

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



**TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

22 October 2015

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday
26 October 2015**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following additional report, background paper and presentations.

10. Bedfordshire Clinical Commissioning Group - Finance Plan 2015/16

To consider the BCCG's Finance Plan 2015/16 and consider the impact for residents in Central Bedfordshire.

11. Winter Resilience Planning - Update

To receive a presentation on the Bedfordshire Clinical Commissioning Group's Winter Resilience Plan and receive an update on the continued work to refine and deliver a responsive and high quality emergency care system.

12. IVF Service - Update

To receive a verbal update on the outcome of the BCCG's redesigned IVF Service in its first six months of implementation and scrutinise the impact on patients and their satisfaction with the new service in Central Bedfordshire.

13. Central Bedfordshire SEND Preparing for Adulthood Strategy (14-25)

To receive an update on the implementation of the Central Bedfordshire SEND Preparing for Adulthood strategy (14-25) which was presented to Executive on 31 March 2015.

Should you have any queries regarding the above please contact the Policy and Scrutiny Team on Tel: 0300 300 4196.

Yours sincerely

Paula Everitt

Scrutiny Policy Adviser

email: paula.everitt@centralbedfordshire.gov.uk

This page is intentionally left blank

Central Bedfordshire Council

**SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

26 October 2015

Bedfordshire Clinical Commissioning Group Finance Plan

Advising Officers: Alison Lathwell, Acting Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group
(Alison.Lathwell@bedfordshireccg.nhs.uk)

Presenting Officer: Andrew Moore, Interim Chief Operating Officer,
Bedfordshire Clinical Commissioning Group

Purpose of this report is to provide Members with details of the BCCG Finance Plan and receive an update on the current areas of focus

RECOMMENDATIONS

The Committee is asked to:

1. Scrutinise the impact of the revised finance plan update on local residents and current service users and challenge the forecast where appropriate.

Council Priorities

This report supports the following council priority

- promote health and well being and protect the vulnerable

Corporate Implications

The Finance plan update has been produced by the BCCG and any corporate implications to the Council are detailed in the report.

Conclusion and next Steps

Members are requested to consider and comment on the information delivered by the BCCG.

Appendices

Appendix A – BCCG Finance Report.

This page is intentionally left blank



Appendix A

Financial Plan Update Report for Overview and Scrutiny Committee
26 October 2015

| | |
|--------------------------|---|
| Title: | <i>Financial Report for month 05 (August 2015)</i> |
| From: | <i>Andrew Moore, Interim Chief Operating Officer</i> |
| Purpose of Paper: | <p>This report is intended to provide an overview of the current financial position for the CCG, to highlight financial risks, and to help support discussion on the impact for local Central Bedfordshire residents.</p> |

Executive Summary:

The key themes that emerge from the detailed technical financial report include:

- Bedfordshire Clinical Commissioning Group (BCCG) are on plan to achieve the agreed forecast deficit position of £20m.
- In year savings plans have been focussed upon process, transactional efficiencies and policy adherence as opposed to service cuts.
- Risks to the savings plans are outlined within the report and are predominantly linked to hospital pressures for emergency admissions.
- Planning for the financial year 2016/17 will continue to be financially challenging
- NHS England, the organisation that governs CCGs, reports increased levels of assurance in relation to BCCGs financial position.

**Bedfordshire Clinical Commissioning Group (CCG)
Financial Report – August 2015 (Month 05)**

Introduction

The financial report highlights:

- The financial position for the first five months of the financial year, of a £189,000 surplus for the period to date;
- The forecast outturn for the financial year as a whole (2015/16) remains on plan (i.e. a deficit position of £20m);
- The slight improvement in the forecast over performance, on the Acute Top 6 providers, during the month reducing by £2.1m to £8.3m (previously £10.4m);
- The offsetting of any benefit due to the posting of all the unidentified QIPP (circa £5.101m) within the ledger;
- The significant risks, and assumptions, underpinning this report, namely:
 - Full delivery of the £16m QIPP Program;
 - The inclusion of back loaded additional expenditure of £7.2m;
 - The inclusion of back loaded additional income/savings of £5.1m (with a £4.5m improvement on the QIPP run rate being part of this); and
 - The critical nature, and sensitivity, of these assumptions on the eventual outturn position;
- The significant over performance on the six large contracts, to date of £2.9m, with Non Elective performance accounting for all of this sum (and running at a 11% increase on the comparable period last year);
- The outstanding risks, together with the scenario analysis, and the resultant need to generate further headroom in order to provide a degree of contingency;
- The Financial and Technical Accounting Indicators (i.e. PSPP, Invoice Control, Debtors and Cash), which all remain broadly on plan, although further work is required;
- The ongoing improvements in financial reporting (but noting only minimal budgetary adjustments to be actioned, moving forward, now QIPP fully posted within the ledger); and
- A number of next steps, principally focused on understanding, and reducing, the non elective over performance, developing headroom, and focusing on closing down outstanding risks.

