

Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



**TO EACH MEMBER OF THE
HEALTH AND WELLBEING BOARD**

27 March 2015

Dear Board Member

HEALTH AND WELLBEING BOARD - Thursday 2 April 2015

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following additional report and copy of presentation:-

7. Bedfordshire Plan for Patients

To receive a report and presentation on the refreshed 2015/16 Bedfordshire Plan for Patients.

Should you have any queries regarding the above please contact Sandra Hobbs on tel: 0300 300 5257.

Yours sincerely

Sandra Hobbs
Committee Services Officer
email: sandra.hobbs@centralbedfordshire.gov.uk

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Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Bedfordshire Plan for Patients

Meeting Date: 2 April 2015

Responsible Officer(s) John Rooke, Chief Operating Officer

Presented by: Alison Lathwell, Acting Director of Strategy and System Redesign

Recommendation(s)

1. The Health and Wellbeing Board is asked to note updates provided by BCCG on financial recovery and its approach to the Bedfordshire Plan for Patients refresh.
2. The Health & Wellbeing Board receives the refreshed Bedfordshire Plan for Patients at the next meeting.

Purpose of Report

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| 1. | This paper contains information for the Central Bedfordshire Health & Wellbeing Board on BCCGs current financial position and plans for financial recovery and the key drivers that we expect to be reflected in our refreshed Bedfordshire Plan for Patients. |
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Background

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|----|---|
| 2. | <p>Bedfordshire Clinical Commissioning Group (BCCG) is currently in the process of reviewing and refreshing its Bedfordshire Plan for Patients 2014 – 2016; this two year operational plan was approved by the Central Bedfordshire Health & Wellbeing Board in 2014. A refreshed version of the strategy will be shared with Central Bedfordshire Health and Wellbeing Board once approved by BCCG Governing Body.</p> <p>This refresh will reflect the current financial pressures faced by BCCG, and the Forward View into Action 2015/16 planning guidance issued by NHS Leaders.</p> <p>To ensure transparency in our approach we felt that it was pertinent to share with the Central Bedfordshire Health & Wellbeing Board, information on our current financial position and plans for financial recovery and the key drivers that we expect to be reflected in our refreshed Bedfordshire Plan for Patients.</p> |
|----|---|

	The attached presentation provides an update to the Board on these key areas.
3.	The current Bedfordshire Plan for Patients 2014-16, that we are in the process of refreshing, is attached for reference.

Reason(s) for the Action Proposed

4.	The Health & Wellbeing Board is asked to note information contained within this paper.
5.	N/A
6.	<p>The refreshed Bedfordshire Plan for Patients will continue to support the Central Bedfordshire Health & Well Being Strategy aim of improving health outcomes and reducing inequality.</p> <p>It will drive the implementation of integrated, networked health and social care systems that provide more supportive and preventative care especially for our most vulnerable patients and those with complex conditions. This integrated system, that will bring care closer to home for many Central Bedfordshire residents.</p> <p>Bedfordshire CCG would like to work closely with Central Bedfordshire Council and other key health & social care partners to deliver our refreshed plan.</p>

Issues

Governance & Delivery

7.	<p>Bedfordshire CCG will share the revised Bedfordshire Plan for Patients at the June Health & Wellbeing Board meeting.</p> <p>Bedfordshire CCG will continue to regularly update the Health & Wellbeing Board on the progress of the Plan for Patients and financial recovery.</p>
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Financial

8.	N/A
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Public Sector Equality Duty (PSED)

9.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
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	Are there any risks issues relating Public Sector Equality Duty	No
	If yes – outline the risks and how these would be mitigated	

Source Documents	Location (including url where possible)
Bedfordshire Plan for Patients presentation	Attached
Central Bedfordshire Plan for Patients 2014-16 (summary)	Attached

Presented by (type name)

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Shaping Sustainable Health Services

Central Bedfordshire Health & Wellbeing Board

Alison Lathwell

Acting Director of Strategy & System Redesign



Financial update

- In November 2014 we reviewed our finances and forecasts concluding that a deficit of between £24m-£36m was likely at year end. Following a review of January figures we are now forecasting a deficit up to £40m. This is accumulated deficit from financial years 2013/14 and 14/15
- Key factors behind the changed financial position include:
 - Increased activity at our local acute hospitals
 - Increased demand in Continuing Healthcare
 - Increased spending on out-of-county mental healthcare beds

