

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



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

22 June 2016

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday
27 June 2016**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached a presentation and outstanding reports:-

10. Adult Mental Health Services in Central Bedfordshire

 To scrutinise the First Year update on the Bedfordshire Mental Health and Wellbeing Service and provide comment on the progress made.

11. Bedfordshire Plan for Patients 2016/17

 To receive for information the Bedfordshire Plan for Patients 2016/17 report and comment on the provision of service for our residents.

12. NHS System Resilience & Seasonal Pressures in Urgent Care

 To scrutinise the effectiveness of the NHS System Resilience and Seasonal Pressures in Urgent Care 2015/16 and the impact of the Junior Doctors strike on Central Bedfordshire patients.

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

Yours sincerely

Paula Everitt
Scrutiny Policy Advisor,
email: paula.everitt@centralbedfordshire.gov.uk

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Central Bedfordshire Social Care, Health & Housing OSC

Michelle Bradley

June 2016

We care

We respect

We are inclusive

Year 2 Plan

YEAR TWO (2016/17) HIGH LEVEL MOBILISATION PLAN	Apr-15	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-16
BEDFORDSHIRE MENTAL HEALTH AND WELLBEING SERVICES												
LOT 1: Improving Access to Psychological Therapies [IAPT]												
• Publicity Campaign – to promote access to services												
• Increase geographical coverage of services												
LOT 2: Adult, Older Adult and Learning Disability Services												
• Review of CMHTs												
Establish Primary Care Liaison service within each Locality												
Integrate AOT into CMHTs												
Estates plan for single base for Community Teams												
• Agree and implement new model and care pathway for people with learning disability												
• Implement pilot of Street Triage service												
• Consult and implement new Single Point of Access/Referral across all Lots – separate to IAPT Single Point of Access												
• Establishment of care pathways for ASD and ADHD												
• Review of Rehabilitation Units												
• Consult and develop Social Work framework for Bedfordshire												
• Agree funding and develop Psychiatric Liaison Service in Bedford Hospital												
• Review of Rehabilitation Units												
• Implement inpatient and community Estates Improvement Plan												

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Year 2 Plan

YEAR TWO (2016/17) HIGH LEVEL MOBILISATION PLAN	Apr-15	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-16
BEDFORDSHIRE MENTAL HEALTH AND WELLBEING SERVICES												
LOT 3: Recovery Services												
• Launch Bedfordshire Academy and Recovery College												
• Agreement and implementation of new recovery model												
LOT 4: Child and Adolescent Mental Health Services												
• Implement Single Point of Access												
• Launch New Service Model												
• Implement Transformation Project												
Bedfordshire Service Wide Developments												
• Development of Carers Charter												
• Integration of Quality Improvement Programme within Bedfordshire												
• GP and primary care engagement												
• Development of Social Work framework												
Pathways 2 Recovery												
• Implementation of new model of service delivery												

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Carer and Service User Experience

- Commitment to Carers Plan.
- Break the Stigma, service user campaign integrated into inpatient units as well as on-going public campaign.
- Accreditation to provide Duke of Edinburgh Awards for service users.
- Service user awards taking place in June.
- 50 people have been supported into employment.

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Improving Access to Psychological Therapies (IAPT)

- On track to meet stretching access and recovery targets.
- Two new permanent bases opening in June/July – Dunstable and Bedford.
- Clinics provided in community venues, GP surgeries.
- Still looking for additional space in Ivel Valley – causing waits for treatment.
- Recruitment underway to fill vacant posts and reduce reliance on agency staff.
- Development of new group programme to reduce waits.

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Adult Mental Health Services

- Memory Services National Accreditation Programme achieved across all services.
- Development of integrated pathways; substance misuse; learning disabilities; sexual assault referral centre.
- Street Triage pilot has commenced.
- Engagement with community teams to develop new model has commenced.
- Quality Improvement staff development well underway.
- Patient Safety Day has taken place.
- CQC visit to Bedfordshire and Luton services 20 – 24 June.

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Recovery College

- Offers educational workshops and courses designed to increase knowledge and skills about mental health wellbeing and recovery.
- Available to anyone.
- Co Production – People with lived experience and professional experience work together to deliver the workshops.
- Student nurses as part of their training are involved in the Recovery College; participating in workshops, pop up cafes and promotion.

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Child and Adolescent Mental Health Services

- New clinical leadership in place.
- New structure implemented.
- Single point of referral in place for Tier 3 CAMHS.
- Single Point of Access to be rolled out to voluntary sector subcontracts in Q2.
- Waiting times reduced in Bedfordshire.
- New 7 day a week crisis service being established.
- Community Eating Disorder service being established.