The position for the year to date from April 2015 to 31st August 2015 is a small surplus of £189,000 (i.e. virtually on plan).

Whilst the year to date position has remained on plan, this position does conceal a number of significant variances, namely;

Year to date

| | Under/(over) spent (Month 05) £'m |
|--|--|
| – Acute Commissioning Top 6 Overspend | (2.9) |
| – Commissioning Partnerships (Mental Health) | 0.6 |
| – Continuing Healthcare | 0.8 |
| – Primary Care Prescribing | 0.6 |
| – GP IM & T | 0.2 |
| – Net Application of Reserves | <u>0.9</u> |
| Surplus (year to date) | 0.2 |

It should also be noted that the balanced position is only being achieved by committing the full proportionate share of net reserves (i.e. 5/12) leaving little or no contingency, or headroom.

The forecast outturn position for the year as a whole, from 1st April 2015 to 31st March 2016, is also a break even position (i.e. a spend of £512m, leading to an agreed in year deficit of £20m).

However, the forecast over performance on the Acute Commissioning Top 6 Providers, has improved during the month reducing by £2.1m, to £8.3m (previously £10.4m).

Therefore, whilst the forecast outturn position remains broadly on plan, this position does conceal a number of significant variances, risks, and underlying critical assumptions.

Financial Risks

The main financial risks remain to the following, namely

- MSK Compliance 2015/16;
- Delivery of the QIPP Program in full 2015/16;
- Resolving the 2014/15 Dermatology Position; and
- Managing Acute over Performance on the Top 6 Contracts (and specifically on non elective activity).

Quality, Innovation, Productivity and Prevention (QIPP)

There are two separate, and distinct, areas relating to the CCGs savings program (i.e. QIPP), namely

- The identification of schemes; and
- The delivery of actual cash savings against these schemes (or the underlying run rate).

Identification of Schemes

As can be seen from the table below, and from Appendices 5 & 6, £16.2m of schemes have now been identified, and profiled within budgets.

Accordingly, £7.7m is being profiled as “delivered” as these sums are considered to be secure. However, within this £7.7m some of this benefit will be spread over a twelve month period, although all identified and secured.

| <u>QIPP Delivery/Identification</u> | £'m | Percentage |
|-------------------------------------|-------------|-------------------|
| Delivered April to August | 7.7 | 47 |
| Profiled to deliver | <u>8.5</u> | <u>53</u> |
| | 16.2 | 100% |

Next Steps

As has been acknowledged throughout this report there remains a number of areas that require further work, these include:-

1. Focusing further on Non Elective over performance, at the Top 6 Acute Providers as the main driver of the financial overspend. In addition, to better understanding the drivers and to work to implement mitigating actions in order to elevate the current forecast trajectory;
2. To follow up on the piece of work initiated, during August 2015, in order to identify areas where further contingency/headroom can be created, without detrimental effect on clinical quality, or constitutional standards; and
3. There are also a number of outstanding risks, where mitigating discussions have taken place, but these items require a further push, (and sometimes resourcing) in order to reach a final conclusion. These areas include:-
 - Reducing MSK leakage (through various measures), and negotiating an agreed recurrent baseline with the provider;
 - Concluding the 2014/15 Dermatology outturn, following the patient audit; and
 - Continuing to focus on QIPP delivery, especially given the requirement to deliver all £16m during 2015/16 in order to balance.