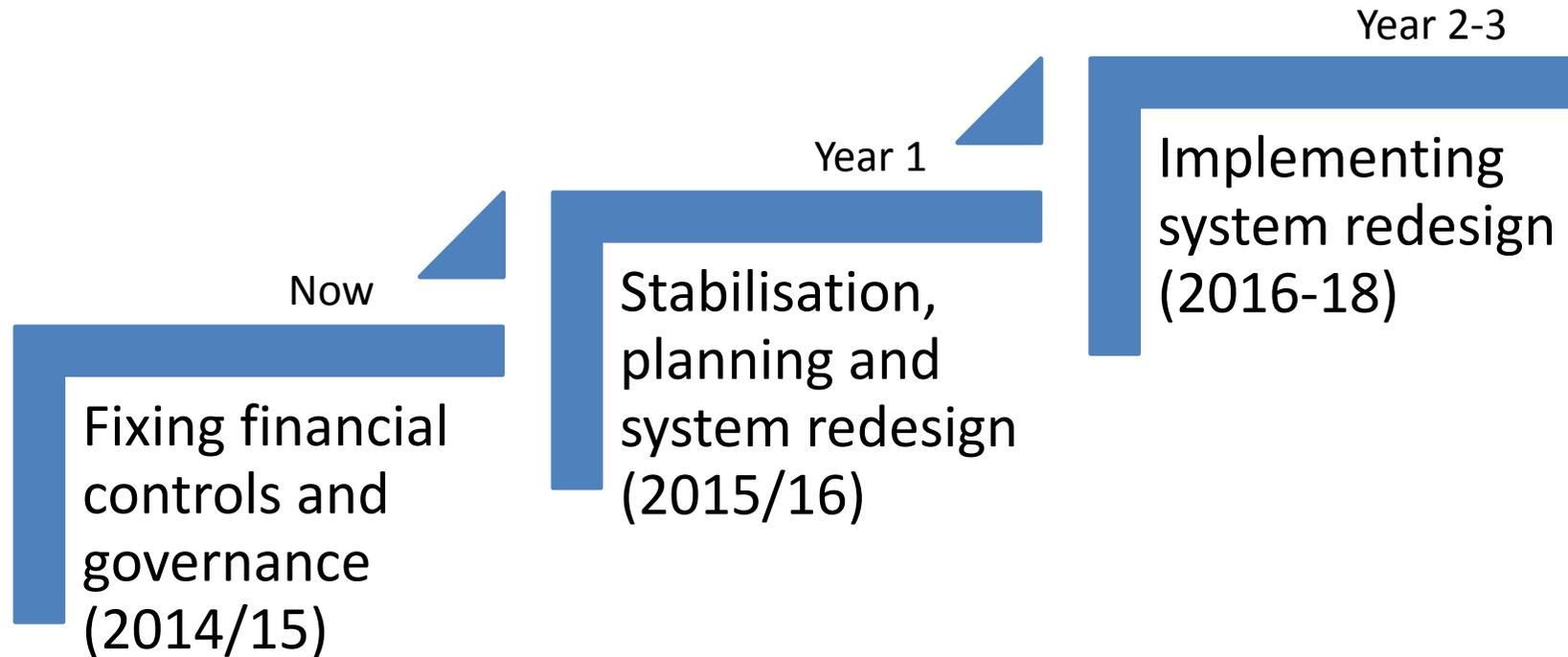


Our plans for financial recovery

- We have developed a Financial Recovery Plan to stabilise our financial position and bring us back into financial balance by 2018.
- Our plan is consistent with our five-year strategy, our commissioning intentions 2015-16, Better Care Fund plans and local health and wellbeing strategies. It will enable us to deliver these strategies and programmes at pace.
- It enables us to achieve our vision for integrated health and social care services that bring care closer to home while living within our financial means.
- But it will mean taking difficult decisions as we review all our commissioning activities, with our partners, to ensure they provide best value for money.



