Meeting: **Central Bedfordshire Shadow Health and Wellbeing Board**

Date: **29 May 2012**

Subject: **NHS Bedfordshire & Luton Integrated QIPP Plan 2012-15**

Report of: **Dr Diane Gray, Assigned Director of Strategy & System Redesign, Bedfordshire Clinical Commissioning Group**

Summary: The PCT Cluster integrated QIPP plan is a comprehensive report of the commissioning and provider landscape in Bedfordshire and Luton for 2012/13-14/15, and prepares the way for Bedfordshire Clinical Commissioning Group's own strategic commissioning plan (due to be presented to the BCCG Board in June 2012).

This summary report pulls out the key points from the Cluster integrated QIPP plan for Bedfordshire overall and Central Bedfordshire in particular:

- The financial pressures on NHS-funded services are likely to be greatest during 2012/13 but will continue for the duration of the plan
- Sufficient projects and workstreams have been identified to address these pressures
- There remain significant risks to the health economy's ability to deliver the outputs from these workstreams

Advising Officer:	Dr Diane Gray, Assigned Director of Strategy & System Redesign, Bedfordshire Clinical Commissioning Group
Contact Officer:	Dr Diane Gray, Assigned Director of Strategy & System Redesign, Bedfordshire Clinical Commissioning Group
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

- Supporting and caring for an ageing population
- Promoting healthier lifestyles

Financial:

1. This report sets out the financial context in which Bedfordshire Clinical Commissioning Group will operate.

Legal:

2. Bedfordshire CCG is a statutory partner of the Health & Wellbeing Board and the Board will need to be aware of the commitments on BCCG from financial and performance management perspectives.

Risk Management:

3. Not Applicable

Staffing (including Trades Unions):

4. Not Applicable.

Equalities/Human Rights:

5. The original plans, which this report summarises, are based on understanding the needs of the whole population and ensuring equality of care. An Equality Impact Assessment will be undertaken on the BCCG strategic commissioning plan on its completion. The implementation of the plans will also involve appropriate and due regard for the NHS Equality Delivery System.

Community Safety:

6. Not Applicable.

Sustainability:

7. Not Applicable.

Procurement:

8. Not applicable.

RECOMMENDATION(S):

The Board is asked to:

1. note the contents of this report as it sets out the financial and quality parameters for the local health economy over the next three years.

2. be aware that commissioning responsibility for much of the plan's delivery moved in April 2012 from NHS Bedfordshire (the Primary Care Trust) to sit with Bedfordshire Clinical Commissioning Group (BCCG).

Background

9. Each year, health economies are required to refresh their strategic approach and set out their operating priorities for the financial year ahead.

This year, the structural changes to NHS administration and the priority placed on delivering QIPP (the shorthand name for plans to improve Quality, Innovation, Productivity and Prevention within the local NHS) have made the production of the strategy and operating plan for our local health economy more difficult to produce. In common with health economies across England, the 2012-13 strategic and operating plans for Bedfordshire and Luton PCT Cluster have been condensed into a single integrated plan covering the health economies of both geographies. The final version of the plan was submitted to NHS Midlands and the East (the Cluster Strategic Health Authority) on March 9, 2012.

10. In April 2012, BCCG took on delegated authority as the main commissioner of NHS-funded care in Bedford Borough and Central Bedfordshire. BCCG is drafting its own strategic commissioning plan (which will – like the earlier Cluster one – integrate both a strategic plan and an operating plan), based on the financial assumptions of the main Cluster plan, but adding greater and more specific detail. The BCCG integrated strategic commissioning plan will be presented for sign-off at the June 2012 BCCG board and will then come to the subsequent CBC Health & Wellbeing Board.

11. Therefore, this paper summarises the main points relevant to BCCG from the PCT Cluster integrated plan, picking out especially those that are being incorporated into the BCCG-specific strategic commissioning plan and highlighting their relevance to Central Bedfordshire's population.

PCT Cluster priorities and vision

12. Across Bedfordshire and Luton, the PCT Cluster has a vision to reduce the health inequalities within the populations served and increase healthy life expectancy in conjunction with partner unitary authorities. This will be achieved by building a system that delivers consistently high quality, safe and integrated health and social care.

