NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

HSI21/085

GOVERNING BODY

Title of paper	**Integrated Quality, Performance, Finance and Workforce Report**		
Agenda item	**7**	**Date of meeting**	8 December 2021
Director leads	Julie Dawes, Chief Nursing Officer Tessa Harvey, Executive Director of Performance Roshan Patel, Chief Finance Officer		
Clinical lead	Nicola Decker, CCG Clinical Leader Derek Sandeman, Chief Medical Officer		
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Purpose	For decision	☐
	To ratify	☐
	To discuss	☐
	To note/receive	☒

Link to strategic objective	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System

Executive Summary
Following local area scrutiny, key risks and issues requiring escalation to the Quality, Performance, Finance and Workforce Committee (QPFW) are agreed and summary reports, including deep dive slides on key areas, are provided to the QPFW. The last QPFW took place on 24 November 2021 where it was agreed that a number of key issues including urgent care, workforce resilience and capacity pressures (now, and forward looking) and aggression towards NHS staff should be escalated to the Hampshire Southampton and Isle of Wight CCG Governing Body. **<u>Quality and Performance (Appendix A)</u>** This section of the report summarises the current performance challenges, and the impact which those challenges are having on the quality of services delivered to our local population. These include • **Urgent and Emergency Care:**   ○ Sustained increase in demand for Urgent Care across all areas, with a particular risk being sustained increase in demand in the South Central Ambulance Service NHS Foundation Trust (SCAS)

- 111 service call answering and response times
- 999 service call answering and response times
- Ambulance handover waiting time

- **Mental Health Services**
  - Continued long waits for Child and Adolescent Mental Health Services (CAMHS) despite successful recruitment of 87 additional staff
  - Waiting times for assessment of children and young people with an eating disorder

- **Maternity Services**
  - Maternity services are facing considerable system workforce pressures and significant demand which could impact the quality of care delivered.

Other key areas to note include:

- **Planned and cancer care**
  - 127 patients have now waited more than 2 years for treatment; and despite providers treating more patients each month than in the same period last year; patients are waiting longer and the total number of patients on our waiting list continues to increase
  - Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).

The purpose of this report is to provide a high level summary of these areas for escalation to the Board for review.

Finance (Appendix B)

The NHS continues to operate with an interim financial regime during 2021/22. This has entailed the financial year being split into two halves.

2021/22 – H1 (Half 1 - 1 April 2021 to 30 September 2021)

For the first half of the financial year 2021/22, the Hampshire, Southampton and Isle of Wight CCG planned to spend £1.6bn and generate a £2.9m surplus. This was part of a wider commitment to enable the Hampshire and Isle of Wight Integrated Care System to deliver overall break-even. Due to an improvement in the financial position of other system partners during H1, the CCG only needed to deliver a £2.3m surplus. This was achieved, and included delivering £12.8m efficiency.

2021/22 – H2 (Half 2 1 October 2021 to 31 March 2022)

The National planning timetable required financial plans to be submitted on 18th November 2021 for the second half of the financial year. For Hampshire, Southampton and Isle of Wight CCG, this included submission of a deficit plan of £5.5m largely as a result of the CCG holding the Hospital Discharge Programme costs across the whole of HIOW.

Our intent is to deliver a break even position for the H2 period, and there are some potential areas that we are currently exploring:

1) Hospital Discharge funding – a bid has been submitted for schemes and costs already in place within the CCGs planned costs. The bid had not been approved when the plan was

submitted, but we are expecting to hear positive news shortly. The bid amounts to £4.3m and will improve the CCG position accordingly.

2) Elective Recovery Fund (ERF) – in the first half of the year, ERF national guidance enabled systems to earn ERF through delivering additional activity over and above 2019/20 baselines, this included ERF earnt by the Independent Sector which is commissioned through the CCG. For the second half of the year, the national methodology has changed, reflecting delivery of additional completed pathways over 2019/20 which is more challenging. The Independent Sector has not been able to deliver the 20219/20 levels of activity, so we have been unable to assume any additional income in H2. We continue to assess performance as activity data from the IS becomes available. There could be some upside as the second half of the year progresses.
3) Current expenditure and slippage – we are fully assessing all expenditure and profiling during the second half of the year to ensure any potential slippage is identified as a benefit.

