

A decorative graphic at the top of the page featuring several overlapping, curved lines in orange, red, blue, and green, with a dotted pattern on the left side.

# Bedfordshire CCG Operational Plan

## 2019 - 2020

# Foreword

Our Operational Plan for 2019/20 sets out how we intend to deliver our statutory responsibilities and our vision for healthcare services in Bedfordshire over the next year.

The Plan outlines our strategy for local services, within the framework of the Bedfordshire, Luton and Milton Keynes Commissioning Collaborative and Integrated Care System. 2019/20 will be our second year operating as part of the wider system collaborative. We are getting used to this new way of working and can recognise the benefits in taking a more collaborative approach.

There have been significant achievements, especially in the development of primary care networks and social prescribing as we seek to develop more preventative, proactive care.

2019/20 is also a transition year – the last year of working on the *NHS Five Year Forward View* and the first year of working on delivering the *NHS Long Term Plan*. To determine our priorities for the longer-term we are having conversations with our residents and developing long-term plans for the Autumn.

We have therefore taken a pragmatic approach for this year, updating the 2017/19 Bedfordshire Organisational Operating Plan, whilst adding some new priorities based on our local and shared priorities including key strategic clinical areas, the clinical priorities from Right Care data, and our joint commissioning intentions. The CCG's financial outlook, projected spend, and estimated QIPP savings, as well as our assessment of financial risk, is also summarised.

The financial operating context is made more challenging through the control totals set for local providers, which has led to a more competitive approach to financial management within the local health economy. However, we are confident that with sufficient financial investment and collaboration with our local partners, we can build on our success thus far to deliver our ambitions for better, more integrated, and cost effective services.

**Heather Moulder**  
Clinical Chair  
NHS Bedfordshire CCG

Add photo

**Patricia Davies**  
Accountable Officer  
BLMK Commissioning Collaborative



**Mike Thompson**  
Chief Operating Officer  
NHS Bedfordshire CCG

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# Collaborative Commissioning

2018/19 was the first year BLMK has operated as an Integrated Care System (ICS). We are getting used to this new way of working and can recognise the benefits in taking a more collaborative approach.

There have been significant achievements, especially in the development of primary care networks and social prescribing as we seek to develop more preventative, proactive care.

2019/20 is a transition year – the last year of working on the *NHS Five Year Forward View* and the first year of working on delivering the *NHS Long Term Plan*.

The NHS Long Term Plan recognises Integrated Care Systems as the future, which gives extra impetus to our collaboration with partners as part of the BLMK ICS.

To determine priorities for the longer-term as part of an ICS we will have conversations with our residents and will be developing long-term plans for the Autumn. Overall BLMK ICS aims to:

- Drive forward the prevention agenda
- Improve the wellbeing and health of our residents during 2019/20 and beyond by reducing the over-reliance on acute services
- Strengthening out of hospital services
- Challenging inefficiency

Closer system working is also embedding across the NHS commissioning organisations. During 2018 Bedfordshire, Luton Milton Keynes CCGs took a decision to move to a single shared Executive Team across the CCGs and to forge ahead with greater collaboration across the 3 organisations.