Winter Resilience Plan 2015/16

Report to Central Bedfordshire OSC

Alison Lathwell
Acting Director of Strategy and System Redesign



Winter resilience planning

- The Bedfordshire System Resilience Group (SRG) brings together partners from across the local health and social care economy, including clinical commissioners, local authorities, community services, ambulance services and our acute hospitals.
- It is led by BCCG and co-ordinates capacity planning and operational delivery across the health and social care system. The SRG meets monthly, and more frequently during periods of peak demand, such as winter.
- The Operational Resilience and Urgent Care Plan 2015/16 sets out the vision and commitment required from SRG partners working together to deliver a responsive and quality emergency care system.
- In April 2015, NHS England set out a requirement for SRG operational plans to incorporate eight high impact interventions that between them should reduce emergency admissions.



Learning from winter last year

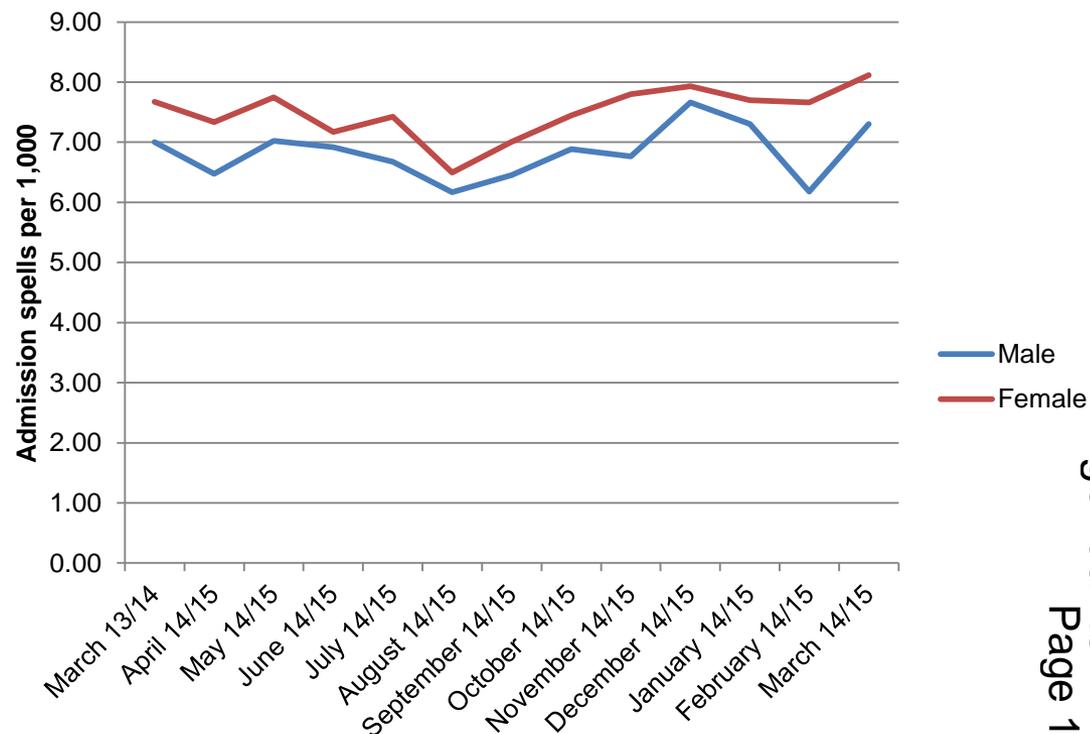
- Flow of patients into, around and out of hospitals is a challenge. 2/3 of all hospital beds are occupied by people admitted in an emergency. Emergency patients are more unwell than before
- 2/3 of patients with delayed discharge are because of delays within the hospital or NHS services, e.g. scans not being available
- There are not enough senior staff working at A&E
- Patients find the system of A&E, GPs, pharmacies, the ambulance service and NHS 111 helpline is confusing



Emergency Admissions in Central Bedfordshire

- Emergency admissions are higher for females than males with the highest rates of admissions in the 0-4s and elderly populations. The highest rates of admissions by diagnosis are for urinary tract infection, lobar pneumonia, respiratory tract infection and chest pain.

Rate of emergency admissions for males and females



Actions taken to reduce Emergency Admissions in Central Bedfordshire

- Risk Stratification
- Benchmarking variance in GP practice care
- Evidence-based management of long-term conditions in GP Practice care
- Caring Together; integrated care and multidisciplinary team working
- CAKES: Specialist Children's Assessment Knowledge and Examination Skills Training Program
- Urgent response to acute mental health needs

Central Bedfordshire Council
www.centralbedfordshire.gov.uk



Non-elective Admissions in Central Bedfordshire



better care, better value, better health

High impact system resilience interventions

- **GP access**

No patient should have to attend A&E, because they have been unable to secure an urgent GP appointment. This means having robust service from GPs, in conjunction with comprehensive out of hours services.

