110)	(110)	(110)
6.1	Primary Care Co-ordinators	0	0	0	Blue	(131)	(131)	(262)	(262)	(262)
6.2	Reduction in Stroke Beds	0	0	0	Blue	(237)	(237)	(276)	(276)	(276)
6.4	Voluntary Sector	0	0	0	Blue	(68)	(30)	(203)	(121)	(121)
6.5	LPT Growth QIPP	0	0	0	Blue	(695)	(695)	(1,389)	(1,392)	(1,389)
6.6	LPT CHS Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(176)	0	(351)	(90)	(46)
7.1	Children's Blood Borne Viruses	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(4)	0	(9)	(1)	(2)

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 4 WL CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
7.2	Children's efficiencies	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Red	(41)	(0)	(82)	(12)	(12)

Appendix 4: Full WL CCG QIPP Dashboard

Appendix 4 WL CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
7.3	Children's Complex Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	0	(167)	0	0
8.1	Reduced Clinical Input	0	0	0	Blue	(74)	(74)	(74)	(74)	(74)
9.1	LPT MH Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(127)	(46)	(254)	(124)	(124)
9.2	LD Short Breaks	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(27)	0	(53)	(33)	(33)
9.3	S117 & AHP - 1819 FYE	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(122)	(122)	(126)	(126)	(126)
1.2 a	Community Services Redesign Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(162)	(162)	0
2.8 a	System Pathway Opportunities (Gastro)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1a	Medicines Optimisation Stretch	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(183)	(183)	(250)	(250)	(125)
3.2a	High Cost Drugs Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(122)	(27)	(367)	(77)	(77)
4.1a	Continuing Healthcare - Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(413)	(421)	(825)	(1,343)	(1,343)
UNIDENTIFIED	Unidentified QIPP	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(2,353)	0	(4,823)	0	0
Grand Total						(10,537)	(6,544)	(22,378)	(14,571)	(13,362)

Appendix 5: Full LC CCG QIPP Dashboard

Appendix 5 LC CCG QIPP Dashboard										
Scheme no. for LLR Summary Report	Scheme Name	Milestones	Financial Benefits	Risk/Issue	Overall PMO RAG ratings	Sum of Plan YTD	Sum of Actuals YTD	Annual Plan	Sum of Revised FOT	Sum of PMO Assured Value
1.1	Same Day Emergency Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(241)	4	(724)	(436)	(213)
1.2	Community Services Redesign	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(26)	0	(52)	(36)	(36)
1.2	Community Services Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	0	0	0	121	121
1.2	Community Services Redesign	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(1)	(0)	(3)	(2)	0
1.3	Long Term Conditions	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(32)	18	(282)	(208)	87

Appendix 5: Full LC CCG QIPP Dashboard

Appendix 5 LC CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
1.4	Integrated Urgent Care	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(2)	(24)	(322)	(199)	(84)
1.6	End of Life	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	14	(167)	4	33
1.7	MRET/Readmission OOA rebates (Non Recurrent)	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	0	(14)	0	(27)	(27)
2.1	Audiology	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(61)	0	(122)	0	0
2.2	Referral Support Services	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(402)	(247)	(938)	(782)	(782)
2.3	Dermatology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(13)	(32)	(94)	(112)	(112)
2.4	Ophthalmology Pathway Redesign	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(8)	(4)	(56)	(52)	(52)

Appendix 5: Full LC CCG QIPP Dashboard

Appendix 5 LC CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
2.5	Pathology	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(210)	(90)	(461)	(347)	(313)
2.6	Follow Up Outpatients	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(67)	(119)	(400)	(282)	(266)
2.7	Diagnostics	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	0	0	(333)	(41)	(41)
2.8	System Pathway Opportunities (Cardiology)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1	Medicines Optimisation	Off track to hit target / Meet key criteria but mitigating actions have been implemented	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Amber	(1,469)	(1,605)	(2,010)	(2,147)	(2,147)
3.2	High Cost Drugs	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Green	(1,043)	(889)	(2,184)	(1,838)	(1,838)
3.3	LC CCG CBS Review	0	0	0	Grey	0	0	0	0	0
3.4	University of Leicester Post	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(24)	0	(24)	0	0
3.5	GP Backfill Scheme - City	0	0	0	Blue	(131)	(131)	(131)	(131)	(131)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(144)	(165)	(216)	(231)	(231)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(326)	(250)	(670)	(536)	(536)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(650)	(735)	(1,326)	(1,480)	(1,480)
4.1	Continuing Healthcare	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	(153)	(151)	(320)	(229)	(229)
5.1	Contracting Efficiencies - UHL Price Change	0	0	0	Blue	(727)	(724)	(724)	(724)	(724)
5.2	Orthotics Contract	0	0	0	Blue	(21)	(21)	(21)	(21)	(21)
6.1	Primary Care Co-ordinators	0	0	0	Blue	(125)	(125)	(250)	(250)	(250)
6.2	Reduction in Stroke Beds	0	0	0	Blue	(237)	(237)	(276)	(276)	(276)
6.4	Voluntary Sector	0	0	0	Blue	0	(10)	0	(40)	(40)
6.5	LPT Growth QIPP	0	0	0	Blue	(877)	(877)	(1,754)	(1,752)	(1,754)
6.6	LPT CHS Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Amber	(171)	0	(342)	(46)	(90)

Appendix 5: Full LC CCG QIPP Dashboard

Appendix 5 LC CCG QIPP Dashboard										
<u>Scheme no. for LLR Summary Report</u>	<u>Scheme Name</u>	<u>Milestones</u>	<u>Financial Benefits</u>	<u>Risk/Issue</u>	<u>Overall PMO RAG ratings</u>	<u>Sum of Plan YTD</u>	<u>Sum of Actuals YTD</u>	<u>Annual Plan</u>	<u>Sum of Revised FOT</u>	<u>Sum of PMO Assured Value</u>
7.1	Children's Blood Borne Viruses	On track to hit target / Meet key criteria	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) progressing according to plan	Amber	(5)	0	(10)	(2)	(2)
7.2	Children's efficiencies	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Red	(45)	(4)	(90)	(20)	(20)
7.3	Children's Complex Care	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	(83)	0	(167)	0	0
9.1	LPT MH Short-Term Cost Reduction	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(203)	(58)	(405)	(155)	(155)
9.2	LD Short Breaks	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(27)	0	(53)	(33)	(33)
9.3	S117 & AHP - 1819 FYE	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) progressing according to plan	Green	0	(278)	0	(336)	(336)
1.2 a	Community Services Redesign Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(162)	(162)	0
2.8 a	System Pathway Opportunities (Gastro)	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at high risk of not delivering on time but no mitigation actions have been put in place	Red	0	0	(167)	0	0
3.1a	Medicines Optimisation Stretch	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Off track to hit target / Meet key criteria but mitigating actions have been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(183)	(152)	(250)	(220)	(220)
3.2a	High Cost Drugs Stretch	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Off track to hit target / Meet key criteria, mitigating actions have not been implemented	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(122)	(25)	(367)	(75)	(75)
3.5a	City GP Office	0	0	0	Blue	(80)	(80)	(80)	(80)	(80)
4.1a	Continuing Healthcare - Stretch	On track to hit target / Meet key criteria	On track to hit target / Meet key criteria	Planned activity(ies) is (are) at medium risk of not delivering on time but mitigation actions are in place	Amber	(413)	(513)	(825)	(1,482)	(1,482)
Grand Total						(8,402)	(7,524)	(16,943)	(14,666)	(13,836)