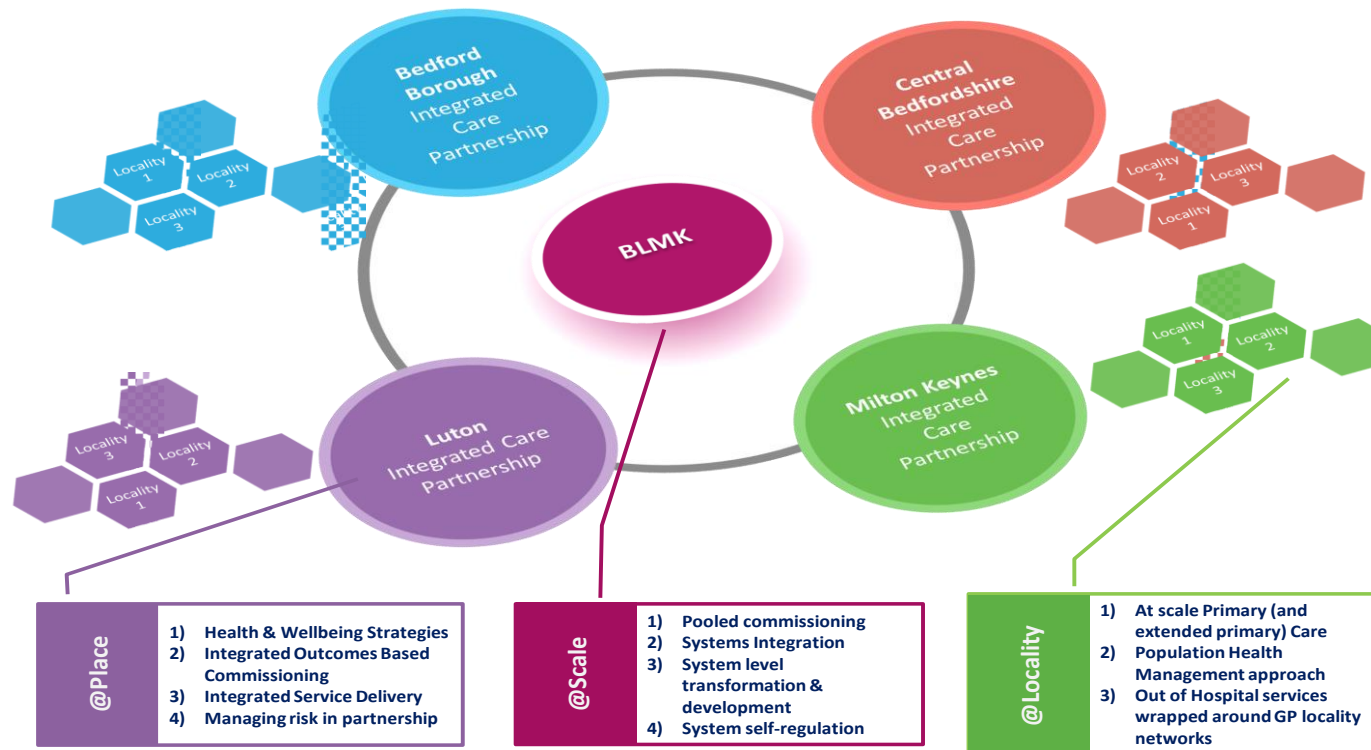
Whilst each CCG will remain a statutory organisation in its own right, the benefits of this closer collaboration include:-

- giving one clear and strong commissioning voice across the ICS
- to enable and inform consistent commissioning decisions that are evidence-based, open and transparent and can be tested