- **Green calls (not life threatening) to 999 and 111 clinical triage**

These calls should have the opportunity for clinical triage (be transferred to or called back by a clinician for assessment) before an ambulance or A&E disposition is made.

- **Directory of service (111)**

The local Directory of Service supporting 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.

- **Ambulance see and treat**

SRGs should ensure that the use of See and Treat in local ambulance services is maximised.



High impact system resilience interventions/2

- **Care Homes**

20-30% of ambulance calls are due to older people having falls, often in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support the management of falls without conveyance to hospital where appropriate.

- **Rapid assessment and treatment**

Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors on call.

- **Seven day hospital discharge**

Daily review of in-patients through morning ward rounds should take place 7 days a week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.

- **Delayed transfers of care**

SRGs will need to ensure sufficient discharge management and capacity available in the community for patients who could safely be cared for in other settings.



Operational Resilience and Urgent Care Plan 2015/16

- This is a live document agreed by System Resilience Group (SRG) partners, which focuses on plans to manage increased demand for services during winter 2015/16. It details the eight high impact resilience interventions, set by NHS England and provides information regarding winter communications and the national urgent and emergency care commissioning for quality and innovation payments framework.
- We held a workshop with SRG partners on 13 October to further refine our focus on the challenges of increased demand over winter and the projects we need to support to deliver NHS England's high impact interventions. The SRG will be considering the output from this workshop and identifying the support/investment needed to deliver the plan.
- We will be attending a system resilience and escalation event organised by NHS England on 5 November. This will help us assess our progress in preparing for winter and address any issues we have identified.



Winter communications

NHS England, Public Health England, Department of Health, NHS Trust Development Agency and Monitor are joining together to deliver a single campaign to help those at risk to take actions to avoid hospital admission

Key campaign phases

- September: Get the flu jab for at risk groups
- October: use the right healthcare services, get help early on
- January: Call 111 for advice

Target audiences

- Young children - under fives
- Pregnant women
- Older people
- People with long term conditions
- carers



Winter communications for 2015/16

Key phases of the campaign

- September: Get the flu jab for at risk groups
- October: use the right healthcare services, get help early on
- January: Call 111 for advice

Target audience groups

- Young children - under fives
- Pregnant women
- Older people
- People with long term conditions
- carers



Winter communications plan in action

- Winter campaign will be broadcast nationally: TV, printed press, targeted leaflet drop to 11million households
- Digital advertising to websites used by target groups
- Message will be broadcast across Bedfordshire in press and with social media campaign – follow us on twitter and join in
- Campaign will be promoted in pharmacies, GP surgeries, via associated charities
- Campaign messages to care homes
- BCCG engagement team will spread winter campaign message face-to-face at events across the county
- GPs updated with hospital situation using urgent online messaging so they know when there is a surge in patient numbers



Summary

- By implementing these interventions, alongside a good communications campaign, we aim to ensure improved patient flow throughout the Bedfordshire healthcare system, particularly during the winter period.
- Patients who have conditions that do not normally require admission to a hospital bed should receive highly responsive urgent care services outside the hospital to avoid an unnecessary admission.



Specialist Fertility Services

Report to Central Bedfordshire OSC

Alison Lathwell
Acting Director of Strategy and System Redesign

An update following reports submitted to the Overview and Scrutiny Committee in August 2014 and December 2014 in relation to specialist fertility services and In Vitro Fertilisation (IVF)



Background

- In March 2013 East of England Specialised Commissioning Group ceased to commission specialist fertility services and local CCGs became responsible.
- In August 2014 Overview and Scrutiny Committee were asked to feedback on public engagement and consultation plans in relation to reviewing eligibility criteria for access to IVF which was to provide access to IVF after 3 years of unexplained fertility, offering 3 full cycles of IVF treatment for women aged 23 to 39 years.



Background (2)

- In December 2014, following consultation, the Overview and Scrutiny Committee were asked to note the BCCG governing body decision to provide access to IVF after 3 years of unexplained fertility, offering 1 full cycle of IVF treatment for women aged 23 to 39 years. In making this decision the governing body took account of:
 - Clinical evidence for the effectiveness of IVF
 - The outcome of the public consultation exercise conducted during the autumn of 2014
 - Affordability- including the impact that increasing access to IVF might have on other services for Bedfordshire patients
- The revised eligibility criteria has been in place for new patients requesting IVF since January 2015.