The H2 plan submission for the CCG includes an efficiency target of £16.9m which represents 1.2% of our total allocation. Whilst the value is higher than that achieved in H1, we have confidence in delivering this, and have identified five high level schemes including prescribing, continuing healthcare (based on national benchmarking), investment review, non-recurrent local team efficiencies and corporate savings. £10m of our schemes are RAG rated green, £5m rated amber, and there remains an unidentified amount of £1.9m (rated red) which each local team has a target to deliver to mitigate this risk though exploring discretionary spend and non-recurrent measures.

Our risk as highlighted in the Governing Body Assurance Framework (GBAF) is 16 based on where we currently are, but our intent is to reduce the risk over the course of H2 to reach a break even position.

Month 7 (October) Reporting

The planning process for H2 was not concluded ahead of M7 (October) financial reporting. The CCG has applied the National guidance, which was to report a break even position for M7 against a temporary, Nationally determined allocation. The overall planned position as Nationally determined for M7 was a £3.1bn twelve month allocation.

2022/23

Whilst ensuring we meet a break even position during 2021/22 and ensure our efficiencies are fully identified, we are intent on ensuring we work towards developing a balanced plan for 2022/23. Planning guidance and allocations are expected in December of this financial year, but we have already begun to work through the key messages we have heard so far from the National and Regional teams to understand what this means for the ICB and ICS for next year and beyond.

Recommendations	**The Governing Body is asked to receive and review the Integrated Quality, Performance, Finance and Workforce Report**
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects

Equality and quality impact assessment	Impact of delays due to Covid-19 is noted.
Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG
Financial and resource implications / impact	The key financial and resource implications in relation to this paper include the risk to the CCG of failing to deliver the required level of performance for its population, and the financial impact to the health system.
Legal implications	The key statutory implication in relation to this paper is the risk to the CCG of failing to deliver the requirements of the NHS constitution to our population, and to deliver services within the budgeted financial resources available.
Principal risk(s) relating to this paper	Impact of Covid-19 (including delays) and workforce. If acute providers do not meet standards for patient access and care for the CCG population, then constitutional standards will not be met and patient care may be adversely affected.
Key committees / groups where evidence supporting this paper has been considered.	A full update was reviewed by the Quality, Performance, Finance and Workforce Committee in November

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Governing Body
Integrated Quality and Performance Escalation Report
Part 1

December 2021

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Summary

Quality risks and issues are reviewed in detail at each of the local area quality committees and performance information is reviewed at local Integrated Care Partnership Boards and individually with Trusts. Following local area scrutiny, key quality and performance risks and issues requiring escalation to the Quality, Performance and Finance Committee (QPF) are agreed and summary reports, including deep dive slides on key areas, are provided to the QPF.

The last QPF took place on 24 November 2021 where it was agreed that a number of key issues including **urgent care**, **workforce resilience and capacity pressures (now, and forward looking)** and **aggression towards NHS staff** should be escalated to the Hampshire Southampton and Isle of Wight CCG Governing Body.

This report summarises the current performance challenges, and the impact which those challenges are having on the quality of services delivered to our local population. These include

- **Urgent and Emergency Care:**
  - Sustained increase in demand for Urgent Care across all areas, with a particular risk being sustained increase in demand in the South Central Ambulance Service NHS Foundation Trust (SCAS)
  - 111 service call answering and response times
  - 999 service call answering and response times
  - Ambulance handover waiting time

- **Maternity Services**
  - Maternity services are facing considerable system workforce pressures and significant demand which could impact the quality of care delivered

- **Mental Health Services**
  - Continued long waits for Hampshire Child and Adolescent Mental Health Services (CAMHS) despite successful recruitment of 87 additional staff
  - Waiting times for assessment of children and young people with an eating disorder.

Other key areas to note include:

- **Planned and cancer care**
  - 127 patients have now waited more than 2 years for treatment; and despite providers treating more patients each month than in the same period last year; patients are waiting longer and the total number of patients on our waiting list continues to increase
  - Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).