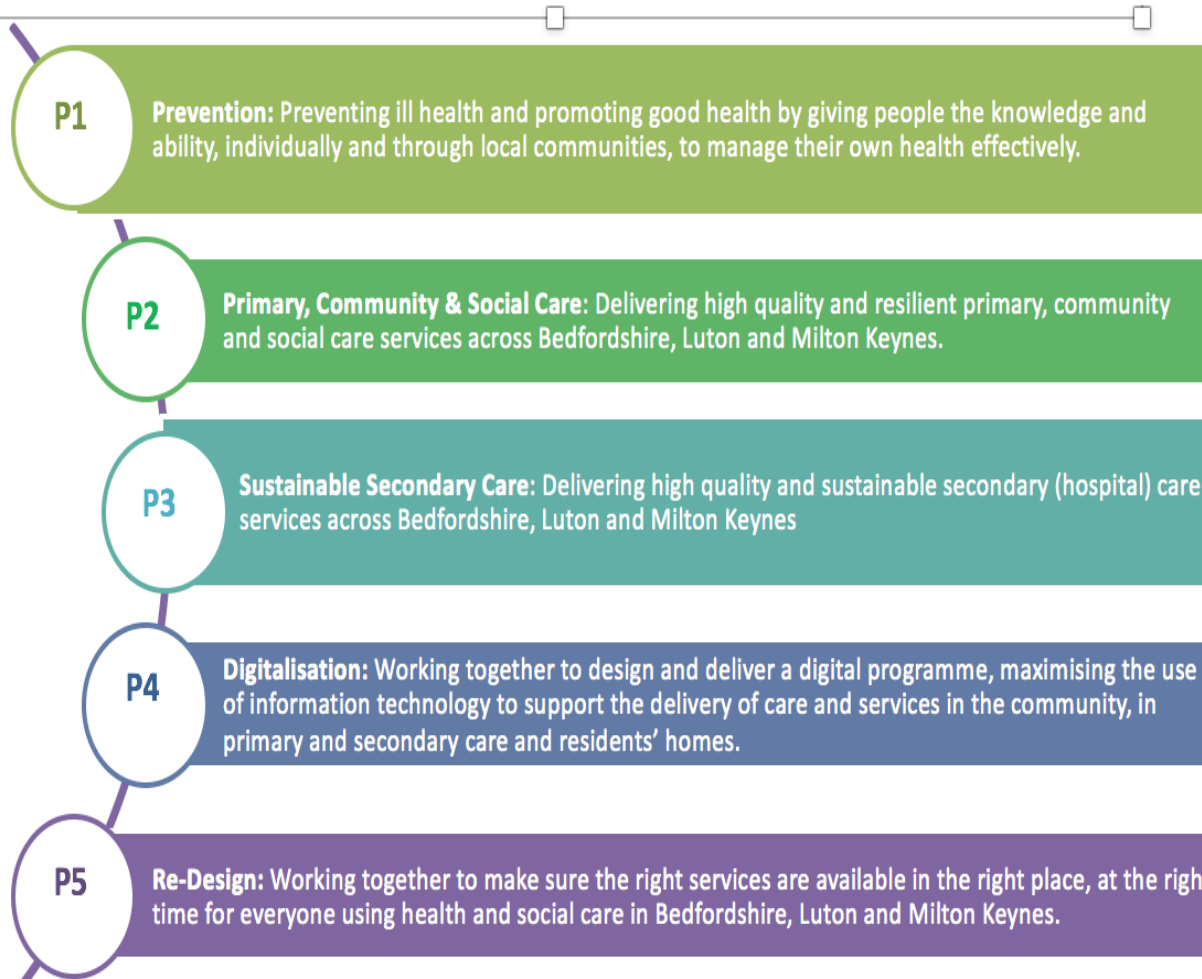
# ICS overview

## Triple Tier Model



BLMK was one of the pioneers of the Triple Tier Model – the suggestion that the key levels of health and care are locality (Primary Care Networks), place (Local Authority) and scale (ICS). This has been adopted by the NHS Long Term Plan. It is our belief that services should be organised as locally as possible, where safety and efficiency allows.

# Priority Areas



In Bedfordshire, Luton and Milton Keynes, 12 NHS organisations and 4 local councils have been working together to find ways of modernising services to meet the NHS 'triple aim' – set out in NHS England's *Five Year Forward View* – of delivering improved health and wellbeing, transforming quality of care delivery, and making NHS finances sustainable.

Our ICS will provide the structure for a network of collaborating agencies working within a 'place-based' system.

This will help drive down waste and duplication as well as bringing combinations of services into alignment to the specific needs of the whole population residing within the footprint.

The ICS means developing 'leaner' services that deliver more co-ordinated responses to our patients and at less cost to the local healthcare system.

The key priorities of the Bedfordshire, Luton and Milton Keynes (BLMK) ICS combine 'front line' priorities (focused on prevention and patient care), combined with 'behind the scenes' priorities which are crucial to support the overall transformation process.

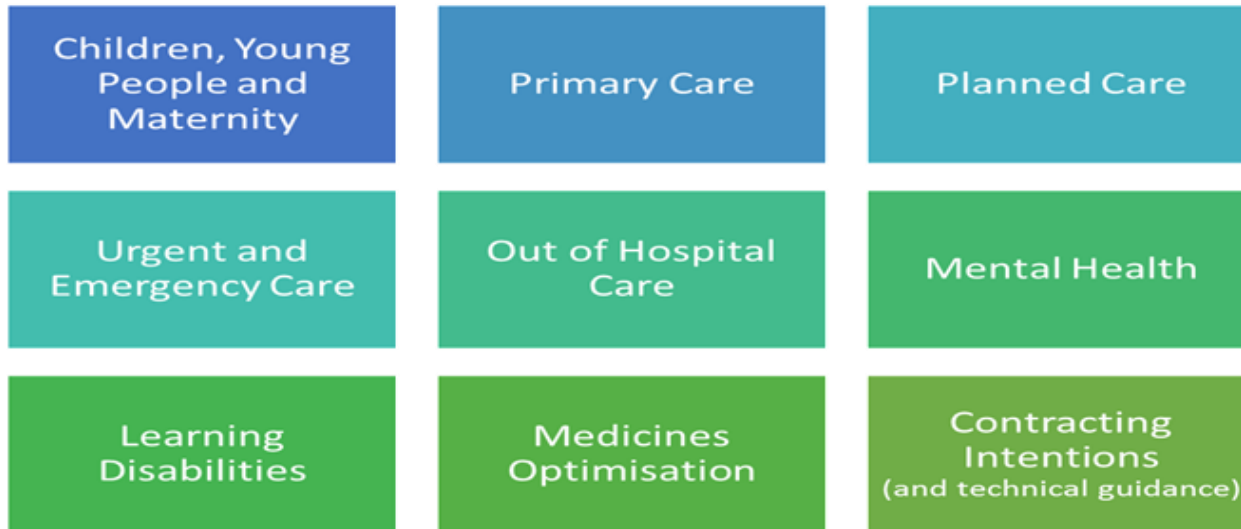
The ICS has 5 Key Priorities which Bedfordshire CCG will play a part in delivering during 2019/2020.