Patient Feedback

- Since January 2014, we have received:
 - 3 enquiries (1 request for the IVF policy, 1 request for the IVF referral form, 1 enquiry about waiting times for IVF treatment)
 - 3 freedom of information requests (1 concerning IVF available to single women, 1 relating to number of cycles available and how many individual funding requests have been received, 1 general enquiry concerning the details of the IVF policy).
 - 0 patient complaints



Summary

- We continue to monitor the safety and quality of services through our operational governance processes
- We continue to monitor patient experience, complaints and compliments through our operational governance processes



This page is intentionally left blank

Central Bedfordshire Special Educational Needs and Disabilities (SEND) Preparing for Adulthood Strategy (PfA) (14-25) – October 2015.

Working together to prepare young people for adulthood.

Stuart Mitchelmore
Assistant Director, Adult Social Care.

&

Helen Redding
Assistant Director, School Improvement.

SEND Reforms – 1 year on

- Excellent partnership with SNAP (Special Needs Action Panel - Parent Carer Forum) in delivering all aspects of the reforms.
- Developing engagement with young people in delivering the reforms.
- Development of Local Offer and Council website to meet requirements, responding to feedback from service users.
- Positive feedback to new process.
- Roll out of training for all services involved in the reforms, including schools.
- Effective Board that ensures maintained focus on implementation and improvement.

Preparing for Adulthood - You said, we did (1/5)

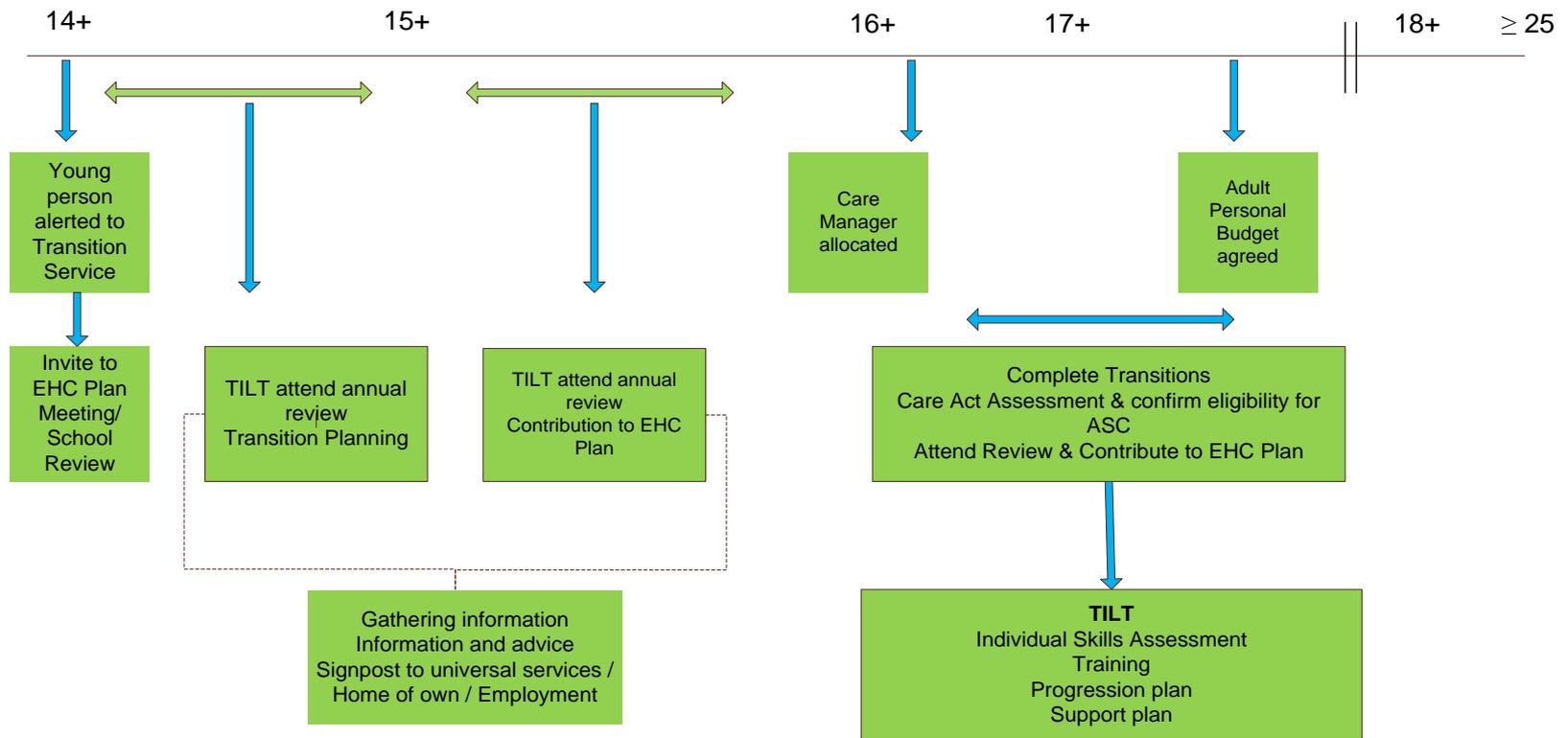
| # | Identified Issue | Planned Response | Progress Update |
|---|--|--|---|
| 1 | A request for transparency of the transition process, including what should happen/be on offer at what stage. As a result of not being clear, parents/carers are concerned that they do not have sufficient knowledge to support their young person, which in turn is causing stress and worry | The development of the Central Bedfordshire Transitions Strategy and Pathway. This Pathway outlines the transition planning process for all agencies that support young people and their parents/carers (key link to Local Offer). | Strategy/Pathway PfA Strategy developed. PfA is currently creating customer pathways for 9 key services (see below). |