13. The Cluster Integrated plan reflects the national and regional priorities set out in relevant policy documents:

    (a) National priorities:
        i. Dementia and the care of older people
        ii. Carers
        iii. Military and veterans' health
        iv. Health visitors and Family Nurse Partnerships

    (b) NHS Midlands and East SHA Cluster priorities:
        i. Elimination of avoidable grade 2,3 and 4 pressure ulcers
        ii. Significantly improving quality and safety in primary care
        iii. Create a revolution in patient and customer experience
        iv. Making every contact count through systematic healthy lifestyle advice delivered through front line staff
        v. Radically strengthened partnerships between the NHS and local government

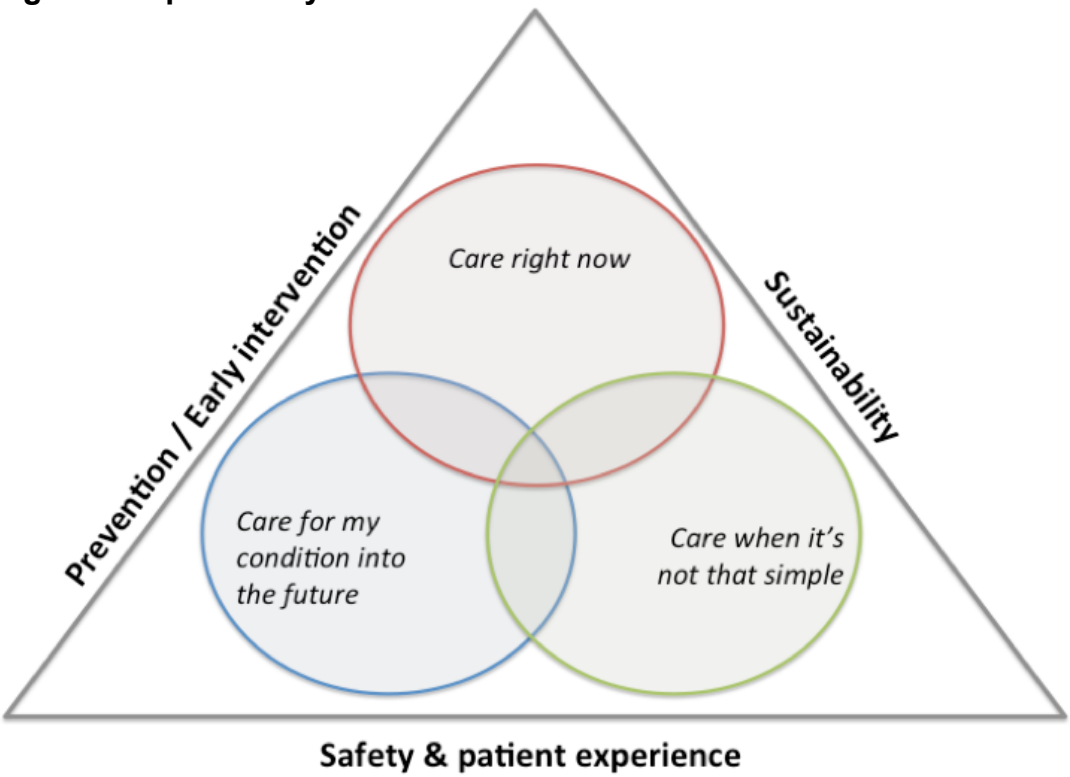
Bedfordshire Clinical Commissioning Group vision and priorities

14. To invigorate change towards better value in healthcare locally, Bedfordshire Clinical Commissioning Group (BCCG) must adopt a fresh approach to commissioning which focuses on outcomes from both the patient and clinical perspective. This section sets out that approach and the priorities in the early years of the organisation.

15. BCCG's Vision is: "To ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the highest quality healthcare providing the best patient experience possible within available resources."

16. The proposed strategic approach to commissioning better value healthcare for Bedford Borough and Central Bedfordshire residents breaks down the totality of the healthcare we must commission into three key areas of focus with three cross-cutting themes, each of which have associated priority outcome indicators (taking into account the NHS Outcomes Framework and local Health & Wellbeing priorities) that we aim to achieve. The three key areas of focus with their crosscutting themes are set out in the figure below.

Figure: Proposed key areas of focus and themes



17. Cross-cutting themes:

(a) Prevention and early intervention: we will work in conjunction with partners, especially the unitary authorities, and see our role as reinforcing public health messages, leading by example, identifying those that need extra help to change and directing them towards suitable support.

(b) Sustainability: The CCG has a role as a corporate citizen, committing to promote sustainability of environmental and fiscal resources internally through its actions as a corporate body and externally by the way in which it commissions. Efforts to ensure sustainability can be integrated with improving outcomes for patients, improving productivity, and ensuring financial balance.

(c) Safety and patient experience: Our patients expect care to be provided safely and we must ensure that it is. But more than that, patients should expect to be treated courteously and with respect and dignity, with services fitting around them rather than vice versa.

18. Key areas of focus:
BCCG commits to looking at the care people need in three broad ways, with outcome indicators to monitor our progress for each. The outcome indicators are based on the NHS Outcomes Framework 2012/13 and reflect areas highlighted in the Joint Strategic Needs Assessment and priorities of the Health & Wellbeing Board.

(a) **Care right now:** We will improve patients' experience of urgent care services, including walk-in centres, GP out of hours services and A&E services, so that more than 85% patients rate their overall experience as good or very good by 2015.