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Appendix A

Bedfordshire Plan for Patients 2016/17

Report to Central Bedfordshire Overview and Scrutiny Committee

Alison Lathwell

Acting Director of Strategy & System Redesign

June 2016

NHS – Add Protective Marking Category Here



Introduction

This paper is a summary of the 2016/17 Bedfordshire Plan for Patients. The full technical Plan is available on the Bedfordshire CCG website. We are also preparing a reader friendly version which will be available in the next few weeks.

The Plan details the activities to be undertaken within 2016/17 to work towards achieving our local ambitions for health care services in Bedfordshire. The plan is a product of the collective vision of local clinicians and our partners to lead improvements in the quality, experience, safety and outcomes of care for the residents of Central Bedfordshire and Bedford Borough. It also provides assurance to NHS England of our delivery of the statutory functions of a clinical commissioning group.

Bedfordshire Plan for Patients 2016/17

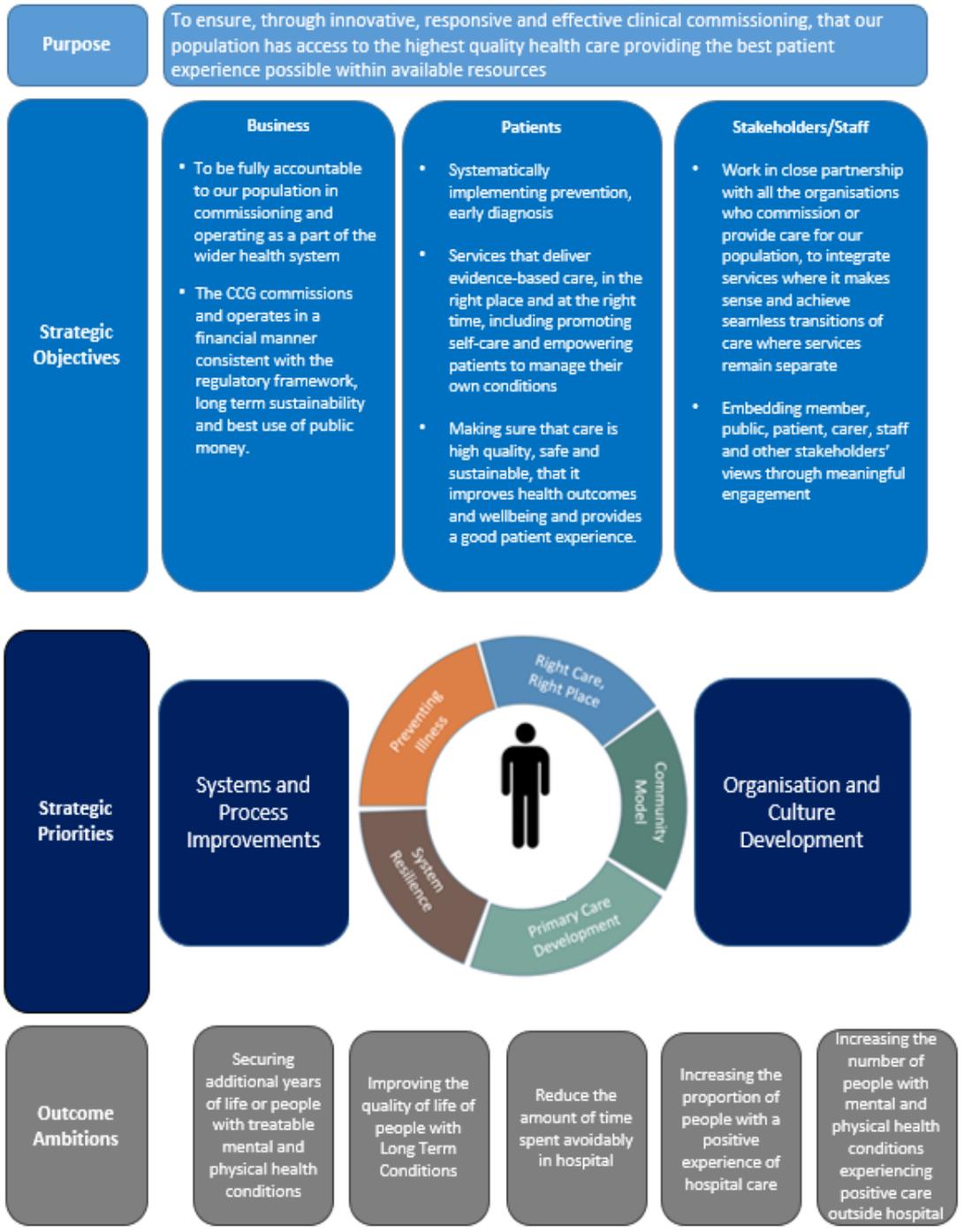
Bedfordshire Plan for Patients is the operational delivery plan which brings together everything that clinical commissioners of healthcare aim to achieve for the people of Bedfordshire in 2016/17.

Bedfordshire Plan for Patients describes the building blocks of change that will occur 2016/17 to support the delivery of the Five Year Forward View ambitions for improved health and wellbeing, high quality care and financially sustainable services in Bedfordshire.