Key steps to sustainable financial recovery



Actions taken to achieve financial recovery

Governance and financial controls. We have:

- Strengthened executive team with two key appointments
- Established a Finance Committee to assure the delivery of our plans
- Introduced financial skills through a new co-opted lay member for finance
- Conducted root and branch review of governance and financial processes
- Increased accountability of directors, localities and directorates
- Improved support services to underpin financial recovery

Stabilising our financial position

- At least £11m of savings in 15/16

- Care closer to home
- Continuing healthcare
- Decommissioning local services
- Medicines management
- Contract management
- Mental health and learning disability
- Transforming primary care
- Children, young people and maternity



Draft Financial Plan 2015-16

- £32m increase in our allocated budget (2015/16)
- Forecast savings plan of £11m and a provisional forecast deficit of £14m (circa 3% of our overall budget)
- We have reduced our running costs by 10%
- These are difficult and challenging targets, which we must achieve to meet our statutory duties
- We aim to be in recurrent balance by the end of 2015/16, financial balance by the end of 2016/17 and will produce a 1% surplus in 2017/18

Plans for service redesign

- Proactive care plans for people with long-term conditions
- Less intervention as a result of new preventive healthcare models
- Reduced hospitalisation for people at end of life
- Better value for money for continuing healthcare packages
- More community based care
- Improved access to Bedfordshire-wide mental health services.



Patient safety and quality of care

Patient safety and quality of care will continue to be at the centre of everything that we do:

- We will act quickly to ensure services are provided safely at all times
- We will continue to understand and act upon information and situations that do not offer good patient experience
- We will ensure services are delivered in line with guidance and good practice
- Continue to deliver best in class waiting times and quality



Patient safety and quality of care

Keeping patient safety and quality of care at the centre of everything that we do;

Some key highlights:

- **A&E 4hr waits:** our two local hospitals had amongst highest performing A&E departments in the country
- **Clostridium difficile:** performance is one of the lowest in our region
- **Cancer performance:** achieving well, close work with hospital to identify any possible delays in the pathways.
- **Looked after children:** achieving health assessments in partnership with Bedford Borough and Central Bedfordshire.

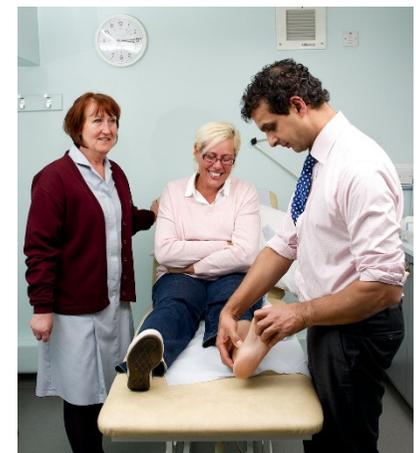
Some key challenges:

- **Improving Access to Psychological Therapies**
- **Dementia care**



Operational Planning

- Planning to meeting NHS Constitutional pledges
- Outcome ambitions
- Seven day services
- Compassion in practice
- Safeguarding
- Patient experience
- Response to Francis, Keogh, Berwick
- System resilience
- Health inequalities & prevention
- Research & innovation
- Parity of esteem