# Bedfordshire Commissioning Priorities



**Bedfordshire**  
Clinical Commissioning Group

The 3 CCGs, working in collaboration developed and published Joint System Commissioning Intentions for 2019/2020 in the autumn across the following areas:



Our plans demonstrate an ongoing transition from commissioning providers with competing interests to facilitating collaboration and cooperation within a place-based framework.

We are establishing economies of governance in the way resources are brought together and economies of alignment in the way services are combined to deliver timed interventions, developing resilience in our services to manage the diversity of our population's needs.

There is currently a programme of work underway across the commissioning collaborative to review current arrangements with a view to adopting a 'Do, Share, Buy' approach to improving efficiency and effectiveness of key services.

These have informed the commissioning priorities that are planned for delivery during 2019/2020, along with the recently published NHS 10 year plan, for which 2019/20 is the first year of delivery.

Local responses to each of these priorities have been developed within each of the CCGs and Bedfordshire CCGs are detailed within this plan.

Building on the previous year achievement, they are critical to supporting wider system transformation of:

- National areas of focus
- Prevention & Self Care
- Out of Hospital Care
- Sustainable Hospital Services
- Maternity Services
- Children & Young People's Services

# Our strategy and ambitions

This document sets out a refreshed Bedfordshire CCG Operating Plan for 2019/20. It outlines the activities that the CCG is undertaking to address its challenges and support the overarching aims of the BLMK Commissioning Collaborative and alignment to the solutions set out within the Bedfordshire, Luton and Milton Keynes Single System Operating Plan. It also sets out more specific local priorities and milestones for meeting our strategic objectives.

Bedfordshire has a population of 450,000 people with increasingly complex population's health needs. The county is divided into two local authority areas; Bedford Borough is urban with significant ethnic minority communities with some rural areas, whilst Bedfordshire is the more rural, less deprived and less diverse. It does, however, have pockets of deprivation and around 30% of its residents use acute hospitals outside of the BLMK footprint.

Currently, most of the CCG funding is spent on acute hospital services, with a significantly smaller proportion on community and mental health services. Our challenge is therefore to meet the variety of real time needs of patients and to do so in a way that is economically sustainable and cost effective.

As a CCG our key ambitions are:

- Securing additional years of life for people with treatable mental and physical health conditions through self-care, prevention and early detection;
- Improving the health-related quality of life of our residents with one or more long term condition, including mental health conditions;
- Reducing the amount of time people spend avoidably in hospital through better and more cohesive care in the community, outside of hospital;
- Increasing the number of people having a positive experience of hospital care;
- Increasing the number of people with mental and physical conditions having a positive experience of care outside hospital, in general practice and in the community.

Early intervention to secure long-term benefits is essential to these ambitions; it will keep people more independent and creates the potential to make savings to the system through avoided hospital admissions. But early intervention requires coordinating more complex responses in the community to tackle the social as well as the health issues that contribute to hospital admissions and delayed discharges.

In addition, it means combining resources and know-how between local partners in health and social care to align and synchronise traditionally separate organisations and ways of working which will help us meet the needs of patients, particularly where multiple agencies are involved.

Our plans demonstrate an ongoing transition from commissioning providers with competing interests to facilitating collaboration and cooperation within a place-based framework. We are establishing economies of governance in the way resources are brought together and economies of alignment in the way services are combined to deliver timed interventions, developing resilience in our services to cope with the diversity of our population's needs. There is currently a programme of work underway across the three CCGs to review current arrangements with a view to adopting a 'Do, Share, Buy' approach to improving efficiency and effectiveness of key services.



# Financial Overview

## • Current financial performance

The 2018/19 financial year has been shaped by a stretching financial surplus control total, requiring the CCG to generate a £10m surplus as a contribution to repaying part of the accumulated deficit arising from overspending in previous years (the value of which was £52.6m at April 2018). This has proved to be a challenging target, in the context of ever increasing hospital demand and activity coupled with the challenge of delivering a substantial quality improvement and savings plan.