| # | Pathway | Lead Organisation |
|---|---|-------------------------------------|
| 1 | Adult Learning Disability Team (ALDT) * | Central Bedfordshire Council |
| 2 | Children With Disabilities (CWD) * | Central Bedfordshire Council |
| 3 | Education * | Central Bedfordshire Council |
| 4 | Children and Adolescence Mental Health (CAMH) | East London Foundation Trust (ELFT) |
| 5 | Children and Adolescence Learning Disability (CALD) | East London Foundation Trust (ELFT) |
| 6 | Drugs & Alcohol | Public Heath |
| 7 | Looked After in Care (LAC) & Asylum | Central Bedfordshire Council |
| 8 | Health * | NHS |
| 9 | Early Intervention in Psychosis Team | East London Foundation Trust (ELFT) |

Customer Pathways – Adult Learning Disability Team (ALDT)

Central Bedfordshire Transitions Pathway

Central Bedfordshire



TILT – Independent Lifestyles Team
 EHC – Education, Health and Care (Plan)

Preparing for Adulthood - You said, we did (2/5)

| # | Identified Issue | Planned Response | Progress Update |
|---|--|---|---|
| 2 | Lack of understanding around the roles and responsibilities of individuals involved in the transition process, especially Case Managers. | It sets out the expectations of relevant agencies so that all parties are clear about their roles and responsibilities in helping young people and their families to make decisions about the future. | <p>Team profiles for each service that young people and their parent carers may meet are being created. Adult Learning Disability Team (ALDT) profile is finalised with several East London Foundation Trust (ELFT) services next for completion.</p> <p>75 team profiles have been identified and a rolling programme with those deemed to be a priority will be completed during 2015/16.</p> |

Team Profile – Adult Learning Disability Team (ALDT)

Preparing for Adulthood | Central Bedfordshire Council - Windows Internet Explorer

http://www.centralbedfordshire.gov.uk/learning/local-offer/preparing-for-adulthood/default.aspx

File Edit View Favorites Tools Help

Preparing for Adulthood | Central Bedfordshire C...

How can I make the transition to adulthood?

- ▶ **Adult Social Care Transitions**
- ▶ **Transitions Pathway**
- ▶ **What can young people and their families in transition expect?**
- ▶ **How can people access transitions support?**

Adult Learning Disabilities Team (ALDT)

We are a team made up of Care Managers (Social Workers Community Nurses), Independent Lifestyles Officers, Team Managers, Operations Manager and Administrators. We also have Care Managers who provide a specialist role in areas such as Autism and working with Carers.

Access and referral?

Who is eligible for support and services?