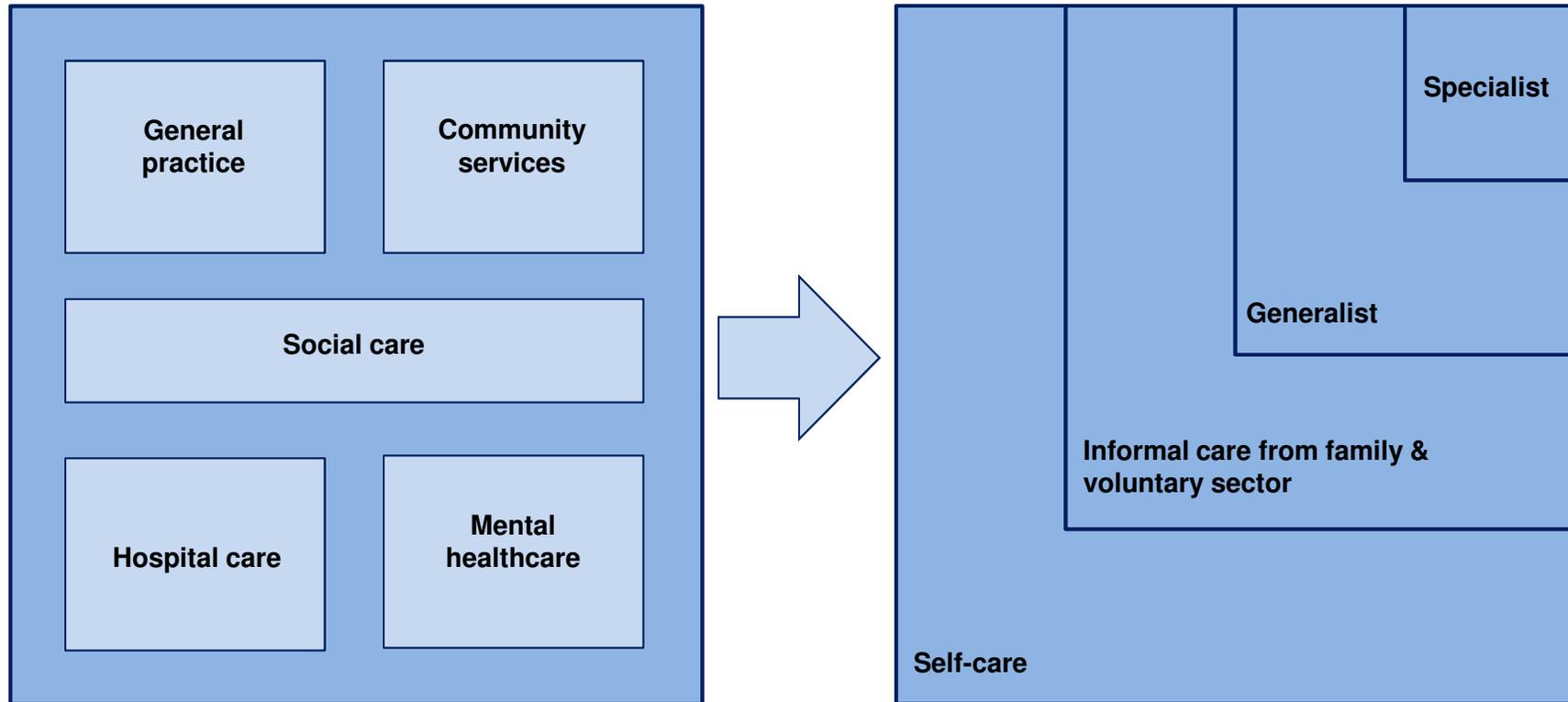
Our 2020 Vision



better care, better value, better health

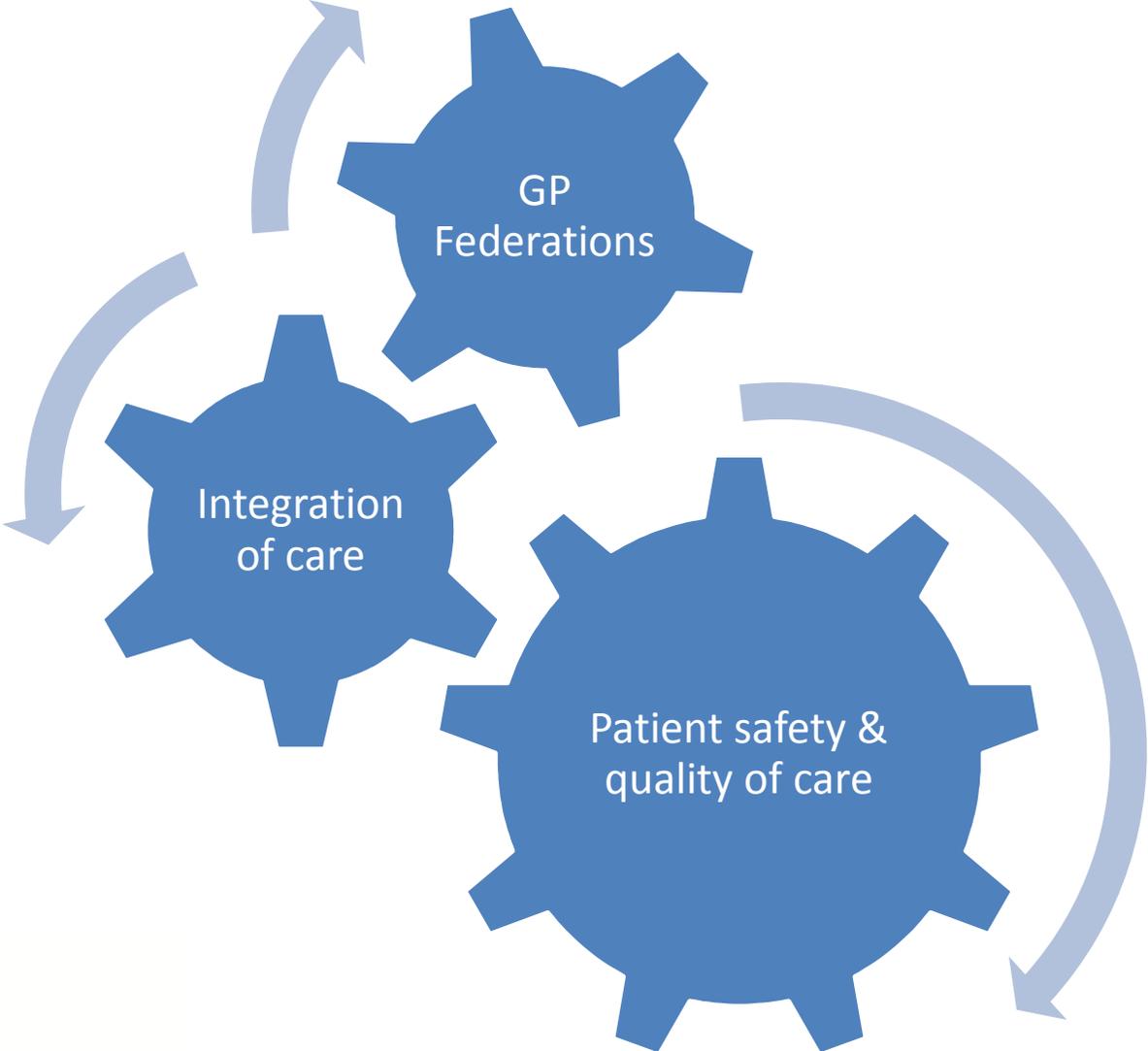