## • QIPP Delivery

The QIPP target for 2019/20 is £29.4m. To achieve this target, the CCG plans to deliver a £25.4m QIPP Programme, supported by a £2.3m investment. Schemes have already been identified, assured and discussed with providers. In addition there is a £4m unidentified QIPP value which the CCG and local providers have agreed to jointly develop schemes in year.

## • Control Total

Based on the QIPP above the CCG is planning to deliver its control total of a balanced position for the year.

## Summary of Spend

	2018-19	2018-19	Variance		2019-20	2018-19	Variance	
	Budget	Forecast	£'000	%	Budget	Forecast	£'000	%
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
<b>Income</b>	596,809	596,809	0	0.0%	681,172	596,809	84,363	0.0%
<b>Expenditure</b>								
Acute Services	333,057	348,772	(15,715)	-4.7%	359,072	348,772	10,300	2.9%
Mental Health Services	58,832	58,884	(52)	-0.1%	61,128	58,884	2,244	3.7%
Community Health Services	42,216	41,643	573	1.4%	42,291	41,643	648	1.5%
Continuing Care Services	39,555	35,345	4,210	10.6%	38,655	35,345	3,310	8.6%
Primary Care Services	73,545	73,698	(153)	-0.2%	73,909	73,698	211	0.3%
Primary Care Commissioning	0	0	0	0.0%	64,120	0	64,120	100.0%
Other Programme Services	19,792	20,731	(939)	-4.7%	20,474	20,731	(257)	-1.3%
<b>Total Commissioned Expenditure</b>	<b>566,997</b>	<b>579,073</b>	<b>(12,076)</b>	<b>-2.1%</b>	<b>659,649</b>	<b>579,073</b>	<b>80,576</b>	<b>12.2%</b>
<b>Reserves</b>								
Contingency	2,897		2,897	100.0%	3,406		3,406	100.0%
Other Reserves	7,239	(1,123)	8,362	115.5%	2,109	(1,123)	3,232	153.2%
<b>Total Programme Expenditure</b>	<b>10,136</b>	<b>(1,123)</b>	<b>11,259</b>	<b>111.1%</b>	<b>5,515</b>	<b>(1,123)</b>	<b>6,638</b>	<b>120.4%</b>
Running Costs	9,676	8,859	817	8.4%	9,908	8,859	1,049	10.6%
<b>Surplus</b>	<b>10,000</b>	<b>10,000</b>	<b>0</b>	<b>0.0%</b>	<b>6,100</b>	<b>10,000</b>	<b>(3,900)</b>	<b>-63.9%</b>

# Longer Term Financial outlook

The Government announced a five year NHS funding settlement that will increase NHS funding nationally by £20 billion. The impact on Bedfordshire allocations is shown below:

	2018-19 £0	Growth %	2019-20 £0	Growth %	2020-21 £0	Growth %	2021-22 £0	Growth %	2022-23 £0	Growth %	2023-24 £0
<b>Bedfordshire Core</b>	£568,914	6.32%	£604,887	4.68%	£633,224	4.40%	£661,096	4.18%	£688,705	3.89%	£715,493
<b>Primary Care</b>	£60,488	6.89%	£64,653	4.85%	£67,789	6.75%	£72,367	4.87%	£75,889	4.61%	£79,387
<b>RCA</b>	£9,900	0.08%	£9,908	-11.80%	£8,739						
	<u>£639,302</u>		<u>£679,448</u>		<u>£709,752</u>						
<b>Distance from target funding</b>			<b>0.02%</b>		<b>0.11%</b>		<b>0.11%</b>		<b>0.15%</b>		<b>0.13%</b>

The allocations were published by NHS England in January 2019 and included five year allocations for Programme and Primary Care and two year allocations for Running Costs.

The Primary Care allocation reflects the delegated commissioning of primary care services from 1st April 2019.

The reduction in the running cost allocation in 2020-21 reflects the target 20% recurrent savings based on the 2017-18 running cost allocation.

Whilst there is increased funding expected, there are also increased national policy objectives that will fully utilise the additional funds. Consequently, it is expected that the tension between ongoing demand increases for acute care, required investment in mental health and primary care GP services will continue and put pressure on the CCG's ability to make significant investment in out of hospital care to create viable alternatives to acute care.

To aid transformation of NHS services, particularly out-of-hospital services, the Bedfordshire, Luton and Milton Keynes CCGs, local authorities, local hospitals and provider services have come together under an Integrated Care System. All parties are committed to working collaboratively and at scale to tackle the pressures and challenges being faced across both health and social care systems.