The purpose of this report is to provide a high level summary of these areas for escalation to the Board, and review.

Escalations from the November 2021 Quality, Performance, Finance and Workforce Committee

Description	Actions being taken by the commissioning, quality and performance teams
Urgent and emergency care **1. Demand:** there has been a sustained increase in demand for all urgent care services: • System wide ED Attendances (Type 1) have increased on average from April to October by circa 17%, an extra 175 attendances to type 1 departments each day. This is impacting both physical space within departments and the amount of time it is taking for patients to be assessed • System wide emergency admissions have decreased by circa 2% between April and September. • Averaging 7% increase in primary care demand. **2. South Central Ambulance Service NHS Foundation Trust (SCAS) – Operational Pressures:** SCAS continue to experience significant operational pressure and are currently operating at Resource Escalation Action Plan (REAP) level 4 (severe pressure). The volume of calls being made to 999 and 111 services, together with workforce shortages within teams, are impacting both 999 and 111 response times and clinical standards. Within the call handling teams, sickness rates have been higher than normal. **3. Acute provider occupancy levels**: the continued increase in occupancy levels across acute providers (at an average of 93.5%) is leading to increased numbers of ambulance handovers with patients held in ambulances waiting for admission. There have been an average of 500 hours of ambulance time lost at our Trusts over each week of the last quarter. continued overleaf.	**Actions include:** • escalation of system operational focus, and development of surge plans to increase staffing and capacity in all services, to improve performance • development of Same Day Emergency Care (SDEC) pathways to ensure alternatives to hospital admission • enacting of agreed system escalation actions and full capacity protocols • six week system action plan in the Portsmouth and South East Hampshire system, with Chief Executive daily review and management of action plan • the national Emergency Care Intensive Support Team (ECIST) has visited all 4 acute Providers in November 2021 and shared recommendations for improvement • primary care Winter Access Plan in place • development of a revised winter plan, including agreement of additional funding for both ambulance services, and all systems • regular emergency department deep dive quality analysis undertaken • providers working collectively across HIOW to arrange divert of ambulances and surge planning / shared working protocols in order to ensure risk can be shared across the system. **SCAS:** • the impact of performance on quality of service delivery and patient safety was shared with CCG quality leads by SCAS at the November 2021 Clinical Quality Review Meeting (CQRM) • daily safety huddles where incidents are reviewed and considered continue • welfare calls continue to be reviewed by SCAS • long wait audits are undertaken by SCAS and any identified learning informs practice • staff feedback is collected and illustrates the challenges that they face on a daily basis and the impact that his is having on staff job satisfaction, resilience, well being and work life balance.

Escalations from the November 2021 Quality, Performance, Finance and Workforce Committee

Description	Actions being taken by the commissioning, quality and performance teams
Taken together, these urgent care pressures are having a negative impact on the delivery of performance standards, patient experience and patient safety on these pathways. Notably: • performance has declined each month; dropping from 88.48% in April to 69.79% for October • in October 69% of patients were seen within 4 hours, against the 95% standard, down from 71% last month • the SCAS and IOW Ambulance Service response times for 999 patients in all categories are not being achieved – with calls for the most urgent patients (category 1) moving out to 9 minutes and 11 seconds, against the 7 minute standard. This is a deterioration from 8 minutes 27 seconds • the call abandonment rate for patients calling 111 moving to over 50% • incidents have been reported by the 999 service in relation to delays and staffing • 26 complaints and 20 concerns were received by SCAS in September 2021, a rise from 18 and 17 in August 2021.	There are a combination of immediate actions being taken to ensure that we are maximising patient care, and longer term actions to address the underlying causes of delays. Short term actions include: • review of care breaching the National Institute for Health and Care Excellence (NICE) standards i.e. stroke patients • development of an additional modular ward / bedded capacity at Portsmouth Hospitals; the Emergency Care Centre opened on the 1st November and is having a clear, demonstrable impact on reducing ambulance handover delays Longer term actions include: • develop a structured judgement review type tool to support patient reviews • full system action plan to increase same day emergency care (SDEC) pathways and increase community capacity.
Maternity: considerable system workforce pressure and significant demand which could impact quality of care delivered.	• NHSE/I has published and shared a Maternity Resource Pack (published September 2021) which provides links to key documents focusing on improving safety in maternity care, key information about vaccination against COVID-19 and a summary of key projects and initiatives across the South East region to improve safety in maternity services. The pack is available via: https://www.southeastclinicalnetworks.nhs.uk/maternity-resource-pack/ • significant recruitment of staff from September 2021 • the NHSE/I National maternity and neonatal services action plan was sent to providers in August 2021 • maternity surge plan agreed across providers to manage planned levels of births • review and monitoring of serious incidents reported by maternity services to determine any harm as a result of workforce pressure • deep dive quality analysis of maternity services to be undertaken • an ICS maternity work stream quality lead has been identified.