As an operational delivery plan Bedfordshire Plan for Patients sets out how we will deliver our statutory responsibilities to:

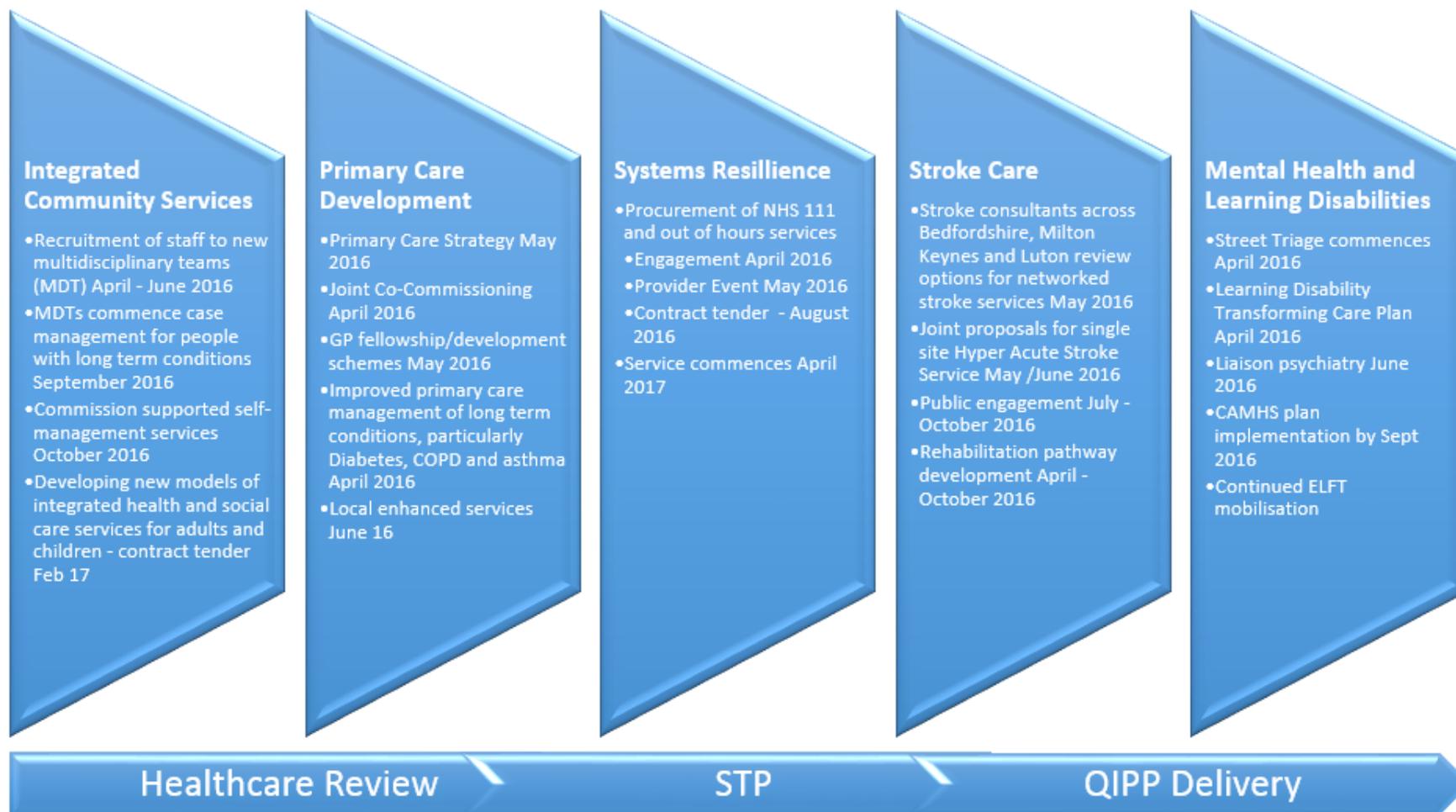
- improve health and wellbeing outcomes for local people
- commission services within available resources and meet NHS business planning rules
- put patients' safety, quality of services and patient experiences at the forefront of our commissioning activities
- listen to potential and current user's views and involve them in decisions about future commissioning developments
- reduce health inequalities, particularly within the most deprived populations
- meet the NHS Constitutional Standards
- reflect considerations of equality and diversity in all aspects of commissioning
- develop systems resilience, particularly during times of increased demand for local services
- promote research and innovation

It sets out the service and pathway changes we will make in 2016/17 and outlines the implications of those changes for financial investment and/or savings, hospital activity and workforce. It describes how we will monitor and assure delivery of those changes. We have consolidated our plan in to a simple plan on a page:



The key areas of focus for 2016/17 are outlined in the figure below.