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COMMISSIONING COLLABORATIVE BOARD MEETING

Paper E

Title of the report:	System Financial Recovery Plan
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	17 th October 2019
Report by:	Michelle Iliffe, Director of Finance, Leicester City CCG
Sponsoring Director:	Michelle Iliffe, Director of Finance, Leicester City CCG
Presented by:	Michelle Iliffe, Director of Finance, Leicester City CCG

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				
Manager				Chief Officers, CFO/DoF, ELT

Received by CCG (sub-group or equivalent) prior to CCB:

City	East	West

SUMMARY:

1. Leicester, Leicestershire and Rutland (LLR), as an STP Economy, has established a Financial Recovery Plan to address the forecast financial deficit.
2. An update of the Financial Recovery Plan was submitted to NHS England/NHS Improvement on 4th October 2019. The forecast position before FRP actions is a deficit of £33.9m, adjusting this for £20.7m delivery of FRP schemes leaves a remaining deficit against control totals of £13.2m.

RECOMMENDATIONS:



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

The Commissioning Collaborative Board is asked to:

- **NOTE** the System Financial Recovery Plan Position as at 4th October 2019

SYSTEM FINANCIAL RECOVERY PLAN

INTRODUCTION

Background

1. LLR, as an STP Economy, was initially invited to attend an NHSE/I Finance Escalation meeting on 14th August 2019. Ahead of this meeting a Briefing Pack was submitted which outlined the STP Financial Position as at Month 3 and details of the System Financial Recovery Plan (FRP).

1.1 Further updates were provided on 20th September and 4th October. With a meeting held on 26th September and a further one planned for 16th October.

Establishment of System Financial Recovery Plan

2. The system financial recovery plan was developed through a numbers of reviews and working groups including:
- LLR Clinical Leaders
 - Non Elective Demand Management Workshop
 - System Sustainability Group
 - Chief Executives/Managing Directors
 - CCG Commissioning Collaborative Board
 - NHSE/I
3. The FRP has been categorised into a number of priority areas:
- Managing Demand
 - Cost Control/Managing Capacity
 - Budgetary Reviews/Flexibilities

Financial Recovery Plan as at 4th October

4. A summary of the financial recovery plan and schemes is contained at Appendix 1. The forecast position before FRP actions is a deficit of £33.9m, adjusting this for £20.7m delivery of FRP schemes leaves a remaining deficit against control totals of £13.2m.

Next Steps

4. There remains continued focus on the delivery of FRP schemes.
5. Following the closure of month 6 financial reporting there will be a refresh of the System Financial Position to include:

- Organisation Forecasts/Risks
- Contract Triangulation
- Financial Recovery Plan Progress

RECOMMENDATIONS

The Commissioning Collaborative Board is asked to:

- **NOTE** the System Financial Recovery Plan Position as at 4th October 2019

Appendix 1

System Financial Recovery Plan Summary – 4 October 2019

	FRP Submission	Revised Forecast Month 4	In Month Forecast Movement	In Month Delivery	Month 4 Forecast/ Scheme Balance Likely	In Month Movement
	£m	£m	£m	£m	£m	£m
	a	b	c = b-a	d	e = b-d	f = e-a
Position before FRP	-28.9	-28.2	0.7		-28.2	0.7
UHL Contract Triangulation	-2.9	-5.7	-2.8		-5.7	-2.8
Consistent Position before FRP	-31.8	-33.9	-2.1		-33.9	-2.1
Financial Recovery Plan						
Budgetary Review	12.8	11.8	-1	1.0	10.8	-2.0
Cost Control	1.5	2.0	0.5	1.0	1.0	-0.5
Elective Care	8.4	3.7	-4.7	1.2	2.4	-6.0
Non Elective Care	9.1	3.6	-5.5	0.0	3.6	-5.5
Contract Triangulation Outcome	0.0	2.9	2.9	0.0	2.9	2.9
Total Financial Recovery Plan	31.8	24.0	-7.8	3.2	20.7	-11.1
Year End Position after FRP	0.0	-9.9	-9.9	3.2	-13.2	-13.2
Other Areas (not in FRP)						
Electives					1.959	
Community Hospitals					0.13	
Total Other Areas					2.089	
Year End Position after Other Areas					-11.1	

System Financial Recovery Plan Schemes – 4 October 2019

Schemes by Type	FRP submission	Month 4					RAG Status
		Revised Forecast	Forecast Movement	In Month Delivery	Forecast Balance Remaining	In Month Movement	
	Likely						
FRP Schemes:							
Budgetary Review	12,800	11,800	-3,000	1,035	10,765	-2,035	
Review what accounting flexibilities there are and how these will be used	8,000	8,000	0		8,000	0	
UHL Removal of spend from 19/20 to 18/19	3,000	0	-3,000		0	-3,000	
Investment Slippage	1,800	1,800	0	1,035	765	-1,035	
Internal FRP		2,000			2,000	2,000	
			0				
Cost Control	1,458	1,950	492	950	1,000	-458	
CHC Payments Uplift Efficiencies	358	358	0	358	0	-358	
Consider what tighter controls can be applied to out of county acute contracts	500	500	0		500	0	
Ensure compliance to community equipment criteria	100	592	492	592	0	-100	
Reduce Non-Clinical WTE Spend	500	500	0		500	0	
			0				
Elective Care	8,400	3,668	-4,732	1,228	2,440	-5,960	
Manage Elective Performance: Cost Savings to UHL	5,000	268	-4,732		268	-4,732	
IS Demand Management & Capacity Utilisation Review	3,400	3,400	0	1,228	2,172	-1,228	
			0				
Non Elective Care	9,100	3,564	-5,536	0	3,564	-5,536	
Community Hospital Spend & Provision	300	0	-300		0	-300	
Emergency Care Additional Schemes							
	8,800	3,564	-5,236		3,564	-5,236	
					0		
Contract Triangulation Outcome	0	2,850	0	0	2,850	2,850	
Contract triangulation differences mainly result from differing QIPP (£2.9m) and contract challenge (£2.5m) assumptions in Forecast Outturn - assume resolve with only 50% cost impact		2,850			2,850	2,850	
			0				
Grand Total	31,758	23,832	-12,776	3,213	20,619	-11,139	