(b) **Care for my condition into the future:** We will increase the proportion of people with a long term condition who feel they have had enough support from local services to help manage their condition from 66% (in 2011) to 80% by 2015.

(c) **Care when it's not that simple:** We will work with social care to increase to at least 85% the proportion of people aged 65 and over who are still at home three months after leaving hospital for rehabilitation in the community.

19. The starting point for BCCG is the health needs of the people of Bedford Borough and Central Bedfordshire. With the knowledge of local clinicians, working through locality structures, and the experience and support of our patients, we will build on what works well and change what needs to work better. We will do this by:

(a) Working in partnership with our member practices and localities, with patients and the public, with Central Bedfordshire Council and other partners, and with other healthcare providers

(b) Using clinical leaders to challenge and champion, and to develop new ways of providing care outside hospitals

(c) Focusing on outcomes by using our purchasing power to improve the co-ordination of patient care and make services more joined up

Financial savings: the "productivity challenges"

20. Over the foreseeable future, cost inflation rises faster than our financial allocation. "Productivity challenge" describes the estimated gap between our expected financial allocations and future costs if we do nothing differently. Figures for BCCG from the Cluster Integrated Plan are set out in the table below, and demonstrate that the greatest challenge (in financial terms) is in 2012/13.

NHS Bedfordshire

£ Millions	2012/13	2013/14	2014/15	Total
Assumed PCT Allocation	**624.73**	**640.35**	**656.36**	
Resource Growth	**(16.28)**	**(15.62)**	**(16.01)**	**(47.91)**
Pay & Price Pressures	**5.62**	**5.62**	**5.62**	**16.87**
Demand & Quality Pressures	**18.69**	**19.26**	**19.26**	**57.21**
Tariff Benefit Derived from NHS Providers	**(6.52)**	**(6.52)**	**(6.52)**	**(19.56)**
Debt Repayment	**0.00**	**0.00**	**0.00**	**0.00**
Underlying 2011/12 Pressure c/f	**12.17**	**0.00**	**0.00**	**12.17**
Size of PCT Challenge	**13.68**	**2.75**	**2.35**	**18.78**

21. This financial challenge is being met in Bedfordshire largely through four programmes of activity, with progress overseen by the Bedfordshire QIPP Leadership Board.

	£'000 2012/13	£'000 2013/14	£'000 2014/15
Planned care	4,975	4,277	844
Urgent Care	2,216	2,194	2,480
Prescribing	1,357	917	330
Mental Health	111	0	0
Primary care (led by PCT Cluster/NCB)	480	0	0
Prevention (led by public health)	589	0	0
Other (incl. PCT workforce cost savings)	8,345	3,355	970
Subtotal	18,073	10,743	4,624
QIPP Challenge	13,677	2,748	2,358
Headroom / (Gap)	2,396	7,995	2,266

22. The planned care programme takes two approaches to improving the quality and efficiency of care across Bedfordshire. Firstly, it aims to reduce unwarranted clinical variation in general practice using peer comparison and support. Secondly, it uses a programme budget approach to bring together providers in the redesign of sustainable systems of care. Both are underpinned by access to accurate and timely data on activity, finance and outcomes and strong clinical leadership and engagement.

23. The urgent care programme has two main workstreams:
- improving public access to information on and services for urgent care (such as improving triage at A&E front doors and developments in the falls service)
- improving integration of care for, and focusing delivery on, people with complex needs (such as sub-acute service pilot in Central Bedfordshire and extending use of telehealth and support to care homes)

24. A notable success has been the transformation in care for frail older people in Dunstable. This has shown that it is possible to reduce admissions from care and nursing homes by over 30% by implementing fundamental changes in the way that primary care and community matron services support and work with care and nursing homes. A 50% reduction in urgent admissions has been achieved by transforming the support to patients in their own homes. This approach will be rolled out across the rest of Central Bedfordshire in 2013.

25. Prescribing/medicines management: In Bedfordshire, objectives will move increasingly towards optimising the use of medicines so that patients are adhering to safe and cost-effective treatments. Each locality and each practice within a locality will continue to have a clear prescribing plan so that each practice has up to 5 specific objectives that they are committed to achieving. Together these build up into the Bedfordshire CCG Prescribing QIPP plan. The 'big ticket' lines include continuing to use generically available drugs within cardiovascular, diabetes and mental health treatments where they have the strongest evidence base for safety and effectiveness. With key patents expiring, we have an opportunity to save £1m in 2012/13 by prescribing in accordance with our policies and guidelines already agreed by the Joint Prescribing Committee and supported by local clinical leaders.