Our health and social care system vision 2020



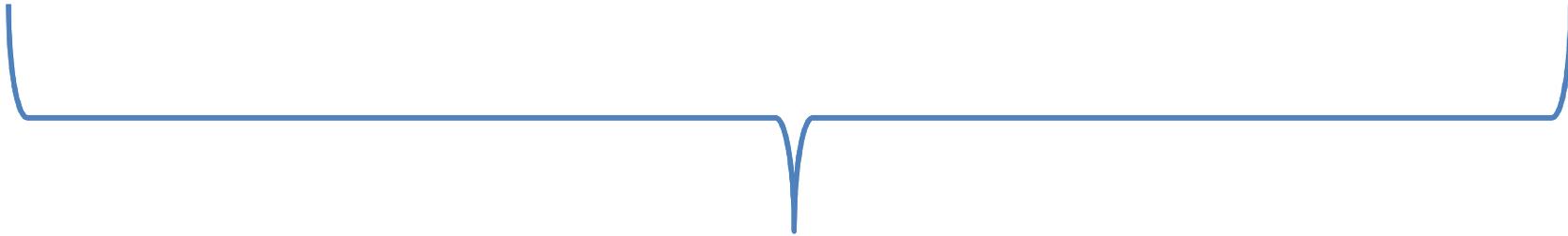
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Drivers for this vision