Escalations from the November 2021 Quality, Performance, Finance and Workforce Committee

Description	Actions being taken by the commissioning, quality and performance teams
Hampshire Child and Adolescent Mental Health Services (CAMHS Sussex Partnership NHS Trust): the number of young people waiting for assessment in the Hampshire CAMHS teams has again fallen this month (end of September 2021) The additional investment made by HSIOW CCG has led to extensive recruitment of staff, and as at the end of September 2021 we are starting to see a reduction in both Assessment & Treatment Waiting Lists. Seven of the service teams are currently at Business Continuity Plan Level 3 (Eating Disorder Service, Early Help Service, i2i, Winchester & Test Valley, Basingstoke, Aldershot and Eastleigh). **Reported outcome measures (ROMs):** when a young person is being/has been treated, it is important for the service to understand the outcome of the treatment. There is a national requirement for CAMHS to undertake 40% paired outcome measures in patients who have had two or more contacts. Hampshire CAMHS is currently achieving 34.4%. **Southampton Child and Adolescent Mental Health Services (CAMHS Solent NHS Trust):** referral rates remain high with a current wait of 16 weeks from referral to initial assessment. Wait times for ADHD (for both prescribing intervention and non-pharmacological intervention) are extremely pressured. Eating Disorder caseload remains high, although reducing gradually from a peak in June 2021. The service continues to pull on wider team resource to manage high demand, and has successfully recruited to additional posts supported by Solent NHS Trust and additional investment.	**Tracking the delivery and impact of investment:** • SPFT reports 90 of the 100 whole time equivalent posts (funded by extra investment) have now been recruited to and therefore seeing an incremental increase in the level of activity at the end of October. Our agreed Activity Plan predicts we will see a greater impact on waiting times by Q4 2021/22 as new teams become productive and a greater number of contacts are offered. Positively there has also been a reduction in the staff vacancy rate. • the Digital Blended Team now have an open caseload of 108 patients and continue to prioritise long wait ADHD assessment referral • the new psychiatric liaison service is now operational Monday-Friday 0900-1700 across Winchester and Basingstoke Hospitals. The service will extend its operating times as and when staffing allows. **Triage and escalation (Hampshire CAMHS) continued:** • parents/carers can raise concerns via the Single Point of Access (SPA) and the young person's case can be reconsidered, the risk plan is updated and the priority reviewed • each local community team has a duty line for enquiries and advice for parents/carers/young people and professionals. **Patient/family/carer support (Hampshire CAMHS):** • as standard, when a young person is waiting a range of information is provided, including what to do if concerns increase. Referrers, families and professionals are routinely directed to the CAMHS website. **Monitoring outcomes (Hampshire CAMHS):** • an action plan is in place detailing the improvements required to ensure compliance with the national standards for paired outcome measures, which includes introducing a more automated way of collecting and importing ROMs through a digital solution. This solution may take some time to develop, however the service is aiming to achieve the national standard by the end of the financial year.
Violence and aggression: local providers (acute, urgent services, community, school nursing and primary care) are reporting an increase in cases of violence and aggression towards staff. A number of cases appear to be related to waiting times and COVID-19 vaccination programmes.	**Actions being taken include:** • Providers are taking local action and precautions around violence and aggression • HIOW Communication team are working on public messaging around availability and access to services • the Government and NHS England/Improvement (NHSE/I) are working with the trade unions and the Academy of Medical Royal Colleges to launch a zero-tolerance campaign on abuse of NHS staff • providers have been reminded to report cases of violence and aggression as incidents • the HIOW Communication team are working on public messaging around availability and access to services.