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COMMISSIONING COLLABORATIVE BOARD MEETING

Front Sheet

Paper F

Title of the report:	Primary Care Network Development
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	17 October 2019
Report by:	Paula Vaughan, Deputy Chief Operating Officer
Sponsoring Director:	Tim Sacks, Chief Operating Officer
Presented by:	Tim Sacks, Chief Operating Officer

CCG Involvement to date:

	City	East	West	Insert name of any other groups ie ECN
Clinician				
Manager	H Hutchinson M Shilton	T Sacks	D Muir I Potter	

Received by CCG (sub-group or equivalent) prior to CCB:

City	East	West
LLR ELT		

1 Introduction

In August 2019, NHS England and NHS Improvement published the PCN Development Support – Guidance and Prospectus. The document outlines both the expectations for ICS development programmes for PCNs and the support offer from CCGs to PCNs. The document is published in the context of a confirmed 799K (5 year recurrent) funding for PCN and ACD development for LLR (link below).

<https://www.healthylondon.org/wp-content/uploads/2018/10/PCN-Development-Support-Prospectus.pdf>

This paper describes the 2019/20 expectations for PCN and ACD development, the work done to date to understand this in more detail at an LLR level and a Proposed 2019/20 LLR PCN and ACD Development Offer.

The CCB are asked to approve the use of this NHS E allocated funding and the mobilisation of the Proposed 2019/20 LLR PCN and ACD Development Offer.

2 NHSE/I Expectations

NHS/E state that systems must use the PCN development funding to:

- 1) Create a universal offer for all PCNs with every ACD receiving support to match their individual needs
- 2) Support shared understanding between system ACDs and key partners and stakeholders
- 3) Support ACDs and PCNs to carry out on-going self-assessment (e.g. via use of the Maturity Matrix)
- 4) Director-level support and leadership across the ICS
- 5) Agreement for PCN development with NHSE and MHSI aligned to regional expectations and plans

In the initial 2019/20 period, PCNs are expected to:

- Understand their own journey including starting point and key aims and objectives
- Be able to begin to function well as a single team of teams
- Consider themselves as part of a wider Network of PCNs (possibly at a place level)
- Have developed the concept of MDT working more widely to include other community based partners
- For links with local people and communities
- Have made 100% of additional roles funding in line with guidance
- Have started work on at least one service improvement project linked to the LTP
- Have conducted a PCN estates review
- Consider themselves ready to deliver the first 5 National Service Specifications (NSSs).

3 Collaborative Approach to Designing the Offer

A draft of the offer was put together with the outputs of 3 PCNs analysing their Maturity Matrix (MM). This was presented to ELT for comment and feedback in September 2019.

Further detail and costings were asked for (presented in this paper). In addition, it was also asked that the Proposed 2019/20 LLR PCN and ACD Development Offer be further evaluated and redesigned after the September LLR ACD Forum.

ELT has also considered an earlier version of this paper and feedback has been incorporated into the current development proposal.

ACD Forum Feedback

The ACD Forum was a well-attended (22 out of 25 ACDs) and well received event. The agenda focussed on creating a direct dialogue with the ACDs present and understanding the immediate need for:

- ACD leadership development and support
- PCN organisational development and support
- Other training and practical help requirements

A summary of the output of these discussions follows.

ACD Forum Feedback - Areas of Focus for PCN, ACD Development and Additional Support

PCN Organisational Development

- The need for access to regular facilitated organisational development sessions:
 - Creating a vision for the PCN
 - Leadership, collaborative working behaviours and values
 - Holding each other to account
 - Developing information into Insight and Actions
- Support for readiness to operate as a provider:
 - Planning for a new service
 - Mobilisation of a service at scale
 - Holding each other to account to service and quality delivery

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

- Support for developing relationships with each PCN's population and community
- Support for PCNs to share information between them.
- Support in creating a 5 year development and business plan for each PCN.
- Infrastructure development including websites, intranet access and video conferencing ability for all practices.

ACD Leadership Development

- Formal training needs analysis
- The need for access to a formal leadership course (option to access via an LLR organised offer or an alternate external provider) to include:
 - Change management
 - Leadership, working behaviours and reflective practice
 - Holding others to account
 - Influencing others (including relationships with populations and communities)
- The need for access to an ACD forum to share good practice and personal experience
- Training and support to understand the strategic system in which PCNs are operating (general system knowledge and upskilling)
- Training and support to interface with key partners
- Representation on key forums including CCG Executive Leadership Team
- A regular ACD forum for training, networking and key workstream involvement

Practical Support

- Access to a portal, storage of and accessibility to documents in common
- Contact list – help at hand/management capacity
- Business intelligence and Insight
- Documentation and policy development
- Setting up and facilitation of meetings with key stakeholders (maybe the ACD forum)
- Provision of advice of universal value to all PCNs at scale (e.g. VAT advice)
- IT Interoperability
- Support with estates management and enabling additional co-location of teams
- Internet connectivity and upgrade
- Timely decisions with particular reference to accessing funding

Researching the Offer

The Proposed 2019/20 LLR PCN and ACD Development Offer includes both worked throughout costings and suggestions of providers for each element. Potential partners have offered high level programme plans and quotations to enable this proposal to be presented.

Derbyshire CCGs and Nottinghamshire CCGs are currently putting together their offers of support for PCNs. Both organisations have actively shared their work and learning to date with LLR enabling future economies of scale when working with key partners such as the East Midlands Leadership Academy (EMLA) and local Public Health agencies.

4. The Proposed 2019/20 LLR PCN and ACD Development Offer

The offer is found in Appendix 1. It is presented in 9 chapters.

1. ACD Personal and Leadership Development
2. PCN Organisational Development
3. Population Health Management (PHM)
4. Workforce Planning
5. IT Infrastructure
6. Project Management Capacity
7. Financial Support
8. Patient Engagement and Communication
9. Legal Advice

1 – ACD personal and Leadership Development

This chapter focuses on ACD as individuals and as leaders within an ICS. Opportunities for personal development include access to an LLR based bespoke

ACD leadership programme, access to executive coaching, facilitated 360° appraisals and ad hoc masterclass sessions (focussing on elements of the other chapters e.g. communications and engagement, workforce planning etc).