Key Focus Areas 2016/17



Sustainability and Transformation Plan

The Sustainability and Transformation Plan (STP) will cover the period between October 2016 and March 2021. STPs will become the local blueprint for accelerating the implementation of the NHS Five Year Forward View, to deliver the triple aim of better health, transformed quality of care delivery, and sustainable finances.

Our transformation footprint for the STP covers Bedfordshire, Luton and Milton Keynes and has been defined based on existing working relationships, patient flows and other programmes of work.

Placed-based planning on this scale accounts for the work being undertaken within the healthcare review of services in Bedfordshire and Milton Keynes, acknowledges significant patient flows to both Bedford Hospital and the Luton and Dunstable Hospital and reflects the planning footprint for the development of our learning disability transforming care programme.

Nine 'must dos'

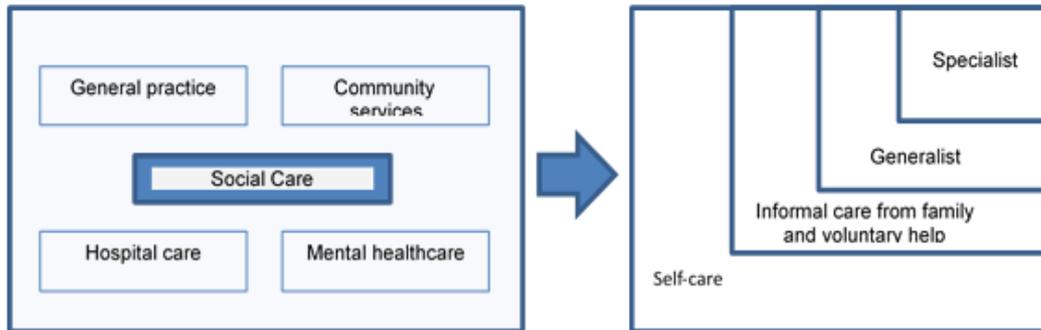
NHS England have mandated nine 'must dos' for all Clinical Commissioning Groups in 2016/17. The Plan for Patients addresses how each of these 'must dos' will be achieved.

- Develop a high quality and agreed Sustainability and Transformation Plan
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice
- Deliver the access standards for A&E waits and ambulance waits
- Deliver the referral to treatment standard: more than 92% of patients on non-emergency pathways wait no more than 18 weeks
- Deliver the 62 day, 31 day and two week cancer waiting standards and improve one-year survival rates
- Achieve two new mental health access standards.
- Meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
- Deliver local plans to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvements in quality.

Priorities

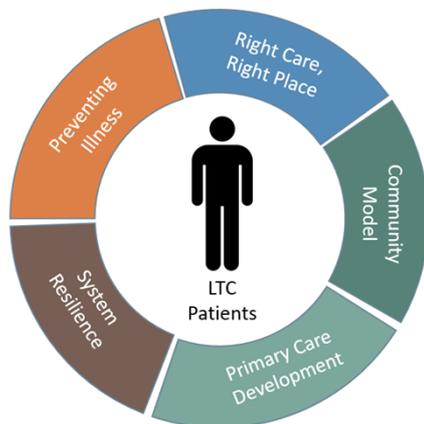
During 2016 we will consult local people in relation to the review of healthcare services in Bedfordshire and Milton Keynes, which will define clinically and financially sustainable hospital pathways that meet national standards and improve outcomes for local people. To ensure hospital pathways are embedded within a clinically and financially stable health economy, effective out of hospital care needs to wrap around and integrate with those hospital pathways.

The figure below depicts the essence of our vision: the discrete silos of current healthcare provision are replaced with a model where the primary aim is to support patients to be self-caring and independent, with much less reliance on specialist intervention.



During 2015/16, alongside our local review of population health outcomes for people in Bedfordshire, we have been working closely with health economists 'HCD Health Economics', local authority and provider partners to explore opportunities for transforming integrated health and social care services in Bedfordshire.

To do this we have focused on the needs of people with long term conditions, not to the exclusion of others, however we recognise that with an ageing and growing population, we have an increasing prevalence of people living with, often more than one long term condition.



We aim to take LTC patients and build our local “out of hospital strategy” around them through the five strategic lenses:

- Preventing Illness
- Right Care, Right Place
- Integrated Community Model
- Primary Care Development
- System Resilience

These lenses have become strategic priorities for BCCG and have been developed into programmes for change that will commence improvements in 2016/17, whilst also spanning a three to five year period of transformation. The principles underpinning these priorities is outlined below:

Preventing Illness	Right Care, Right Place	Integrated Community Model	Primary Care Development	System Resilience
<ul style="list-style-type: none"> • Embedding healthy lifestyle choices • Self care and self management, supported by assistive technologies • Early assessment, diagnosis and intervention • Making Every Contact Count 	<ul style="list-style-type: none"> • Care Closer to Home • Evidence-based care that improves outcomes for local people 	<ul style="list-style-type: none"> • Health and Social Care Integrated multidisciplinary teams wrapped around GP clusters • Patient centred care supported by joint risk stratification, care planning and coordination of care 	<ul style="list-style-type: none"> • Stabilise and maintain quality in GP primary care services through workforce, IT and estates initiatives • Sustain general practice into the future through developing new business models for networked /ferdated models around primary care hubs 	<ul style="list-style-type: none"> • Implement simplified, streamlined urgent care pathways • Strengthen system resilience during periods of surge in demand e.g. winter

These priorities are reflected throughout our plan.