Implications for the way care is delivered

26. Primary care: Whilst technically outside the remit of the CCG (since primary care will be commissioned directly by the NHS Commissioning Board), it is in the interests of BCCG that its local practices deliver high quality safe healthcare that is clinically and cost effective. With the continued shift in care out of hospitals and into the community, it is likely that practices will need to consider the best ways they can offer a complete and robust service to their patients. This may involve providing more services in-house and partnering with neighbouring practices to deliver a broader range of care within the same locality.

27. Community-based care: The current provider in Bedfordshire of both community care and mental healthcare is South Essex Partnership Foundation Trust (SEPT). Their vision is that, by 2015, they will become an integrated care organisation, providing a range of care services, not just mental health or traditional community health services

28. Community Health Services are being restructured into service provision based on the primary care locality model that exists in Bedfordshire. This model will ensure that all localities have core services with named staff per GP practice and that care is delivered closer to home, which will reduce emergency admissions as well as reduce new and follow up out-patients. This will deliver efficiencies, increase productivity and more importantly improve patient satisfaction through personalisation and choice.

29. Community Mental Health Teams are being redesigned to provide a focus on primary care liaison, assessment and short-term treatment, and longer-term recovery.

30. Specialist care: The Luton & Dunstable Hospital NHS Foundation Trust has an ambitious vision for the future. It is currently undertaking a strategic service review which will embed its vision of a high quality hospital providing care for is local residents both at the main site and increasingly within community settings, further developing its specialist services to a sub-regional population, creating a thriving environment for teaching and research. Allied to this, the Trust is embarking on a programme to redevelop the hospital's estate in order to create a top-class physical environment to match the quality of its clinical care.

31. Across the South East Midlands health system, there is a recognition that healthcare organisations cannot continue to work in isolated silos. There is a need to work together, in different ways. “Healthier Together” is a commissioner-led programme, initiated in partnership with the Northamptonshire & Milton Keynes PCT Cluster, the five acute hospitals at Bedford, Kettering, Luton & Dunstable, Milton Keynes and Northampton and the five CCGs from within Bedfordshire, Luton, Northamptonshire and Milton Keynes. It is focusing on services currently provided in acute settings and how they should be delivered differently – either in the community or in acute hospitals. Proposals, to be consulted on later in 2012, will be built around four pillars:

    i. Care closer to home
    ii. A range of services available on all existing hospital sites
    iii. Centralisation of some specialities
    iv. Making the most of specialist care in the area

32. As the Health & Wellbeing Board is all too aware, the Central Bedfordshire population have no local acute provider and currently use a range of acute providers outside the council boundaries. Therefore, the future delivery of specialist care to the population is of particular importance. Patient groups are actively engaged in the “Healthier Together” programme and an active programme of public engagement is underway. BCCG is aware of, and its commissioning plans take account of, the significant implications on commissioning intentions for community-based services as the implications of the “Healthier Together” programme – such as centralisation – become clearer. BCCG is also cognisant of the impact of similar acute services reviews in Buckinghamshire and Hertfordshire on access to hospital services for the Central Bedfordshire population.

Other changes to the NHS landscape

33. The PCT Cluster integrated plan also includes sections on the transition of public health from NHS to local authority and the development of commissioning support services. Given the relatively rapid nature of transition and development of new teams and organisations, further more up-to-date information on these areas can be provided to the Health & Wellbeing Board at a later meeting.

Risks to delivery

34. The full Cluster integrated plan contains a comprehensive table of risks and mitigating actions, which are reviewed by the programme boards and the QIPP leadership board. The two key themes of the highest graded risks are:

(a) Instability in structures and lack of clarity in roles and responsibilities as commissioning structures change as a result of the implementation of the Health & Social Care Act 2012.

In response: BCCG has moved as quickly as it can to establish and fill a staff structure, start significant pieces of redesign work, and start to build relationships with partners and providers that will be necessary to commission successfully in the future. There is more to do, however, and the Act will not be fully implemented until 2015, so managing through instability and uncertainty will remain a necessary skillset.

(b) The financial 'productivity challenge' may not be achievable, especially given Bedfordshire's starting position as a relatively underfunded area.

In response: BCCG's challenge will be to continue to push acute providers (through both the "Healthier Together" programme and local commissioning intentions) to reduce their cost base and free up resource that can instead be invested in upstream community-based care, including social care, to produce better patient and clinical outcomes.

Summary

35. The PCT Cluster integrated plan aims to set out in one place the challenges and plans for the health economies of Bedfordshire and Luton in 2012/13-14/15. This is further refined for our local geographies within the forthcoming BCCG strategic commissioning plan. The greatest challenge will be in addressing the financial pressures on the health economy: identifying the right commissioning actions to take, translating those into activity implications on providers, supporting providers to make the necessary changes to workforce and infrastructure, and involving patients and the public throughout. Throughout all this, the Health & Wellbeing Board's role as a 'critical friend' to BCCG will be invaluable.