The most comprehensive offer the CCGs have sourced to date comes from EMLA who are also working with other local ICSs to deliver similar programmes. Provisional costings have been provided by EMLA to support the development of this plan.

2 – PCN Organisational Development

The majority of this element requires external and expert facilitation. It is designed with the assumption that 6 current PLT events across each CCG is replaced with an alternative event based on PCN training and development as an alternative.

Linked to the wider LLR leadership development work, each PCN is also asked to identify and induct a Quality Improvement champion enabling early and consistent development of key skills to underpin future system transformation

Funding is from the PCN Development Fund with additional opportunity for some current spend on PLT events to contribute to funding these events.

The proposed externally sourced aspect of this element of support is substantial (£100,000 over the next 2-3 years) and maybe subject to procurement law. This will be clarified via the Competition and Procurement Committee if the scheme is approved by CCB.

3 – Information, Business Intelligence & PHM

This element of support comes from our current CSU. A proportion of the offer is considered to be part of the current contract. Additional support (dedicated PCN Business Intelligence support and PCN training) has been quoted as per Appendix 1.

4 – Workforce Planning

This chapter outlines the workforce strategic planning, training and ongoing support offer which has been developed by the LLR Workforce Group in partnership with HEE and UHL. Additional training and support is offered by two organisations (PICS and Public Health) specifically offering group training and induction to primary care for both clinical pharmacists and Social Prescriber Link Workers.

5 – IT Infrastructure

This element details the improvements to infrastructure and ‘hub’ data sharing across PCNs which has been requested by the ACDs.

ACDs have also requested investment into basic hardware to enable them to carry out their specific roles.

All aspects of this chapter are proposed to be funded by the PCN Development Fund.

6 –Management Capacity

This chapter explains a key aspect of the ‘Support in Kind’ offer from the CCGs in addition to dedicate PCN management capacity as prioritised by LLR ACDs. Funding equivalent to a band 7 manager per CCG is proposed to enable PCNs to source appropriate dedicated management capacity. In addition, CCG managers and pharmacists will also act as a key point of contact in terms of PCN development, interpretation of NHSE published guidance and mobilisation advice.

7 – Financial Support

This element of support represents the dedicated CGG financial management capacity associated with PCN financial planning and support. This is already in place via the lead CCG.

8 – Patient Engagement and Communication

This chapter of support represents the dedicated CGG communications and specialist patient engagement management capacity associated with good practice patient involvement and engagement.

A key focus is co-design of services with patients and a specialist training opportunity is planned for all PCNs.

The majority of the support is already in place and offered by CCGs however specialist training elements will require additional funding from the PCN Development Funds.

9 – Legal Advice

A key partner of choice for PCNs in terms of legal advice to date has been LMC Legal. Each PCN will have different elements of work for which they will feel they need to call on legal advice. To that end, the proposal is a pre-paid contract with a professional legal for two pieces of work per PCN to call off throughout 2019/20 and 2020/21 (one per year).

This will require 100% funding from the PCN Development Fund. The final provider for this service will be confirmed after additional quotes have been received from multiple potential providers ensuring value for money.

5 Financial Implications

The total value of the PCN and ACD Development Proposal for 2019/20 is £776,452 (£22,548 less than the total available of £799,000). Internal resources (valued at £248,499) will be redirected alongside additional investment to deliver the PCN development prospectus.

The proposed investment for years 2020/21 to 2023/24 are demonstrated in Appendix 1 but are subject to change. CCB are asked to approve the 2019/20 investment only at this stage.

6 Expectations of PCNs and ACDs for 2019/20

The proposed development plan represents a significant financial investment for the CCGs and a unique development opportunity for both ACDs and PCNs. As a key output of accessing these opportunities, all 25 PCNs will be expected to deliver a PCN 5 Year Development Plan which details the localised learning and actions from the application of the NHSE PCN Maturity Matrix and delivery of the NHS Long Term Plan at a Neighbourhood level. ACDs will lead the development of these plans and sharing with CCGs.

The CCGs will also develop a similar development plan for PCNs based on the system outputs of the NHSE PCN Maturity Matrix.

The detailed expectation on delivery from PCNs both for the PCN DES and improving quality and outcomes for patient population will be developed throughout 2019/20.

7 Summary

The Proposed 2019/20 LLR PCN and ACD Development Offer represents a multi-CCG response to the training, development and support requests from the LLR ACDs. It has been developed in collaboration between the 3 CCGs, other key partners and in discussion with neighbouring ICSs.

The total PCN development package is valued at £776,452 for 2019/20. This is a maximum figure and assumes 100% take-up of the whole support package by all 25 PCNs and ACDs. Therefore additional slippage may occur. If approved, the 2019/20 LLR PCN and ACD Development Offer will be presented to the LLR ACDs and PCNs in a local formal prospectus brochure which will be downloadable in a PDF format.

8 Recommendations

Commissioning Collaborative Board is asked to:

- **APPROVE** the Proposed 2019/20 LLR PCN and ACD Development Offer and aligned funding
- **AGREE** to receive both an update on 2019/20 scheme progress and the proposal 2020/21 for approval, in February 2020.