Finance

2016/17 Planning

2016/17 will see a level of financial growth greater than previously anticipated. This is placed in the context of a more refined allocation formula, and a recognition of the underfunded position we have faced ('distance from target') in previous years.

Distance from target in 2015/16 is estimated as -8.1%, or c£43m. This is consistent with previous years. Estimated cumulative underfunding in the life of the CCG amounts to c£100m.

Funding growth into 2016/17 is £46.6m (9.65%), which reduced the gap between the actual funding and the indicative target funding -3.4% or c£18m.

However, not all the 9.65% can be deployed in commissioning healthcare – a significant sum must be used to correct the underlying financial position. Additionally, the CCG has been asked to 'do its bit' in helping the NHS nationally by securing a higher level of surplus. This reduces the level of growth investable in healthcare locally.

We recognise the need to create a fund to support the transformation required to cover pressures such as transformational investment in the interface(s) between primary care, secondary care and social care, and other measures to maintain and improve health outcomes for local people. Investment plans are being mobilised. However, with the application of a stretch target by NHSE for an increased surplus in April 2016, this will reduce the level of funding available for investment.

The overall outlook is therefore that we have moved from a deficit budget in 2015/16 to a balanced budget position in 2016/17, with some limited capacity to invest in healthcare improvement.

Investment must therefore be limited to proposals that can evidence clear value for money, and that clinical and financial benefits can be clearly demonstrated. There is a risk therefore, that some of the timescales that have been described in relation to service developments that require investment will be delayed, although these remain priority areas for service improvement.

Improving financial management

A key aspect of the financial plan for the next five years will be to embed greater resilience in the local health economy, through more stable resources and more agile financial advice. This will span both pure finance information and support, as well as detailed support and challenge around wider aspects of performance, including contracts management and contractual performance of providers, scenario planning and options modelling, disinvestment schemes and reinvestment in preventative interventions at scale, and greater granularity in the understanding of the connection between local health outcomes (e.g. public health and adult social care outcomes data, and performance against constitutional standards) and local investments (e.g. through Better Care Fund Plans, parity of esteem, and CQUIN arrangements).

Quality and Safety of Care

We are committed to working proactively, visiting and inspecting providers on a regular basis, receiving information and data that is triangulated and acted on in a timely manner. Learning from serious incidents, safeguarding investigations, complaints, inquests and patient and staff feedback inform our commissioning decisions. Our plan to improve the quality of services we commission further during 2016/17 includes:

- Reviewing mortality rates with the acute trusts regularly and jointly addressing any areas of concern. Published mortality rates will continue to be scrutinised. Cardiac pathways, fractured neck of femur, asthma and stroke are potential areas for improvements locally.
- We are revising maternity contracts and quality metrics with public health colleagues to ensure robust monitoring of the contract and improved outcomes for women and babies. We are keen to participate in the national review and will be eager to ensure the findings are implemented locally.
- In 2016/17, we will be delegated responsibilities to ensure quality in General Practice working jointly with NHS England. A primary care strategy is being developed, part of which will focus on patient safety, clinical effectiveness and patient experience indicators to ensure quality services are in place and ensure processes are in place to address any concerns.
- The quality team and Public Health England have developed a work plan to continue to reduce the impact of Health Care Associated Infection (HCAI)

particularly in relation to Clostridium Difficile infection and Methicillin Sensitive Staphylococcus Aureus (MRSA) infections.

- An integrated Quality and Performance report is provided for scrutiny at Governing Body monthly. Key quality and performance measures are raised, and remedial action plans identified to provide assurance that quality concerns are addressed and improvements made. This report is published on the CCG website for anyone to view.
- Compassion in Practice is the national strategy for nurses, midwives and care staff and has been a key part of monitoring of services. The need for evidence that staff demonstrate a culture of Compassionate Care demonstrating the six C's Care, Compassion, Competence, Communication, Courage and Commitment has been clearly articulated with our providers. We will ensure that patients are receiving high quality care and treatment by demonstration from providers of local action in relation to implementation of the plans.

CQC

We work closely with the CQC, meeting the local inspector regularly for information sharing on current risks and providing intelligence for planned inspections of all locally commissioned services including main NHS providers, care homes and primary care. Currently no local Bedfordshire services have been rated as requiring improvement.

