

Planning 2016/17

Our Operational Plan

- Explains our how we will spend our £530 million of tax payers money
- Sets out our delivery plans in detail by work stream
- Explains how we will **develop and transform primary care**
- Sets out our ambition for **integration across health & social care**
- Explains how we will achieve the nine 'must do's (Learning Disability Transforming Care Plan, Children's & Adolescent Mental Health Service plan)
- Covers how we engage with patients, public and wider stakeholders
- Describes how we assure the safety and quality of services and system resilience.
- **We must have a plan that is approved by NHS England**

Our Priorities

Clinically and financially sustainable services which improve outcomes for patients achieved through:

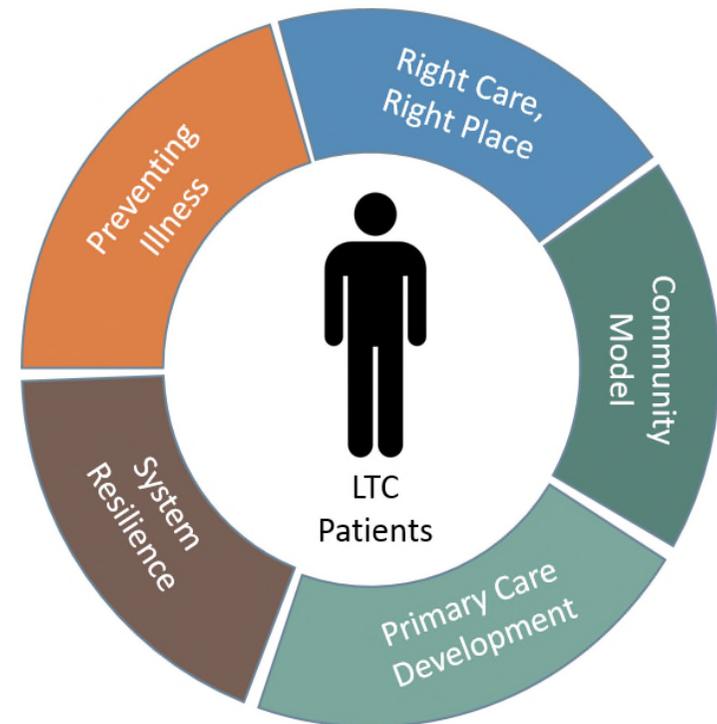
- Sustainable models of hospital care

Supported by;

- Out of hospital Strategy

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
- Community Model
- Primary Care Development
- System Resilience



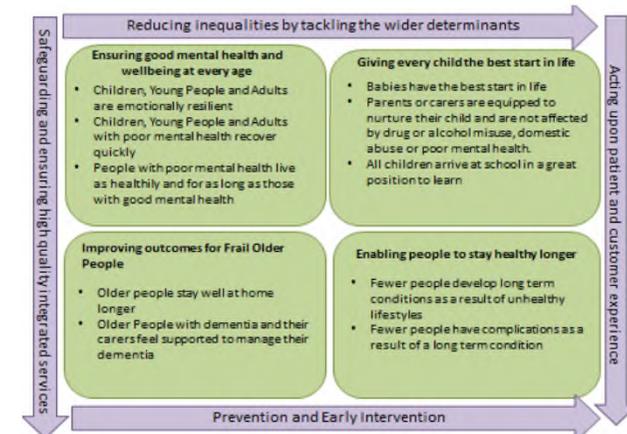
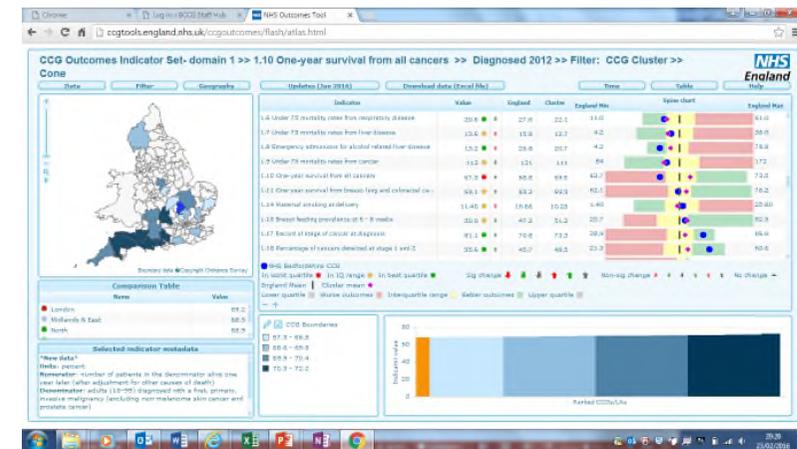
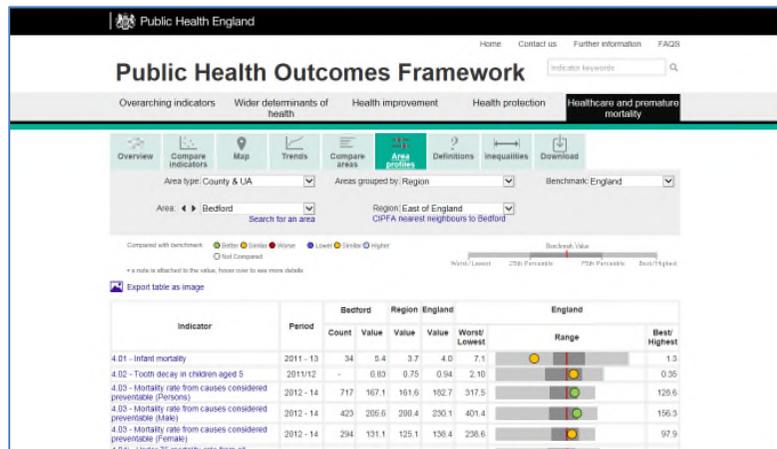
Primary Care Development