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Our vision for urgent care

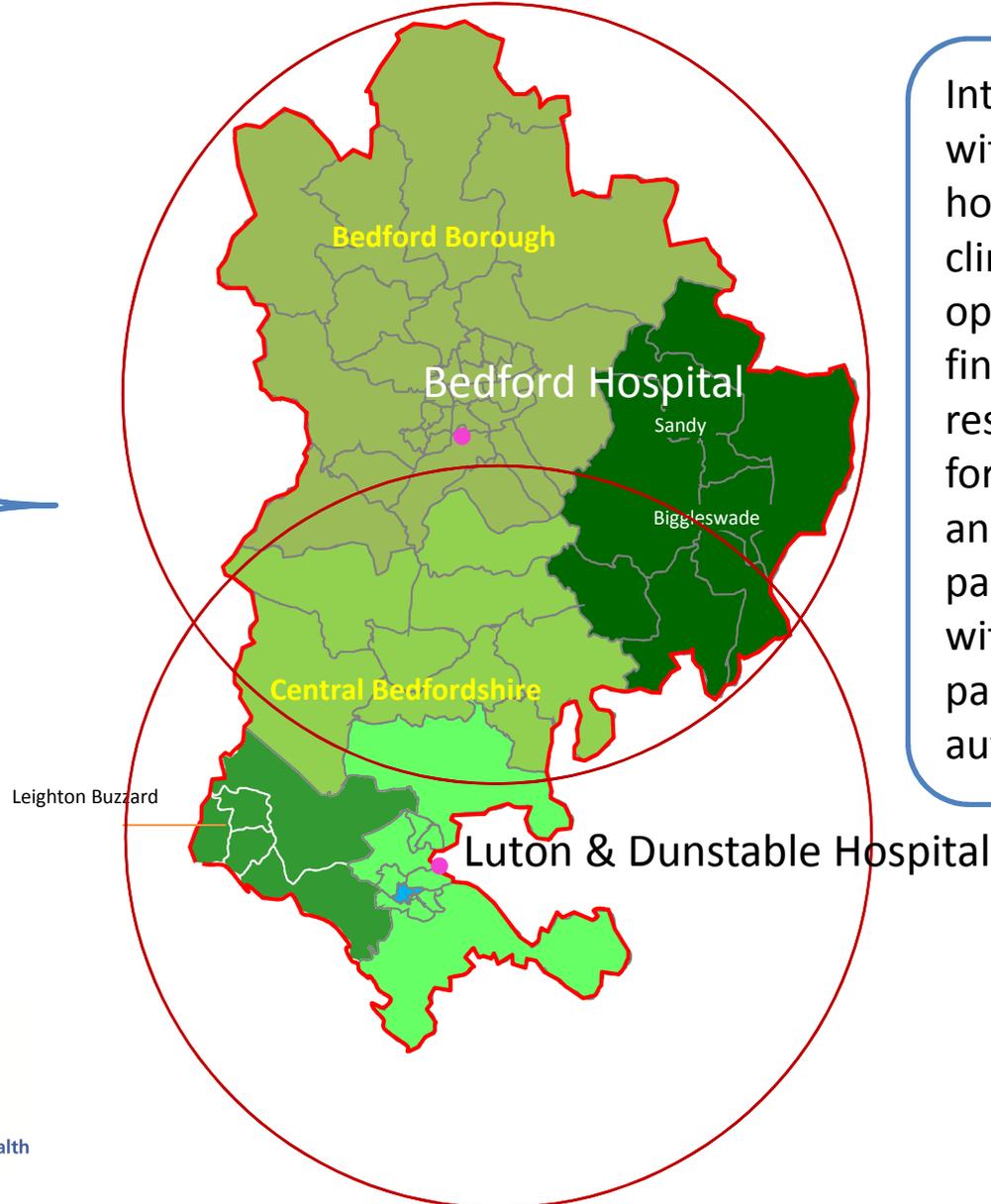


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Our vision for integrated hospital and community care



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Integrated care with GPs and hospitals taking clinical, operational and financial responsibility for the system and working in partnership with social care partners / local authorities.

Better care fund

- Overseen by the Better Care Fund Commissioning Board – whose membership includes senior managers from both the LA and CCG
- Robust governance arrangements are being developed to monitor progress and ensure delivery
- Working together to look at existing shared health and social care pathways and exploring areas where these can be improved to deliver better patient experience and more efficient services.
- We need to challenge ourselves to spend hundreds of millions of pounds in public money better, together across Central Bedfordshire
- Important to the emerging plans around vertically integrating hospital and community care and development of GP Federations locally



GP Federation is happening locally:

- Nearly all practices have agreed to be part of a GP federation.
- In order to be part of the integrated care solution, General Practice needs to be a legal entity
- Being part of an integrated care system, allows GPs to undertake a variety of roles locally, making Bedfordshire a more attractive place to work
- A federation enables us to deliver services across a number of practices where it makes sense to do so.
- Regular meetings are being held with the federation vehicle in all five localities
- Each locality has a GP federation lead
- Each practice has a GP federation lead.



Bedford Borough

Bedford Borough has 26 GP practices covering ~180,000 people

Chiltern Vale

Chiltern Vale has 10 GP practices serving ~79,000 people

Ivel Valley

Ivel Valley has 9 GP practices covering ~87,000 people

Leighton Buzzard

Leighton Buzzard has 4 GP practices covering ~44,000 people

West Mid Beds

West Mid Bedfordshire has 6 GP practices covering ~58,000 people

GP Federating is happening locally:

Areas being worked on:

- Frail elderly services to give more intense support to this group of vulnerable patients
- Day time home visiting service to supplement what practices currently do
- Anticoagulation services
- Phlebotomy
- Community nursing to be part of an integrated health system under 'alliance style' contracting