The CCG Quality team work closely with the Local Authorities to ensure care homes meet expected standards and will continue to play an active role when homes are under serious concerns to ensure improvements are implemented. During 2016/17, NHS contracts will be introduced to Nursing Homes with clear KPIs and monitoring processes aligned to the CQC standards.

System Resilience

Delivering a safe and effective winter is a national and local priority for the NHS. We continue to deploy dedicated planning and operational capacity to ensure that quality of care is not undermined by additional demand and winter associated illness e.g. norovirus. We ensure that resilience planning is linked to mainstream operational planning and has been identified as one of our five organisational priorities.

We lead a System Resilience Group (SRG), with membership from BHT hospital, community services, mental health services, out of hours providers, social care and ambulance services, which meets on a bi-monthly basis. The SRG ensures that resilience plans are aligned across hospital, community/out of hospital provision, primary care and mental health services to ensure sufficient capacity is planned to cope with surges in demand for services.

Winter Initiative schemes which were put into place during 2015/16 are being evaluated to determine whether they will be commissioned in 2016/17, the schemes include:

- A clinical navigation team assesses patients' health and social care needs, and signposts them to appropriate services
- A senior paramedic based seven days a week at Bedford Hospital to ensure a smooth turnaround of ambulances so that the service can handle more emergency calls [HALO]
- Review of Ambulatory Care Pathways
- Hospital at Home services to support timely discharge whilst meeting on-going care needs
- A 'trusted assessor' to support timely assessment and discharge for patients whose place of residence is a nursing or care home.

We deliver statutory responsibilities for Emergency Preparedness, Resilience and Response.

Our Plans

A brief summary of our plans for improvements across services:

Mental Health and Learning Disabilities

- Continued implementation of the stepped model of mental health care with East London Foundation Trust (ELFT) and council partners
- Mobilisation of a new advocacy service, jointly commissioned with local authority partners
- On-going implementation of our joint Luton and Bedfordshire Crisis Concordat Action Plan through working with ELFT and wider public sector partners, including the commencement of a new Street Triage Service in April 16
- Improving care in complex needs and dementia
- Developing our programme for transforming care for people with learning disabilities jointly with Luton CCG, Milton Keynes CCG and the four local authorities.
- Continued support to patients and services users with physical and mental health needs (parity of esteem).

Adults and Older People

- Stabilise and improve the quality of GP services in 16/17, whilst developing a longer term strategy to ensure sustainability of services and models of care aligned to community health and social care integration. Commencing joint commissioning of general practice with NHS England formally from June 2016.
- Progressing the HealthCare Review Bedford Hospital and Milton Keynes Hospital services
- Focus on the needs of people with long term conditions and the frail and elderly by working with our existing community health services provider South Essex Partnership Trust to make improvements to community health services in 2016/17 aligned to the design of new integrated health and social care services. This work is reflected within our Better Care Fund plans with both local authorities for developing multidisciplinary team working and supporting prevention through maximising independence
- Commence the design of a new integrated community health and social care service model jointly with Bedford Borough and Central Bedfordshire Council
- Implement high quality urgent and emergency care pathways; including the procurement of new integrated 111 and out of hours services in alignment

with national guidance emerging from the Bruce Keogh review of urgent and emergency care

- Transforming stroke care pathways to improve experiences and outcomes following stroke
- Implementing recommendations from the national strategy for cancer care

Children and Younger People

- Integrated health and social care for children and young people; commencing a procurement for a new model of integrated services
- Implementation of our joint special educational needs and disability (SEND) plan with our local authorities.
- Improving urgent care pathways, particularly focusing on children with long term conditions such as asthma.
- Review of autism, ASD and ADHD and eating disorder pathways
- Transformation plan for children and young people's mental health and wellbeing through implementation of our Child and Adolescent Mental Health Transformation Plan with Luton CCG.
- Improved quality of maternity services
- Reviewing pathways for Looked After Children

Better Care Fund Plan

The key principles of our Better Care Fund Plan with Central Bedfordshire Council support our overall direction for integration and models of care for community services:

Central Bedfordshire BCF
<ul style="list-style-type: none"> • Reshaping our prevention and early intervention model • Supporting people with long term conditions through multi-disciplinary working • Expanding the range of services which support older people with frailty and disabilities • Restructuring our integrated care pathways

Our approach in 2016/17 will focus a key focus on the following seven projects:

1. Improving the Falls Service
2. Transforming Community Services - Multi-Disciplinary Team Working
3. Transforming Community Services - Maximising Independence through supportive technology (MIST)
4. Improving the End of Life Care
5. Improving outcomes for stroke survivors
6. Enhanced Care in Care Homes
7. Delayed Transfers of Care (DTOCs)

Bedfordshire Plan for Patients 2016/17 is congruent with our five-year strategy, our commissioning intentions for 2016-17, Better Care Fund plans and local health and wellbeing strategies. It will enable us to deliver these strategies and programmes at pace.