Anyone with a Learning Disability (14+), Physical Disability (14 -25) or Autistic Spectrum condition (14+) who meets Care Act 2014 eligibility criteria.

Anyone deemed vulnerable may also be eligible for an assessment under the Care Act 2014.

However, although the ALDT may assess, gather information and offer advice and guidance from the age of 14 they are unable to provide services prior to your 18th birthday.

If you have not met the criteria for Children's Social Care, you may meet Care Act 2014 eligibility once you turn 18

How do I access the team; what is the referral route.

Anyone can make a referral providing they have the consent of the person

Families United Network

Preparing for Adulthood programme

Special Needs Action Panel

Download more information

Post 16 Support (PDF 997KB)

Bookmark or share this page

Facebook Twitter Print Email

- ▶ Environment & waste
- ▶ Health & social care
- ▶ Home & housing
- ▶ Jobs
- ▶ Learning & schools
- ▶ Leisure & culture
- ▶ Planning
- ▶ Travel, parking & roads

Feedback

Central Bedfordshire Council is not responsible for the content of external sites. External sites are indicated by this icon

Internet | Protected Mode: Off

08:45 21/09/20

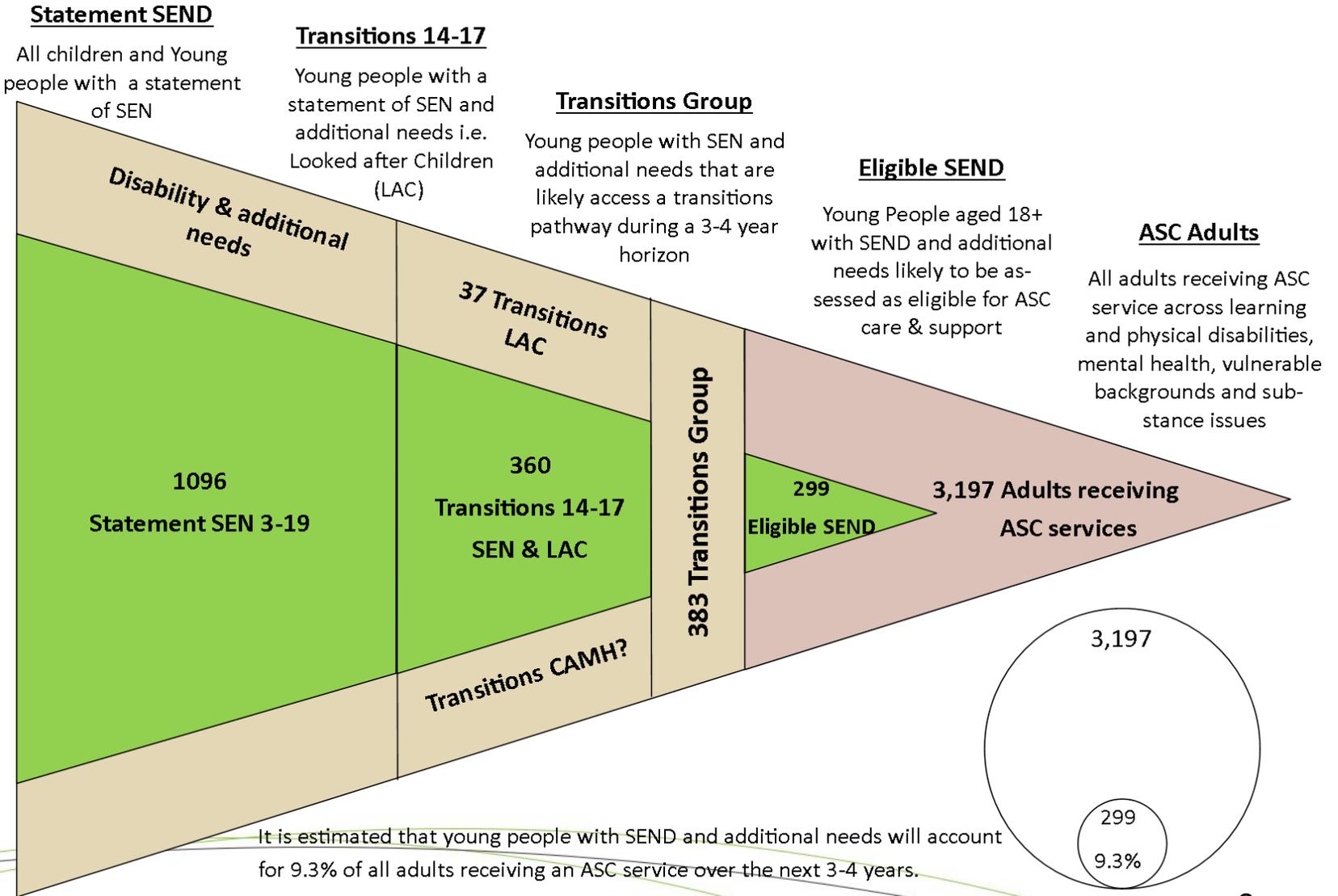
Preparing for Adulthood - You said, we did (3/5)