- Stabilise Primary Care with support for workforce development and IT and estates initiatives
- Use the levers that joint co-commissioning with NHS England provides to support the pace of change
- Invest in services in primary care that support out of hospital care pathways
- Build new models of primary care that will sustain the future of primary care services and align to the integration of health and social care community services

Integrated Community Services

- Transforming community health services
 - Health and social care multi-disciplinary teams wrapped around GP clusters
 - Self-care supported by assisted technologies
 - Risk stratification of people most at risk
- Developing out joint longer term vision and plans for health and social care integration
- Supported through our Better Care Fund Plans

What are the needs of our patients?



Outcome Headlines

Maternity and early years

- Infant mortality High emergency admissions in under 1s

Mental health

- Access to IAPT Psychosis care Dementia need

Cancer

- Low levels of screening Poor 1 year survival

Long term conditions

- Asthma admissions and mortality Poor outcomes in diabetes
- High preventable mortality especially cardiovascular mortality

Multimorbidity and frailty

- Complex patients with high utilisation Hip fractures

Carers

- Poor health-related quality of life

Alcohol and liver disease

- Alcohol-related admissions Deaths from liver disease
- Disproportionately high spend on gastroenterology

What it means for mental health and learning disability care

Key priorities

- Continue to mobilise the stepped model of mental health care with ELFT with Council partners
- Implement the new advocacy service
- Implement our Crisis Concordat Action Plan
- Improving care for those with complex needs and dementia
- Jointly developing and implementing our programme for transforming care for people with learning disabilities
- Support services users with physical and mental health needs (parity of esteem)

Better care, better health outcomes

- 15% of target population receive talking therapies
- 54% of those treated by IAPT moving to recovery
- 75% referred to IAPT treated with 6 weeks, 95% treated within 18 weeks
- Reduce A&E crisis response to 2 hours
- Over 50% of people with first episode of psychosis commence treatment within two weeks
- People with a learning disability are supported to access mainstream services
- A dementia diagnosis rate of 66% of the estimated number of people with dementia

What it means for adults and older people

Key priorities

- Developing Primary Care; addressing the need to stabilise and improve the quality of services in 16/17 and plan for new sustainable business models of primary care
- Transforming Integrated Health and Social Care Community services (Better Care Fund), focusing of the needs of people with long terms conditions and frail elderly
- Clinically led local review of hospital and community services
- Implementing high quality ambulatory care pathways
- Transforming Stroke Pathways
- Implementing the national strategy for cancer care



Better care, better health outcomes

- Increase no. of high-risk patients identified and develop care plans supported by MDTs working across health and social care
- Integrated care to support reductions in avoidable admissions and reduce delayed transfers of care
- Maintenance and improvement of NHS Constitution standards such as access standards for A&E and ambulance waits, 18 weeks RTT, 62 day cancer waiting standards and one-year cancer survival rates
- Improving outcomes for people who have suffered a stroke

What it means for children and younger people

Key priorities

- Integrated health and social care children's and young people's services (alongside transforming community services programme)
- Implementation of joint special educational needs and disability (SEND) plan.
- Improving urgent care pathways, particularly for long term conditions
- Review of autism, ASD and ADHD and eating disorder pathways
- Implementing our transformation plan for children and young people's mental health and wellbeing.
- Improved quality of maternity services
- Reviewing pathways for LAC

Better care, better health outcomes

- Integrated hubs of health and social care for children, young people and families or carers
- Reduction in waiting list times from referral to assessment and treatment and improved experiences of care
- Improving outcomes for vulnerable groups
- Reduction in avoidable hospital admissions for LTCS