Our patients' safety, quality of services and patient experiences are at the forefront of our commissioning activities. We assure ourselves and the wider public of the abilities of local health care services to meet NHS Constitution Standards, demonstrate resilience at times of increased demands on services such as winter periods, improve patient experiences and deliver high quality safe services. We will take action if assurances are lacking and support local health services in maintaining and improving standards of care.

Our Operational Plan is a technical document intended to provide assurance that Bedfordshire Clinical Commissioning Group undertakes its statutory duty to commission hospital and community care services for our local population and to support quality improvement in general practice with rigour and through effective clinical leadership.

The full Bedfordshire Plan for Patients 2016/17 is available at www.bedfordshireccg.nhs.uk

Central Bedfordshire Council

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

27 June 2016

NHS System Resilience and Seasonal Pressures in Urgent Care

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

Advising Officer: Stephen Haynes, Programme Director for System Resilience
Bedfordshire Clinical Commissioning Group. (BCCG)

The report details the challenges and effectiveness of the NHS System Resilience and Seasonal Pressures in Urgent Care 2015/16 and the first quarter of 2016/17 and the impact of the Junior Doctors strike on Central Bedfordshire Patients

RECOMMENDATIONS

To consider and comment on the information provided on the demand and activity pressures in urgent care outlined by the Bedfordshire Clinical Commissioning Group.

Council Priorities

This report supports the following council priority

- Protecting the vulnerable, promoting well being

Corporate Implications

NHS System Resilience and Seasonal Pressures in Urgent Care 2015/16 report has been produced by Bedfordshire Clinical Commissioning Group 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 provided by the Bedfordshire Clinical Commissioning Group.

Appendices

Appendix A – BCCG report on System Resilience and Seasonal Pressures in Urgent Care 2015/16

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Appendix A

NHS System Resilience & Seasonal Pressures in Urgent Care Central Bedfordshire Council

**Report to Central Bedfordshire Overview and Scrutiny
Committee June 2016**

Stephen Haynes

Programme Director for System Resilience

June 2016



Seasonal system wide pressures

The Bedfordshire health system continues to respond relatively well to demand and activity pressures across the economy over Q4 of 2015/16 and into the first quarter of 2016/17. It is pleasing to report that both Bedford Hospitals and Luton & Dunstable trusts achieved the Accident and Emergency patient constitutional standard of 95% in 4 hours for 2015/16, *two of only 8 acute trusts nationally to do so*.

The first weeks of 2016/17 have however, been significantly challenging for all acute trusts not just locally but across the region and nationally. Attendance and admission numbers have remained broadly within expected ranges but the clinical needs of patients have remained heightened and complex which has led to problems in patient flow and discharge. This continues to be mirrored across both community services and social care.

Actions to mitigate the pressures across the system are led and managed by the Bedfordshire System Resilience Group (SRG) with representation from all stakeholder organisations. The group is currently meeting on a monthly basis, it also takes reports and updates from several task groups which concentrate on both operational and strategic challenges. These include sub-groups around ambulance trust performance, falls and mental health services.

Points of focus

Winter Resilience funding 2015/16

The financial pressures faced by the CCG meant that a reduced total of £1.035 million of additional funding for high priority winter resilience schemes was available and agreed by the SRG. These include initiatives such as increased Ambulatory Emergency Care provision, improved discharge assessment, and continuation of the Hospital at Home scheme. Given the complex and wide-ranging pressures on the system over winter, it has proven difficult to precisely measure the performance and effectiveness impact of individual schemes via the SRG.

Overall urgent and emergency activity across the system remained broadly the same or slightly below the levels experienced during 2014/15. There were however peaks of clinical acuity across most patient groups during winter, with both frail elderly and paediatric patient cohorts proving particularly volatile.

The key themes which emerged through winter continue to challenge the health and social care economy as we move through to the spring and summer periods are;

- The increasingly complex needs of patients being discharged into the community. These include a rise in the need for 4 times a day care
- An increasing requirement for home adaptations for patients prior to discharge and family support issues.
- A shortage of available provision of domiciliary care and nursing home places in the right geographical locations.
- Workforce challenges across all parts of the health and social care economy, including primary care and general practice.

Resilience funding for 2016/17 has yet to be agreed, the SRG and the Senior Delivery group will attempt to focus on schemes which are known to have a positive impact on patient safety and maintaining high quality services. Key emphasis will be placed on initiatives which encourage and support integrated and cross-organisational working to deliver the best services possible.

Winter Communications

Bedfordshire CCG along with public health, local authorities, local providers and partner organisations have been promoting the national campaign Stay Well This Winter in line with NHS guidance. This included the flu campaign, (end September – January) led by public health with regular updates via the flu steering group.

During Self Care Week in mid-November, we focused on flu, how to stay well and where to get medical help, with feature interviews on BBC radio and press coverage. A further media push was 5 days of interviews with healthcare professionals on BBC radio in the week before Christmas. We advertised on Heart radio for 10 days at Christmas and New Year, ran full page adverts in every Bedfordshire newspaper in mid-December, as well as a 4-page wrapper on Bedford on Sunday before Christmas.