The three CCGs have recently introduced and recruited to a single Executive Team to better align NHS health commissioning plans across the area.

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# 2019-20 Financial Plan

The CCG operational plans have been developed in the context of the wider longer term planning across the Integrated Care System (ICS) for the Bedfordshire, Luton & Milton Keynes health and care systems which is due to be refreshed during 2019.

The plans have been built up based on planning guidance issued by NHS England in December 2019 and the CCGs local Commissioning intentions. The Finance Committee and Operational Management Group have overseen the development of these plans between November 2018 and March 2019 and these final financial plans are being submitted to the Board for approval.

The CCG received an uplift of £36.0m (6.3%) on its programme allocation for 2019-20 plus £1.7m of transfers of allocation from Specialised Commissioning. The total allocation for 2019/20 is £606.6m.

With effect from 1<sup>st</sup> April 2019 the CCG assumes delegated responsibility for the primary care commissioning budget of £64.7m.

The running cost allowance has seen a minor increase of £8k to £9,908k.

The CCG has been set a target surplus of £6.1m (1%) which is in line with business rules which is a £3.9m reduction on the 2018-19 target of £10.0m.

After modelling through the impact of the planning assumptions, the CCG has identified a net QIPP requirement of £27.3m. The CCG has projects to cover £23.3m QIPP but these schemes are at various stages of maturity. The CCG has RAG rated the QIPP schemes and at present considers £16.9m to be satisfactorily assured.

The CCG has set aside 0.5% (£3.4m) of its recurrent allocation as a contingency reserve.

There are a number of risks associated with these plans, which the CCG is seeking to mitigate by agreeing credible contracts with providers built on the current forecast outturn position and incorporating realistic growth levels that represent these plans. The CCG is in discussion with System Partners to develop joint plans to deliver savings across the local system.

Consequently the financial plan is significantly stretched, and it is not completely clear whether the combination of a significant QIPP target, plus deficit repayment, plus STP investment and transformation, all in the context of ongoing local provider efficiency pressures, is genuinely achievable within the year. This is under review.

The financial plan achieves the £6.1m financial surplus control total set for the CCG.



# Activity Forecast

## Local activity growth assumptions

	CCG Adjusted FOT	Counting and Coding Changes	Other Non Recurrent Activity	Underlying Trend and Demographic Growth	Transformational Change	Policy Changes	19/20 Annual Plan	For Comparison	
								19/20 Planned Growth %	18/19 Actual Growth %
Total Referrals (General and Acute)	159,895	0	0	8,284	-4,227	0	163,952	2.5%	4.7%
GP Referrals (General and Acute)	94,810	0	0	6,998	-4,227	0	97,581	2.9%	7.0%
Other Referrals (General and Acute)	65,085	0	0	1,286	0	0	66,371	2.0%	1.6%
Total Consultant Led Outpatient Attendances	392,345	0	0	20,790	-13,894	1,912	401,153	2.2%	4.9%
Consultant Led First Outpatient Attendances	141,025	0	0	6,350	-4,678	1,912	144,609	2.5%	4.1%
Consultant Led Follow-Up Outpatient Attendances	251,320	0	0	14,440	-9,216	0	256,544	2.1%	5.4%
Outpatient Appointments with Procedures	77,386	0	0	2,113	-1,960	0	77,539	0.2%	2.3%
Total Elective Admissions	61,222	0	0	4,957	-541	0	65,638	7.2%	7.5%
Elective Admissions - Day Case	52,897	0	0	5,178	-387	0	57,688	9.1%	9.4%
Elective Admissions - Ordinary	8,325	0	0	-221	-154	0	7,950	-4.5%	-3.0%
Non-Elective Admissions	52,229	0	0	3,315	-3,041	0	52,503	0.5%	4.5%
Total Non-Elective Admissions - 0 LoS	17,303	0	0	1,369	-2,330	0	16,342	-5.6%	6.2%
Total Non-Elective Admissions - +1 LoS	34,926	0	0	1,946	-711	0	36,161	3.5%	3.7%
A&E Attendances excluding Planned Follow Ups	138,295	0	0	8,946	-10,032	10,800	148,009	7.0%	4.6%
Type 1 A&E Attendances excluding Planned Follow Ups	133,907	0	0	7,899	-9,426	0	132,380	-1.1%	4.1%
Other A&E Attendances excluding Planned Follow Ups	4,388	0	0	1,047	-606	10,800	15,629	256.2%	21.9%

The forecast activity growth informing the plan is set out below and has been jointly produced with local hospitals. The projection is based upon HRG level analysis of 2018/19 year to date trends adjusted for seasonality to reflect a full year and compared with the last three years' full year data. Efficiencies and changes to patient flows have been included.