Funding

CCG Spend

£530 million NHS income for
2016/17

Includes:

- ✓ **9.7% increase** on 2015/16
budget (**£47m**)
- ✓ **£14m** realised through QIPP
savings
- = **Total £61m** funds available

15/16: 8.1% below target
(approximately £40m)

Budget Spend

Business Rules
£25 million

- Recurrent Deficit
- 2.5% Business Rules; -1% surplus, 0.5% contingency (to mitigate against higher than planned levels of activity), 1% headroom

Growth
£24

- Costs associated with increased PBR tariffs
- Costs related to high levels of activity (e.g. non elective admissions)
- Population growth
- Non demographic activity increases as a result of screening programmes, NICE guidance etc.

Investments
£12 million

0.5% transformational fund
New Investment

Total
= £61 million

- Gross financial challenge

Subject to agreement with NHSE on Debt repayment (£63 million)

Savings – how are we going to do it?

- By focusing on improved patient outcomes and priorities for:
 - Prevention
 - Right Care, Right Place
 - Primary Care Development
 - Integrated Community Services
 - Systems Resilience
- And enabled by organisational priorities for:
 - Systems and Process Improvements
 - Organisation and Culture Development

Savings – how are we going to do it?

Right Care in the Right Place	£1.9 million	<ul style="list-style-type: none"> • Ambulatory Care Pathways • Value-based elective care
Community Services	£1.8 million	<ul style="list-style-type: none"> • CHC optimisation • Reduction in admissions due to pathway improvements for stroke, EOL and falls care
Primary care	£ 0.5 million	<ul style="list-style-type: none"> • Reduction in unwarranted GP Variation in care
Medicines Management	£1.5 million	<ul style="list-style-type: none"> • Medicines optimisation
Mental Health	£2.1 million	<ul style="list-style-type: none"> • FYE of reduction in out of area placements • Efficiencies through ensuring value for money contracts e.g. advocacy
Contracting Value	£0.8 million	<ul style="list-style-type: none"> • Best practice productivity metrics e.g. New to follow up outpatient appointments
Financial Controls	£1.3 million	<ul style="list-style-type: none"> • Reductions in temp/agency costs • Property efficiencies
Acute	£4.7 million	<ul style="list-style-type: none"> • Integrated COPD service improvements to support reduction in admissions • Contract efficiencies

Investment for outcomes, our emerging initiatives

16/17 Developmental transformation foundation for forward view 5 year plan

Integrated Community Services

- Invest in effective management of LTCs through MDT models of community integrated health and social care, self care and self management and risk stratification
- Ensure alignment of BCF investment profile
- Effective programme budget approach to Diabetes, Cardiology, COPD and asthma to align existing spend to most effective interventions

- Reduce the number of people dying from conditions amenable to healthcare and causes of premature death in Bedfordshire; cancer, heart disease, stroke, COPD and diabetes
- Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community

Mental Health (incl Children's)

- Improve crisis response and deliver crisis concordat plans through liaison psychiatry and street triage
- Deliver dementia diagnosis targets through implementing new older people's psychiatry services
- Increase provision of IAPT services
- CAMHS – focus on children and perinatal pathways

- Enhance the quality of life for people with long term conditions, including mental health conditions
- Improve the management of acute psychosis and crisis response services
- Deliver dementia diagnosis and IAPT targets to support early intervention and improved outcomes
- Embed parity of esteem

Primary Care

- Invest in workforce developments, enhanced primary care services, IT and estates infrastructure to stabilise GP practices, develop sustainable models of primary care and improve clinical outcomes by reducing variation in GP care

- Reduce the variation in GP care for referral management, prescribing and hospital admissions to ensure best practice primary care pathways
- Improving patient outcomes by enhancing performance of QOF achievement
- Address significant workforce shortages for GPs and Practice Nurse to support enhanced access to services, particularly 7 day services

Urgent Care/Acute

- Ensure surge initiative funding is aligned to effective schemes that supports the overall direction for streamlining urgent care services to develop a simplified, consolidated urgent and emergency care pathways
- Aligns to recovery action plans for A&E targets
- Builds system resilience within urgent care pathways

- Increase the proportion of people having a positive experience of hospital care through achieving standards for 4 hour wait targets in A&E, Ambulance standards for response and turnaround times and reductions in delayed transfers of care

What we want for our patients

- High quality, safe and clinically effective care
- Excellent health outcomes for patients now and in the future with an associated reduction in health inequalities
- A culture that listens, learns from and empowers patients
- General practice that is first supported to stabilise and then builds sustainable models for the future
- Integrated services between health and social care that focus on prevention and wellbeing with care delivered closer to home
- A resilient system of services supported by simplified urgent and emergency care pathways