The communications strategy then moved in line with the national campaign to NHS 111 and we added radio and press coverage, as well as public engagement in January and February while continuing to promote messages about how to stay well and where to go for medical help.

Ambulance handover delays

The inability for ambulance crews to handover patients into the care of hospital clinical staff continues to be a challenge at the A&E department. This results in queuing at the front door and has the potential for response delays to 999 calls in the locality. It should be noted that continuing severe delays in handover at both Watford and the Lister Hospitals also impact greatly on the ambulance resources for Bedfordshire. NHS England is now directly involved with the above trusts in an effort to reduce the impact of these delays on our locality hospitals.

The CCG continues to work with both the East of England Ambulance Trust and both acute hospitals to address this issue. In an effort to support the management of these challenges, the CCG has agreed to fund the provision of Ambulance Liaison Officers at the A&E front door at Bedford Hospital for the whole of 2016/17 following on from good results over the winter period. The Luton health system has decided against the commissioning of this function at the L&D.

Junior Doctors industrial action

The health economy coped well with impact of the junior doctor's industrial action during February, March and April. The withdrawal of emergency cover in April was mitigated against by focused and effective contingency planning to minimize the possible effects and risks to patients. In the event, the provision of consultant and other grade cover maintained services to a high standard and no untoward events have been reported.

On the full strike days, a reduction in attendances of between 15 to 25% was seen at the Bedford and L&D A&E departments, mainly for minor case presentations. A number of day case and outpatient appointments were cancelled as clinical staff were deployed to deal with urgent and emergency care cases.

Primary Care reported no issues over the period of action and access to GP surgery appointments was maintained at normal levels.

111 & OOH Procurement

Bedfordshire CCG continues to lead the procurement process for an integrated Out of Hours GP and NHS 111 phone line service for 2017 in line with national guidance.

The procurement is now formally a joint process with Luton CCG. Both organisations have agreed combined teams and support resources to undertake this key piece of work which will look to procure a service over a 5-year period to a value in excess of £30m.

Delayed Transfers of Care (DTCO)

This is a measure which helps health and social care providers identify the number of patients currently receiving care in hospital that are medically fit for discharge and only remain in hospital because there is a delay to providing a care package, either in their normal place of residence or in a new community facility e.g. residential home. The measure is recorded at a rate per 100,000 population and it is also possible to record the percentage of hospital beds occupied by patients with a DTCO for each named hospital (although not currently specific to local authority area). Reasons for delays e.g. awaiting completion of assessment, awaiting residential home placement are recorded.

In Central Bedfordshire our joint aspiration for reducing the rate of delayed transfers of care is described in our Better Care Fund plans. In 2015/16 the target rate of delayed transfers of care was achieved, although significantly challenged over the winter months.

The Systems Resilience Group and the Better Care Fund Board monitor DTCO rates. A health and social care system wide Operational Group for DTCO has been established and a draft multi-system DTCO policy developed. The underpinning principles and aims for DTCO across the Bedfordshire system are as follows:

- Partners to work together to ensure that there are no delays across the whole system and that patients are moved safely through the discharge pathway, thereby improving efficiencies and patient experience
- Improving services for patients by avoiding situations where, patients are put at risk by remaining in the acute sector when they no longer need acute care.
- Partners to work together to improve current DTCO self-assessment against urgent and emergency care & high impact (NHS England national guidance) interventions, to prevent delays occurring.
- Retain and continue to build positive partnership working across all departments and organisations.
- Drive a better system of discharge planning encouraging the development of proactive planning for discharge to “pull” patients from acute beds
- From admission manage patients and their relatives/carers expectations and ensure that all patients receive a letter and booklet explaining discharge processes and possible discharge destination on admission.

- Trust clinicians are not expected and should not make recommendations or decisions about the discharge destination. This is a Multi- Disciplinary discharge pathway decision.
- Full assessment of need should not be undertaken while a patient is acutely ill or still has potential for improvement
- Ensure there is consistency in the notification of Expected Discharge Date (EDD) to partner organisations as part of the assessment notification and proactively manage patients to ensure discharge on EDD is optimised and thereby improve patient flow
- Prioritise use of step down as well as step up beds.
- Continue to review against lessons learnt and best practice in order to ensure quality improvement.

In 2016/17 the Central Bedfordshire Better Care Fund plan has prioritised improved performance against delayed transfers of care and set a target to reduce the DTOC rate per 100,000 population achieved in 2015/16 further still, by 2% per quarter in 2016/17. We are also developing improved performance reporting mechanisms which will enable reporting of the percentage of Central Bedfordshire residents that are experiencing DTOC in each of the acute hospital trusts that support the Central Bedfordshire population.

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