Appendix 1

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
1. ACD Personal and Leadership Development - The 2019/20 offer will comprise of a series of opportunities for ACDs to access development support as a collective and as individuals. The purpose of the offer is to support ACDs to understand their critical role within the developing ICS and to equip them with the necessary skill sets to provide both strategic and clinical leadership to their PCN.					£ 55,950	£ 78,700	£ 82,100	£ 64,900	£ 69,600
2 year LLR bespoke LLR ACD Leadership course	Sessions linked to ACD Forum feedback and the NHSE Development Prospectus <ul style="list-style-type: none"> Me as a leader – resilient management and leadership Creating and leading successful teams Leading complex change Effective relationships across partners Use of data and information in decision making Effective communication and engagement with local people Holding others to account 	7 x 1/2 day formal, facilitated sessions. 2 cohorts for LLR ensuring group numbers are conducive to effective facilitation, training and peer support. <p>Cohort 1 - 19/20 - 20/21 (3+4) Cohort 2 - 20/21 - 21/22 (3+4) Cohorts to be mixed CCGs Final 2 years - 14 additional future ACDs - succession planning</p>	East Midlands NHS Leadership Academy	£1,700 EMLA costs plus £500 venue per workshop in 2019/20 = £2,200 per workshop	£ 6,600	£ 15,400	£ 8,800	£ 6,600	£ 8,800
Personal Development Budget	Personal £2,000 budget to access own choice development support in addition to LLR course	Annual allocated budget to be spent on accessing relevant development opportunities (including online and distance learning) and travel to the same	To be decided by the ACD	£2,000 budget per ACD to be taken by Nov 2021 - split over the 2 years evenly from Nov 2019	£ 12,500	£ 25,000	£ 12,500	£ -	£ -
Personal Development Travel Budget	Personal budget to pay for travel to and from coaching and 360° appraisal facilitation sessions. Personal Development Budget to cover travel to own choice courses.	Allocated budget to be spent on accessing coaching and media training £100	To be decided by the ACD	£1000 budget per ACD = £2,500	£ 2,500	£ 2,500	£ 2,500	£ 2,500	£ 2,500
LLR ACD Forum	Session for the LLR ACD collective to meet, access ICS-based information, system updates and collaborative dialogue with system partners including EMAS, LPT, UHL and DHU.	Quarterly whole day session	LLR CCGs	Costs plus £1750 venue x 3 workshops = £5,250 No expected facilitation costs	£ 5,250	£ 7,000	£ 7,000	£ 7,000	£ 7,000
Personalised senior leadership coaching sessions	Sessions will be bespoke to the developing needs of the ACD and with a coach assigned to that ACD via the service provider.	All ACDs will have access to 2 x 2 hour session of Executive Coaching during the first 2 years of the DES - rising to 4 afterwards as the leadership course comes to an end	East Midlands NHS Leadership Academy	£400 per session x 25 x 2 sessions = £20,000 in 2019/20	£ 20,000	£ 20,000	£ 40,000	£ 40,000	£ 40,000
Masterclass Access Sessions	This offer is a series of optional, quarterly masterclasses aimed at enhancing the learning within the ACD Leadership course and offering ad hoc access to additional training as the need arises. <ul style="list-style-type: none"> Dates planned in advance Theme for each class to be decided by the ACD collective Non-mandatory but designed to enhance learning Opportunity for ACDs to access unexpected training needs during the year 	Quarterly 1/2 day sessions.	East Midlands NHS Leadership Academy	£1,700 EMLA costs plus £500 venue workshops = £2,200 per masterclass	£ 6,600	£ 8,800	£ 8,800	£ 8,800	£ 8,800
Facilitated 360° Appraisal	All ACDs will have access to a 360° appraisal with executive level facilitation and coaching to understand the results and to initiate change in leadership behaviours. Repeat every other year.	Annual exercise to support ACD leadership reflection within a changing and developing ICS	East Midlands NHS Leadership Academy	£100 per appraisal x 25 = £2,500 to include EMLA facilitation via network	£ 2,500	£ -	£ 2,500	£ -	£ 2,500
2. PCN Organisational Development - The 2019/20 PCN Development offer will focus on supporting PCNs to build the right relationships internally to form the building blocks of future PCNs and Integrated Neighbourhood Teams. The development of specific skill sets within each PCN will be developed ensuring readiness to deliver the National Specifications and service mobilisation from 2020/21 and beyond. PCN Organisational Development session will be bespoke to each PCN and driven by the outputs of a PCN's Maturity Matrix and guidance from the ACD.					£ 143,600	£ 210,000	£ 210,000	£ 210,000	£ 210,000

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
Twice yearly whole PCN PLT session	Sessions linked to outputs of the PCN's Maturity Matrix and ACD Forum feedback. Can be bespoke to each PCN and likely to include <ul style="list-style-type: none"> • Creating a PCN vision • Leadership, collaborative working behaviours and values 	2 x 1/2 day formal, planned and facilitated sessions Venue funded (sourced by PCN) Whole PCN (including wider Integrated neighbourhood Team) attendance expected To be run in 3 cohorts (8, 8, and 9) mixed across CCGs to minimise impact to patients and services	Options: 1) Southern CSU 2) Mids and Lancs CSU 3) Ararna Ltd Consulting Consider procurement	£2,000 planning and facilitation costs x 25 = £50,000 £1000 venue x 25 workshops = £25,000 Clinical cover for 1/2 day closure x 3 cohorts = £10,000 Total per PLT = £85,000	£ 100,000	£ 170,000	£ 170,000	£ 170,000	£ 170,000
Four annual PCN local PLT sessions	Sessions linked to outputs of the PCN's Maturity Matrix and ACD Forum feedback. Can be bespoke to each PCN and likely to include <ul style="list-style-type: none"> • Business Insight training • Complex case audit, learning and intervention evaluation • Solving wicked problems • Change management as a team • Public engagement and communication • Branding your PCN 	4 x 1/2 day formal and planned sessions pa (2 in 19/20) with specific and invited attendance (e.g. GPs, Practice Nurses, PCN Pharmacist team etc) Venue sourced by PCN To be run in 3 cohorts (8, 8, and 9) mixed across CCGs to minimise impact to patients and services	CCGs and local partners including Public Health and CSU	Clinical cover for 1/2 day closure x 3 cohorts = £10,000	£ 40,000	£ 40,000	£ 40,000	£ 40,000	£ 40,000
Quality Improvement - Skill Development	Aligned to the PCN National Prospectus focus on Quality Improvement as a key component of delivering local transformational change, each PCN will: <ul style="list-style-type: none"> • Identify a QI lead within the PCN • Facilitate the QI lead to attend a QI champion induction with a view to further QI champion development throughout 2020/21 and beyond 	1 x full day session to induct PCN QI champions across LLR	Options: 1) Southern CSU 2) Mids and Lancs CSU 3) Ararna Ltd Consulting Consider procurement	£2,400 planning and facilitation costs £1,200 venue costs Total = £3,600	£ 3,600	£ -	£ -	£ -	£ -
3. information, Business Intelligence (BI) and PHM - The BI and Population Health Management (PHM) chapter will provide a response to help move a system that is largely reactive, with a patient being unwell, to one that is more proactive, with preventative measures including clinical interventions. It is an approach that uses data appropriately to identify/anticipate the needs of the population. It will help Primary Care Networks (PCNs) to focus on improvement to the health of patients by providing targeted intelligence and interpreting this to provide new, actionable insight.					£ 118,229	£ 118,229	£ 118,229	£ 118,229	£ 118,229
Development (including on-going development) of PCN Intelligence Packs	The PCN Intelligence Pack (PIP) provides a 'one-stop-shop' access to a variety of data such as care homes, A&E/emergency admissions/Urgent Care Centres, bed bureau, E-referrals, Out-Patients, and QOF. Activity is reported for a 3-year period and data benchmarks at practice, PCN and CCG level. PHM - Risk stratification/co-morbidities will be included with Public Health providing demographic and clinical profiles based on local priorities set out in the ICS Long Term Plan and JSNAs, working with MLCSU analysts.	Monthly reporting provided via Aristotle	Mids and Lancs CSU	Costs within current contract.	£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
PIP training for PCNs	Initial training/demonstrations of the LIP and how to use the data are being undertaken, with the first session in November 2019 for all PCNs Various outputs are provided from the ACG risk stratification tool, for example on multimorbidity at practice/PCN/CCG level	Planned training session for each PCN attended by a specialist	Mids and Lancs CSU	Costs within current contract.	£ 20,000	£ 20,000	£ 20,000	£ 20,000	£ 20,000