| # | Identified Issue | Planned Response | Progress Update |
|---|--|--|---|
| 3 | There is a consistent request from all sides for earlier interventions in preparation for transition, for some elements as early as year 9 (14 years old). | <p>From year 9 (14 years old) Adult Social Care (ASC) will work to support potentially eligible young people and their family's through transition (14-25).</p> <p>All agencies and other professionals who provide transition support will liaise to support young people and their families.</p> | <p>Adult Social Care (ASC) is now an integral member through transitions (14-25), in reaching, where appropriate to young people from year 9 (aged 14).</p> <p>ASC, along with SNAP, Education, Health and Children (EHC) Services designed and delivering training and communication to support the implementation of the new process.</p> |
| 4 | There is a reported lack of effective record keeping, linked to lack of data sharing. As a result there are repeated requests for information, which has already been provided | The Central Bedfordshire single Education, Health and Children (EHC) plan (Education, Health and Care) will be used to plan future care and support needs and reduce repeated requests for the same information. | <p>During the last academic (Sept 14 – July 15) year ALDT have attended and contributed to 60 EHC conversions.</p> <p>In addition ALDT are scheduled to attend a further 55 school reviews for young people aged 14+ this academic year (Sept 15 – July 16)</p> |

Preparing for Adulthood - You said, we did (4/5)

| # | Identified Issue | Planned Response | Progress Update |
|---|--|---|---|
| 5 | <p>There is a lack of data sharing, which is seen as not helpful from the perspective of either parents or the range of agencies involved. Possibly as a result of this lack of data sharing, there are gaps in provision and delays in referrals.</p> | <p>Data will be captured earlier, maintained and shared with all key stakeholders to ensure provision meets needs and aspirations.</p> <p>All client information/data will be held in the single Education, Health and Care (EHC) plan to minimise the risk of turnover when it does occur.</p> | <p>The information management system is not yet able to share data in the way planned, but there is improved sharing information across agencies.</p> <p>EHC plans now operational (and improving customer data collection and sharing) across Central Bedfordshire with circa 170 now either active or completed.</p> <p>However PfA has made good progress on obtaining customer data to inform Strategic Commissioning, planning and decision making (refer to Transitions population estimate slide – slide 9).</p> |

Transitions population estimate



Preparing for Adulthood - You said, we did (5/5)

| # | Identified Issue | Planned Response | Progress Update |
|---|---|---|---|
| 6 | Turn-over of staff, especially among case managers, means that trust is not built between the parent/carer, young person and agencies. Understanding of the specific issues for a family and the young person at the centre of the transition fails to develop and the parent/carer and young person become frustrated. | Both Children's and Adults Services will continue to have a key focus on recruitment and retention of key workers to minimise turnover. | The Children's social work academy continues to improve the potential to recruit and train staff. The Adult service has a career progression scheme to increase opportunities for retention of staff. |
| 7 | There is a reported lack of communication from the parent carer perspective:- <ul style="list-style-type: none"> • Between agencies • To parents/carers and young people | The principle of co-production will be integral to the implementation and monitoring of the transitions pathway | Co-production is a design principle of the PfA approach. PfA continues to work and commission its Young Researchers to provide the voice of young people. Parent Carers are core members of both PfADP and each Work Package. To date the PfA Strategy and Design Principles have been co-produced. |

Summary & Next Steps

- In the last 6 months a firm framework has been made on which to improve outcomes for young people and their parent carers.
- Now we need to implement and put into practice all elements of the framework, across all stakeholders within Central Bedfordshire.
- Ensure that young people and their families benefit from the changes.
- Ongoing focus on what will be different. To use regional evaluation tool to measure this.

Any Questions?