# Financial planning assumptions

The assumptions that have been built into the financial plan include:

- delivery of the target control total of £6.1m as notified by NHS England
- A contingency reserve of 0.5% (£3.4m) has been provided out of the allocation
- The financial modelling is predicated on the delivery of £29.4m (4.3%) gross QiPP savings. This falls marginally above of the NHS England reasonableness levels of up to 4% and represents a significant delivery challenge.
- Schemes to deliver £25.4m gross QiPP programme have all been identified
- A further £4m QiPP is required to achieve the financial plan and local providers have agreed to work jointly with the CCG to identify opportunities.
- The plan is fully compliant with the Mental Health Investment Standard
- Tariff assumptions based on PbR guidance:
  - 3.8% inflation less 1.1% efficiency, net tariff inflator 2.7%
  - Includes 1.25% CQUIN payment to providers, neutral adjustment via contract value
  - Includes part of the Provider Sustainability Fund previously paid direct to the providers via NHS Improvement
- Another significant change anticipated for PbR is to bring all emergency care payments into a new payment form called the blended tariff. In this methodology 80% of payments form a block payment with 20% based on activity variation. This would apply to activity values that exceed £10m
- Under the new blended payment tariff proposals MRET and Re-admission adjustments would no longer apply. The guidance indicates that their removal should have a cost neutral impact.

# Summary of spend

	2018-19				2019-20			
	Budget	Forecast	Variance		Budget	Forecast	Variance	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
<b>Income</b>	596,809	596,809	0	0.0%	681,172	596,809	84,363	0.0%
<b>Expenditure</b>								
Acute Services	333,057	348,772	(15,715)	-4.7%	359,072	348,772	10,300	2.9%
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<b>Reserves</b>								
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Running Costs	9,676	8,859	817	8.4%	9,908	8,859	1,049	10.6%
<b>Surplus</b>	<b>10,000</b>	<b>10,000</b>	<b>0</b>	<b>0.0%</b>	<b>6,100</b>	<b>10,000</b>	<b>(3,900)</b>	<b>-63.9%</b>

This table sets out the overall view of the plan for 2019-20 compared to the current year. The above summary is based on the 2018-19 forecast outturn showing a £10m surplus as reported to NHSE. Deficit repayments are shown as an in-year surplus

### Risks relating to the financial plan

The plan is now underpinned by signed contracts with all of our key providers.

The contracts with Bedford Hospital Trust (£2.9m) and Luton & Dunstable Foundation Trusts (£1.0m) still have some areas which require resolution but the contracts have been signed by both parties on the assumption that the respective commissioning and provider boards will work together to resolve any outstanding issues.

As part of the BLMK ICS the CCG is subject to a joint control total with its partners. Any failure to deliver the requirements that each partner signed up to across the integrated system may lead to a lost opportunity for transformational funding.

Delivery of the QIPP savings programme which supports the delivery of the financial plan. The CCG has shared its QIPP details with the main providers to ensure alignment with their internal cost savings programmes (CIP's) wherever possible. Delivery of the joint control total should act as an incentive for both commissioners and providers to work together to deliver the required efficiencies.

Other pressures brought forward from 2018/19 relate to underspends in year on the East of England cancer project and Primary Care ETTF programme of work

2019/20 is the first year of delegated primary care commissioning for the CCG and there are some cost pressures emerging within the delegated budget. The primary care team are currently working up proposals to mitigate this cost pressure from within the overall budget envelope.

The CCG will work closely with ICS organisations to adopt a risk sharing approach wherever appropriate and mutually beneficial.