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
Dedicated Business Intelligence and Insight Capacity and Training	Dedicated support at BI Insight Lead level managing refocused BI Insight Manager	Additional and ring-fenced management capacity and training	Mids and Lancs CSU	£48,229	£ 48,229	£ 48,229	£ 48,229	£ 48,229	£ 48,229
4. Workforce Planning - The NHS Long Term Plan sets out an ambitious 10 year vision for healthcare in England setting out a new service model which will require different people in different professions working in different ways. We also know that we need to address current workforce challenges and make sure the NHS is an agile, inclusive and modern employer able to attract and retain the people we need to deliver our plans.					£ 11,600	£ 21,200	£ 21,200	£ 19,200	£ 19,200
New Roles Planning	Funding is made available through the Network Contract DES for PCNs to recruit additional new full-time posts over the next 5 years. The intention is to grow additional workforce capacity through new roles, and by doing so, help solve the workforce shortage in general practice. These roles include Social Prescribers and Clinical Pharmacists in 19/20, Physician Associates and First Contact Physiotherapists in 2020/21 and Paramedics in 2021/22.	Support from the LLR Workforce Group in <ul style="list-style-type: none"> • future planning • accessing training/induction at scale • recruitment and retention strategic support • evaluation of the impact of new roles 	LLR CCGs	N/A	£ -	£ -	£ -	£ -	£ -
Clinical Pharmacists	Maria Gilbert, Pharmacist Ambassador - Health Education England, Midlands and East, has produced a series of resources to assist PCNs with the recruitment, training and development of clinical pharmacists.	Marie is available to support PCNs in their work with Clinical Pharmacists m.gilbert1@nhs.net - Tuesday & Friday, HEE.	HEE	£0	£ -	£ -	£ -	£ -	£ -
Clinical Pharmacists	Group GP Practice training package for clinical pharmacists: The benefits attained by delivering the objectives above will include: <ul style="list-style-type: none"> • A standard baseline training of clinical pharmacist practice across LLR • Peer support for pharmacists – preventing professional isolation • Faster rate of adoption of standard formulary, pathways and prescribing practices • Maximisation the potential of the role in line with professional registration status thus reducing the work burden of other primary care professionals • Increased recruitment and retention of pharmacists in LLR due to enhanced training. 	1 cohort in 19/20 - 2 further cohorts for the 4 years following.	PILS	£9600 per cohort of 12 pharmacists	£ 9,600	£ 19,200	£ 19,200	£ 19,200	£ 19,200
Social Prescriber Link Worker Support	In Leicestershire, through the engagement with PCNs / Federations, Public Health are developing a proposal to help facilitate joint working between PCN link workers. PCNs in Leicestershire can tap into support in the following areas: <ol style="list-style-type: none"> Support from Local Area Coordinators to the link worker recruitment process. Local Area Coordinators to make contact and introductions to link workers when in post. Establishment of an informal community of practice across Leicestershire for LACs, link workers and other asset-based community development workers, enabling best practice sharing, informal mentoring, etc. 	The offer outlined above is primarily targeted at Leicestershire and Rutland practices and further discussions are required in Leicester City PCNs due to the different structures associated with social prescribing.	Leicestershire County / Leicester City PH	£1000 venue costs and £1000 allowance per year for PH to deliver induction and on-going training programme to new and existing GPLWs across LLR - years 1-3 only	£ 2,000	£ 2,000	£ 2,000	£ -	£ -

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
Physician Associates	Dina Bateman, Physician Associate Ambassador - Health Education England, Midlands and East, is available to support PCNs in their work with PAs. Dina is working to help practices understand the PA role, supporting PAs currently working in the system and with those entering training through the De Montfort University PA Programme.	Dina can be contacted via e-mail - dina.bateman@uhl-tr.nhs.uk.	UHL	£0	£ -	£ -	£ -	£ -	£ -
5. IT Infrastructure - To provide appropriate IM&T infrastructure and appropriate IM&T hardware to enable ACDs to effectively and efficiently lead and coordinate the business of their PCN(s). To provide appropriate IM&T infrastructure and appropriate IM&T hardware to enable PCN member clinicians and practices to safely, effectively and efficiently transact the clinical interventions required of the PCN (including referral, treatment, recording and transfer of appropriate clinical and Patient Identifiable Data)					£ 156,441	£ 61,394	£ 63,194	£ 63,194	£ 63,194
Shared Clinical System Hub	Mobilisation of a SystmOne (S1) hub unit to support PCNs to share their patients and support activities such as extended hours. This hub unit: • is the solution to sharing work such as extended hours across S1 practices within a primary care network • ensures that the treating clinician has full access to the records and can see and treat the patient and enabling PCNs to work effectively within their network footprint. • operates within the Information Governance sharing agreements which are in existence. Currently this solution only addresses sharing for S1 practices and will be subject to initial setup fees and annual licence renewal.	Offered to all PCNs with the exception of the single PCN who are currently 100% EMIS	LHIS	£4,050 + VAT x 24 PCNs plus recurrent costs of £1500+VAT x 24 (25 from year 3)	£ 116,640	£ 43,200	£ 45,000	£ 45,000	£ 45,000
Shared Drive Functionality	To explore the ability to share files across PCN footprints a pilot has been underway looking at Office 365 One drive functionality. The pilot area has found this extremely beneficial with anticipated admin time savings justifying the monthly cost for this solution of £10.83 per user.	<ul style="list-style-type: none"> • Web-based Office apps and business services. Office desktop apps not included • Get email, file storage and sharing, meetings, and instant messaging • Five layers of security and monitoring help keep your data safe • Guaranteed 99.9% uptime 	LHIS / Microsoft	£10.83 x 5 month x 140 (one per practice) = £7,581	£ 7,581	£ 18,194	£ 18,194	£ 18,194	£ 18,194
Email Distribution Lists	All practice managers within PCNs have been asked to nominate administrators who will then manage the distribution lists for their networks.	These distribution lists will be available on the global address book.	LHIS/LLR CCGs	Support in Kind	£ -	£ -	£ -	£ -	£ -
IM&T Hardware	For each of the 25 ACDs, provision of:- • 'Mid range' laptop • VPN Licence – annual cost • Mobile Phone functionality via, for example , "Boxer"	Offered to all 25 ACDs	LHIS/LLR CCGs	£1,074 x 25 = £32,220	£ 32,220	£ -	£ -	£ -	£ -
6. Project Management Capacity - Foundations of the Support Kind Offer from LLR CCGs. Dedicated management support during the set-up and mobilisation phase of PCN development. First point of CCG contact for PCNs and ACDs.					£ 118,233	£ 137,506	£ 140,256	£ 143,061	£ 145,922
Dedicated PCN Project Management and Management Support Capacity	investment for PCNs to source dedicated management capacity to focus on specific tasks including business support tasks related to service delivery, readiness and business planning	Offered to all PCNs	To be decided by the ACD	3 WTE Band 7 support across LLR split evenly by PCN (2% increase pa)	£ 118,233	£ 137,506	£ 140,256	£ 143,061	£ 145,922