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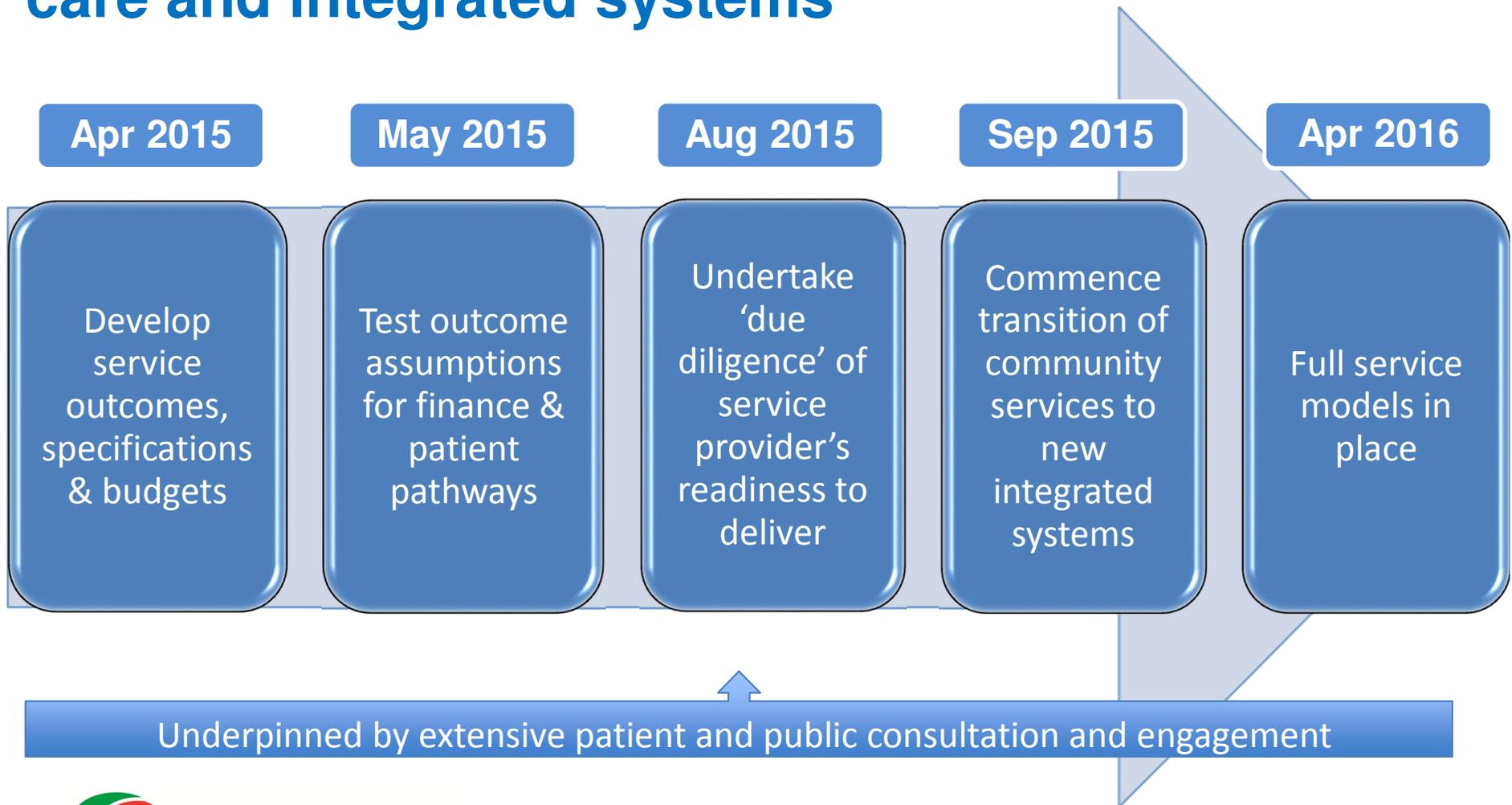
GP Federations and integration of care will achieve:

- Better co-ordination and consistent care throughout the health and social care system
- Robust community services provided via multi-disciplinary teams
- An integrated care record with the full patient pathway clearly described and visible to patient and clinicians alike
- Clear signposting and the ability to be seen by the most appropriate health professional for the problem that the patient has at the time.



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Timeline to deliver simplified urgent care and integrated systems



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Any questions?



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