Key performance and quality issues from the October 2021 Quality, Performance and Finance Committee to note

Description	Key actions/mitigations/updates

Planned care
 	
1. Even though providers across HSIOW CCG are treating the same or more patients than before the pandemic the waiting list has grown. The latest validated total waiting list size is 140,917 – and unvalidated data shows that this has increased further. This is an increase of 14% since April 2021
 	
2. The latest validated data shows 127 patients have now waited more than 2 years for treatment; and again this has grown each week. Providers and commissioners are agreeing plans to ensure that no patient will wait over 104 weeks from the end of March 2022.
We will aim to maintain our waiting list size, and reduce the number of patients waiting over 52 weeks by increasing the level of activity delivered above 100% for all types of activity
 	
3. Our current elective activity rate is 105% of elective and day case activity, but only 94% of 2019/20 levels for non admitted / outpatient activity, and we must take action to increase this level of activity - every NHS and independent sector (IS) provider is working very hard to maintain or increase the number of elective patients seen.
They are doing this by working smarter as well as harder but it is a difficult balance of risks between emergency and elective care, in the face of growing urgent care demand
 	
4. Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%)
	The commissioning, quality and performance teams are collectively taking the following actions:
	
	• continued focus on the management of the emergency programme, and the actions set out on slide 3, in particular hospital discharge, to ensure there is bed space for elective patients
	
	• creation of mutual aid between providers by providing resources or leadership; sharing good practice through creating clinical networks or new pathways
	
	• securing national support for capital investment in additional theatre, bed and diagnostics capacity
	
	• managing a HIOW system wide review of patient harm as a direct result of a wait on the Referral to Treatment (RTT) pathway, learning from which is shared with providers
	
	• further work is being undertaken with providers to develop proactive and reactive harm reviews to enable a system-wide overview of harm in relation to other waiting lists
	
	• undertaking a quality improvement project with one of our providers to look at how we can improve the experience of those waiting for treatment. Learning from this work will be shared across the system
	
	• collective work across the cancer network with all providers to ensure sufficient capacity for all services (particularly for breast and urology cancer services, who have seen the largest increase in referrals) – key actions / risks as follows:
	
	  • deep dive in University Hospital Southampton NHS Foundation Trust (UHS) breast pathways
	
	  • detailed analysis of each step of the prostate pathway and funded mitigation plans, mapping of gynaecology and head and neck pathways in anticipation of best practice pathway publication with funded mitigation plans
	
	  • additional resource to support urology and breast diagnostics
	
	  • implementation of Rapid Diagnosis Services for all patients with non specific symptoms, plus additional pathways are now live for pancreatic cancer and breast pain (pilot in North Hampshire)
	
	  • lung pathways mapped with a view to the implementation of one stop diagnostic clinics

Key performance and quality issues from the October 2021 Quality, Performance and Finance Committee to note	
Description	Key actions/mitigations/updates
4. Continued from previous page: Pressure on cancer pathways as a result of increase in referral volumes - with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).	• increased diagnostic capacity in endoscopy (via modelling review, colon capsule pilot and cytosponge) • operational cell is active and meets weekly to review pressures across HIOW and Dorset in partnership and identify opportunities for mutual aid, including diagnostics • weekly tracking of PTL position across alliance, led by COOs. Detailed coding and patient tracking . System wide mutual aid for challenged trusts or pathways. Surge planning and Cancer Hub stood up utilising independent sector capacity as required • capacity at the Spire Southampton was a critical factor in the success of sustaining P1 and P2 treatment, but also in sustaining diagnostic tests where day case activity is required. This will be essential through the winter to sustain a minimum backlog • work underway to review application of new MDT guidance, streamlining for example histopathology and reporting to ensure MDT discussions are in line with new national guidance making the best use of MDT capacity • reviews of patients who have breached 104 days (referral to treatment) undertaken by providers • local area CCG quality leads to share changes to practice/ learning following the review of patients who have breached 104 days with the Planned Care quality lead for sharing across the system.