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
Designated CCG Management Support - Operational and Medicines Optimisation	Designated management point of contact hosted by the PCN's host CCG: <ul style="list-style-type: none"> • Interpretation of NHSE/I guidance and writing of recommendations to PCN (e.g. support to complete Maturity Matrix, New Roles Guidance, completion of New Roles Reimbursement Form etc) • Point of CCG contact and support for named PCN and ACD - both managerial and medicines optimisation 	Offered to all PCNs and delivered by host CCG directly	LLR CCGs	Support in Kind - nominal 0.5 WTE 8a per CCG across PC and Medicines Optimisation to cover this aspect of support	£ 92,999	£ 92,999	£ 92,999	£ 92,999	£ 92,999
7. Financial Management Support					£ 15,500				
Dedicated PCN Financial Advice and Support	0.2wte - 8a management capacity to include: <ul style="list-style-type: none"> • General Financial advice and support • Interpretation of financial guidance • Financial Induction in how the funds flow within the NHS • Receipt and processing of payment claims • Responding to PCN financial queries 	Offered to all PCNs and delivered by lead CCG	WL CCG	TBC	£ 15,500	£ 15,500	£ 15,500	£ 15,500	£ 15,500
8. Patient Engagement and Communication - To work effectively, primary care networks will need to consider how they inform, engage and involve patients, staff and stakeholders about their work. Changes to how services are delivered as a result of PCN working may also mean that PCNs have certain legal duties to meet. This communications and engagement offer will help to equip primary care networks to be able to do all of this.					£ 34,500	£ 33,000	£ 10,500	£ -	£ -
Co-Design Awareness and Training	Five PCNs in Leicester, Leicestershire and Rutland are already working with the LLR CCGs' Engagement Team, NHS England and an organisation called Co-Create on a pilot project to test out a range of ways of co-designing services with their patients. The result of this piece of work will be a report upon which recommendations and a toolkit can be created for all LLR PCNs. The report is due by the end of March 2020. Support for PCNs in co-designing services will be available in 2020/21.	Offered to all PCNs and delivered by lead CCG	LC CCG	£0	£ -	£ -	£ -	£ -	£ -
Stakeholder Mapping	Prior to creating communication and engagement plans, primary care networks are advised to produce a map of their stakeholders – all those people with whom it is important that they communicate, engage and involve in their work. A workshop will be arranged as part of a future ACD Forum to guide PCNs in producing their stakeholder map and prioritising the groups of people to engage.	Offered to all PCNs - if required for 2019/20 to be one of the scheduled Masterclass sessions as in chapter 1	LC CCG EMLA	£0 - all costs already considered in chapter 1	£ -	£ -	£ -	£ -	£ -
Engagement and Consultation Duties	All NHS organisations have a duty to involve patients and the public in their work, either through communication, engagement or consultation. These duties also apply to Primary Care Networks. A workshop will be arranged for a future ACD Forum to explain what PCNs' responsibilities are.	Offered to all PCNs - to form part of one of the ACD Forum dates for 2020/21	CCGs	Trainer Cost and expenses - £1500. Other costs already considered in chapter 1	£ -	£ -	£ 1,500	£ -	£ -
Communications Planning	Building on your stakeholder map, PCNs may require support about how to communicate with priority groups. A workshop will be arranged to help PCNs learn about the best ways of doing that and what they will need to consider.	All PCNs offered in 2019/20	CCGs	Trainer Cost and expenses - £1500. Other costs already considered in chapter 1	£ 1,500	£ -	£ -	£ -	£ -

Offer Element	What Will Be Delivered?	How Will It Be Delivered?	Potential Provider	Costings	Year 1	Year 2	Year 3	Year 4	Year 5
Media Training	As the PCN develops clinical directors may wish to use the media to promote the good work they are doing. They may also be called upon by the media to respond to negative news about the PCN or constituent practices. Training sessions will be arranged for small groups of Clinical Directors to learn how to carry out live and pre-recorded media interviews to help you make the most of the opportunity.	Training course based in Nottingham at a custom studio - run over 3 years - 8, 8, 9	CCGs	Travel expenses - already covered in chapter 1	£ 8,000	£ 8,000	£ 9,000		£ -
Communication and Engagement Advice	There may be times where primary care networks require additional support about how to manage particular communications and engagement matters. Example where a PCN might require support include: <ul style="list-style-type: none"> • engagement and consultation requirements for a particular service you may be changing • how to communicate with patients about a new service • how to manage negative news • how to involve patients in designing a new service 	An advice service will be provided to help with PCN specific matters.	CCGs		£ -	£ -	£ -	£ -	£ -
Communications Toolkit	To support PCNs in communicating with their identified target groups, a toolkit of materials will be developed for them to adapt.	Examples might include press releases, materials to promote events, leaflets to promote a new service.	CCGs	£2,000 budget per PCN to fund leaflets, posters and other printed comms	£ 25,000	£ 25,000	£ -	£ -	£ -
9. Legal Advice - Foundations of the Support Kind Offer from LLR CCGs. Dedicated management support during the set-up and mobilisation phase of PCN development. First point of CCG contact for PCNs and ACDs.					£ 29,400	£ 29,400	£ -	£ -	£ -
Access to Professional Primary Care Legal Advice Capacity	Funded Primary Care specialist Legal Advice for two projects over the remainder of 2019/20. Advice Could be used for: <ul style="list-style-type: none"> • Creation of a Memorandum of Understanding • Employment contract • Staff sharing agreement 	Offered to all PCNs. Two call off 'orders' from the provider for the remainder of 2019/20	LMC Legal	£980 + VAT x 2 x 25 PCNs = £58,800	£ 29,400	£ 29,400	£ -	£ -	£ -
TOTAL PCN DEVELOPMENT FUNDING PROPOSAL					£ 776,452	£ 797,928	£ 753,978	£ 727,083	£ 734,644

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COMMISSIONING COLLABORATIVE BOARD MEETING

Paper G

Title of the report:	Alliance Update
Report to:	Commissioning Collaborative Board
Section:	Public
Date of the meeting:	17 October 2019
Report by:	Paul Gibara, Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG Helen Mather, Planned Care Programme Support Officer, Planned Care
Sponsoring Director:	Paul Gibara, Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG
Presented by:	Paul Gibara, Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG Helen Mather, Planned Care Programme Support Officer, Planned Care

CCG Involvement to date:

	City	East	West	Insert name of any other groups i.e. ECN
Clinician	Workshop took place on the 18th June which included all stake holders			UHL EQB
Manager				Alliance Clinical Leadership Team
				LLR Transition Group,SLT
				Alliance Management and Leadership Team

Formally signed off by CCG (sub-group or equivalent) prior to CCB:

City	East	West
ELT Planned Care Board Alliance Leadership Team	ELT Planned Care Board Alliance Leadership Team	ELT Planned Care Board Alliance Leadership Team

RECOMMENDATIONS:

Note work undertaken to date whilst acknowledging the need to conclude wider system agreement and determine the nature of future care alliances.

Commit to allow the Alliance pillar contracts to run towards the end of the 2 year to March 2021 whilst reserving the right to serve notice in line with system discussions

Alliance Update

1.0 INTRODUCTION

- 1.1 November 2018 CCB agreed for the Contract to proceed through to its final two years with the proviso that work would be undertaken to begin a review of the future of the Alliance.
- 1.2 In February 2019 an update was presented to CCB with recommendation that the current Alliance should continue whilst addressing issues identified within the body of the report and broaden its transformational scope, and allow wider system discussion to take place.
- 1.3 February 2019 CCB concluded the following:
 - a. West CCG to consider the paper presented and work with the Alliance to resolve issues being identified by West Leicestershire CCG
 - b. Arrange a developmental session with a view to bring a paper back to CCB by the Alliance.

2.0 PROGRESS TO DATE

- 2.1 Issues and concerns were communicated by West Leicester CCG to the Alliance and a developmental workshop was organised and took place on the 18 June 2019 which included LLR wide stakeholders, clinical, managerial and patient partners. The session was chaired by the Chair of the Alliance Leadership Board Professor Azhar Farooqi and Director of the Alliance Helen Mathers.

The workshop conclusion and recommendation were as follows:

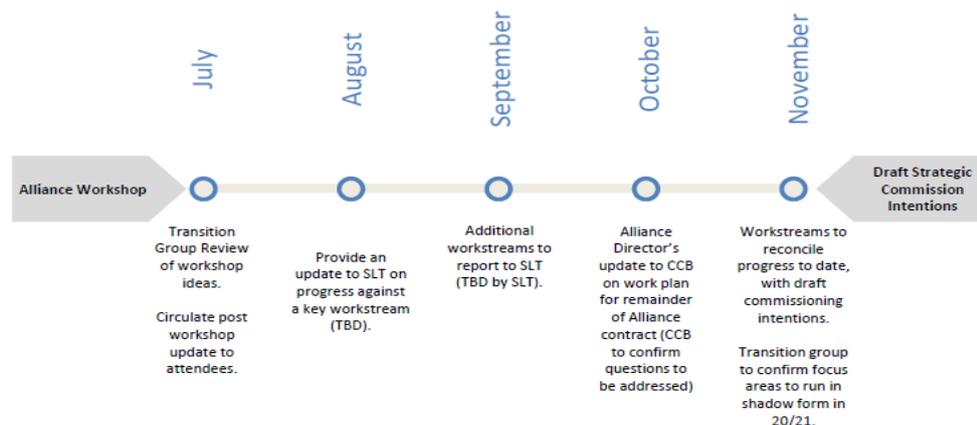
- Strategic Commissioning intentions need to be developed as part of the long Term Plan.
- Opportunities for the Alliance to contribute will need to be discussed at system Transition and sustainability Group. A desire to identify initial areas of focus by Autumn 2019 has been established with the possibility of some budgets being pooled in shadow form in 2020/21 to test how outcomes based commissioning might work
- Resource will also be identified to look at the implications for organisational form in the future health economy this will include better understanding potential provider Alliances (these are distinct from the existing LLR Alliance)

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

- Primary Care Networks will be integral to the provision of future healthcare. How they might interface with the infrastructure PCL provides needs to be explored further as the system transitions towards an ICS. Other functions that represent primary care will be part of this work (e.g. LMC and any remaining GP Federations)
- There is consensus that in the meantime, smaller “ areas should be identified for the LLR Alliance to begin exploring. The process for identifying proposals are described below:
- Development of a draft implementation framework will take place simultaneously to identify how focus areas will be progressed in line with the guiding principles and objectives of an ICS.



Proposed time line for future development as set out below:



3.0 CONCLUSION

Whilst the workshop was productive and managed to achieve a consensus as to the need for provider alliances, the current discussions and development of Integrated Care Systems and the future of Care Alliance have not enabled the LLR system to settle on “The Alliance” or its potential as being the correct approach or configuration.

It was however acknowledged that The Alliance does provide a useful platform from which to test new ideas and approaches for the remainder of its contract to March 2021 whilst current system discussions are taking place.

This work is expected to be taken through the system wide Transition Group

Given the above ICS considerations, national procurement / competition rule intent, the issue of re-procurement of current Alliance activity remains unanswered at present and will need due consideration as system agreement evolve and the current contract nears its end.

Other considerations are the significant reliance on The Alliance for the delivery of Current QIPP plans and financial sustainability for 2019/20.

3.1 Recommendation:

The Commissioning Collaborative Board is asked to:

- **NOTE** work undertaken to date whilst acknowledging the need to conclude wider system agreement and determine the nature of future care alliances.
- **COMMIT** to allow the Alliance pillar contracts to run towards the end of the 2 year to March 2021 whilst reserving the right to serve notice in line with system discussions