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Clinical Commissioning Group

Hampshire, Southampton and Isle of Wight CCG Finance Report 2021/22

Finance : October 2021

(Month 07)

Executive Summary – 2021/22
Month 7 Position (October)

NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

Summary Financial Position

The CCG delivered a £2.3m surplus in H1.

The planning process for H2 is not yet concluded. National guidance is to report a break even position for M7 against a temporary, Nationally determined allocation.

The CCG submitted a £5.5m deficit plan as part of H2 planning against which an allocation for discharge funding is expected of £4.5m. An efficiency target of £16.9m has been set (£15m identified, £1.9m unidentified).

To note:
Slide 3 - shows the current position by Local team
Slide 4 – shows the revised Service Development Funding for H2 following revised notifications during the H2 planning process
Slides 5 to 7 – shows the efficiency requirement for H2 and those delivered in H1 and the further work required to mitigate the unidentified efficiencies.

Forecast Outturn Surplus/(Deficit) for 2021/22 by Local Team

NHS
Hampshire, Southampton and Isle of Wight
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CCG Plan Vs Actual	Financial Position - Annual			Anticipated Allocation		FOT
	Plan (£m)	Actual (£m)	Variance (£m)	HDP (£m)	ERF (IS and 20% Gain) (£m)	Post HDP & ERF Adj Variance (£m)
Isle of Wight Local Team	262.4	264.9	(2.5)	2.5	0.0	0.0
North and Mid Hampshire Local Team	663.7	668.9	(5.1)	5.1	0.0	0.0
South East Hampshire Local Team	664.9	669.4	(4.5)	4.5	0.0	0.0
South West Hampshire Local Team	541.9	545.8	(3.9)	3.9	0.0	0.0
Southampton Local Team	420.6	423.6	(3.0)	3.0	0.0	0.0
CCG Hosted and Pass Through	486.8	484.5	2.3	0.0	0.0	2.3
Corporate Costs	65.6	65.6	0.0	0.0	0.0	0.0
NHS Hampshire, Southampton & Isle of Wight CCG Total	**3,105.9**	**3,122.8**	**(16.8)**	**19.1**	**0.0**	**2.3**

Memorandum: Historic CCG Position	(39.5)	0.0	(39.5)			

Summary:

The financial position above is based on a H1 (Months 1 – 6) actual surplus of £2.3m greater than allocation. In addition, break even on an interim allocation given to the CCG for H2 (Months 7 to 12). The interim allocation is in lieu of final approval of the plan for H2 which was submitted to NHS England on 18 November 2021.

Service Development Fund Month 7 Position (October)

Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

	£000's		
Commissioning Area	Hampshire Southampton and Isle of Wight CCG	Portsmouth CCG	Total
Ageing Well	8,857	0	**8,857**
Cancer	8,459	191	**8,650**
CVD, Respiratory & Stroke	3,415	0	**3,415**
Diabetes	587	0	**587**
Diagnostics Programme	3,512	0	**3,512**
Emergency & Elective Care	13,604	280	**13,885**
Health Inequalities	53	0	**53**
IT & Tech	117	0	**117**
LD & Autism	2,429	0	**2,429**
Maternity	834	37	**870**
Mental Health	17,973	3,006	**20,979**
Outpatients	314	0	**314**
People	1,158	0	**1,158**
Personalised Care	82	466	**548**
Prevention	601	68	**669**
Primary Care	8,742	1,748	**10,490**
System Transformation	354	0	**354**
Total SDF H1 and H2	**71,091**	**5,796**	**76,887**
Other Non-recurrent Funding	**6,386**	**0**	**6,386**
Total SDF and NR Funding	**77,477**	**5,796**	**83,273**

- Total SDF for the HIOW System is £83.3m (including Portsmouth CCG £5.8m)
- Other funds received for the system are Primary Care £3.7m; Cancer £1.4m and Diabetes £0.3m with the remaining balance a mixture of preventative services and other smaller items £0.9m.

Please Note : Due to rounding's, the values in the table above may not cast completely to actual funding received.

CCG H2 Efficiency Position Summary 21/22

Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

For H2, the CCG has a current planned deficit of £5.5m (before Discharge Funding of c£4.5m).

To meet this, the CCG has an efficiency target of **£16.9m** for H2 (**£12.8m delivered in** H1).

Five high level themes have been set out (largely the same as in H1), and are RAG rated on the following slide.

- Continuing Health Care
- Hospital Discharge Programme and Surge investment cost review
- Prescribing
- Non recurrent Local Team efficiencies
- Corporate and other efficiencies
- Unidentified sum - mitigation to be determined

The process has been mostly top-down at this point, identifying areas where we have experienced previous success with efficiencies, and building on those already delivered in H1. However, further work is required to mitigate the efficiencies fully, working with responsible Executive Directors/Managing Directors to fully identify and deliver the required efficiencies, including plans for the currently unidentified sum.

Oversight will be through the Quality, Performance, Finance and Workforce Committee.

A robust programme of monitoring and review of all efficiencies at ICS and Local Delivery System level will need to be designed for 2022/23 and beyond.

CCG H2 Efficiency Position Summary 21/22 Month 7-12 Target Position (October)

Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

CCG H2 Efficiency Plan	Efficiency Position H2		
	Target (£m)	RAG	Narrative
Corporate & Other Efficiencies	2.0		£1.3m savings in corporate budgets in order to work within running costs allocation and the continuation of vacancy levels for the remainder of the year, plus £0.6m non-recurrent non-pay underspends and funding receipts in year. In H1 £1.3m was delivered, but the pay run rate together with non-recurrent balance sheet reserves and some SDF funding enable the CCG to meet this target.
CHC Efficiency	4.0		National modelling suggests a £5m opportunity in CHC for H2. This would largely be as a result of containing growth together with ongoing independent reviews in to retrospective payments leading to lower than expected over turned appeals. This is the same level of efficiency that was planned for H1, however, in H1 delivery was £0.9m greater than target.
HDP / Surge Cost Review	3.0		Known slippage on schemes – costs held within the CCG – £1.8m of which has already been identified. Further cost reviews are planned, though the CCG can confidently say this target will be fully achieved as a function of the lack of available workforce in the ICS.
Local Team / Non Recurrent	5.0		Deployment of balance sheet from 2020/21, local team reviews into potential slippage on current investments given known workforce and recruitment difficulties and non recurrent cost reviews - This has been fully identified.
Prescribing	1.0		Medicines management review into non rebate schemes, particularly the use of cheaper medicines if proven to provide the same level of safety and effectiveness as current medicines. Continued benefit of Category M cost reductions and additional rebate schemes going live in H2 – medicines management teams savings group in place and actively working on this.
Unidentified	1.9		Mitigations to be determined, may be some further SDF slippage, but Deputy Directors of Finance are working in local delivery systems to identify efficiencies.
NHS England reported efficiency target	**16.9**		

H1 Efficiency Position Summary 21/22 Month 6 Position (September)

Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

CCG Efficiency Plan Vs Actual	Efficiency Position H1	
	Target (£m)	Actual Delivered (£m)
Review of Investments	3.4	2.2
General Efficiency	4.0	4.4
CHC Efficiency	4.0	4.9
NHS England reported efficiency target	**11.5**	**11.5**
Corporate Efficiencies	0.6	0.5
Other Efficiencies	0.7	0.8
Internal CCG Stretch Target	**1.3**	**1.3**

NHS Hampshire, Southampton & Isle of Wight CCG Total	**12.8**	**12.8**

- During the Planning process efficiencies of £12.8m were established to enable the CCG to achieve the planned surplus.
- Deputy DoFs are working with their Senior Local Teams to determine further efficiencies, to support the transition into H2.