The CCG has provided 0.5% (£3.4m) of recurrent expenditure as a contingency to be deployed against emerging risks

The plan includes a number of further significant risks, including:

- Ability to work with providers to ensure activity and costs remain within the agreed provider contract values;
- Adequacy of assessment of demographic growth and the impact on hospital attendances is not understated;
- Ability to deliver the QIPP schemes at sufficient scale;
- Ability to identify and delivery £4m further QIPP jointly with local providers



- The chart below outlines details of our QIPP plan for 2019-20, and identifies the financial challenge that needs to be addressed. Summarised below, by workstream, are details of the proposed QIPP initiatives for dealing with this challenge and for driving improved health outcomes for our patients.
- The QIPP target for 2019/20 is £29.4m. To achieve this target, the CCG plans to deliver a £25.4m QIPP Programme, supported by a £2.3m investment. Schemes have already been identified, assured and discussed with providers. In addition there is a £4m unidentified QIPP value which the CCG and local providers have agreed to jointly develop schemes in year. These are currently being scoped. The financial values are summarised in the table below:

Programme area of saving	Planned Gross Savings £'000	Planned Gross Investment £'000	Planned Net Savings £'000
Acute Services	18,578	(1,634)	16,944
Mental Health Services	2,068	(608)	1,460
Community Services	150		150
Continuing Healthcare	450	(60)	390
Primary Care Prescribing	1,500		1,500
Delegated Primary Care	1,245		1,245
Other Programme Services	380		380
Running Costs	1,000		1,000
Unidentified QiPP	4,070		4,070
<b>Total</b>	<b>29,441</b>	<b>(2,302)</b>	<b>27,139</b>

# Primary Care and Out of Hospital

## General Practice Forward View

BCCG has successfully delivered against our priorities of the General Practice Forward View outlined in our 2017-19 operational plan and GPFV plan. As outlined later in this document, we will continue to develop integrated out of hospital services through the Primary Care Network contract and other deliverables for 2019/20 alongside existing GPFV work streams and enablers such as ongoing ETTF-funded programmes developing estates and technology infrastructure.

Delivery against the GPFV in 2017-19 has included:

- Work with practices and the National Association of Primary Care to develop networks with every BCCG member practice belonging to a network

- The development and commencement of MDT working at network level

- Workforce initiatives including the rollout of new roles into general practice (e.g. clinical workflow administrators, clinical pharmacists) and learning and development opportunities for existing staff

- Recruitment and retention schemes

- Implementation of many of the High Impact Actions (e.g. active signposting)

- Practice Manager development including establishment of a BLMK Strategic PM Network and training and development programmes

- Delivery of extended access to primary care for patients registered with Bedfordshire practices with 100% coverage by March 2019

- Programmes ongoing to deliver estates, IM&T and IG enablers to allow for increased collaborative and wider-system working

- Increasing use of technology in practices and primary care-facing services including remote monitoring and online consultations (around 42% of patients now have access through their registered practice)

We recognise that for Primary Care in Bedfordshire to be a strong partner within an Integrated Care System further work is needed to achieve this ambition and this will require focused support to learn from those who have transformed their way of working and to do this at pace. There are still areas with significant sustainability issues, so alongside our priorities there will be targeted work to ensure patients can access the services and support they need to improve their health and wellbeing.

## Primary Care

To continue to enable the realisation of the General Practice Forward View and the development of Primary Care Networks within Bedfordshire we must continue to address sustainability issues within primary care and work with practices to improve the quality of care in order to create a strong platform that supports the delivery of longer term goals. Our main focus during 2019/20 will be to continue work underway to develop the Primary Care Home model using the new Primary Care Network contracts and ongoing workforce, infrastructure and IM&T programmes as an enabler.

After several years working with joint primary care commissioning arrangements, 2019/20 will be the first year that the CCG will have delegated responsibility. Work has been undertaken to ensure safe transfer of associated functions and it is hoped that the emerging PCNs and the wider system will realise the benefits.



# Primary Care and Out of Hospital Deliverables 2019/2020

**Subject to engagement with our member practices, BCCG will deliver the following in 19/20:**

Support establishment of PCNs within the geographical area to ensure every practice in England is a part of a local PCN (serving populations of around 30,000 to 50,000) as soon as is possible, to achieve 100% coverage by 30 June 2019.

Support introduction of contract arrangements for PCNs, working with community services to ensure teams are configured in line with PCN boundaries.

Provide minimum £1.50 per head to PCNs for management and OD. Starting 2019/20, continues each year to 31 March 2024.

Support PCNs to ensure they are supported to access PCN Development Programme by 31 March 2020.

Ensure PCNs are provided with primary care data analytics for population segmentation & risk stratification based on national data, allowing in depth understanding of populations' health & care needs for symptomatic and prevention programmes

Population segmentation already underway in many PCNs, with work ongoing at ICS level to further develop population health analytic capabilities.

Ensure PCNs work together incl. at place level to ensure a full role in improving services commissioned & provided, including urgent and emergency care services.

Ensure every PCN is working to implement the comprehensive model for personalised care.

Ensure delegated (PCN) budgets received are used to support development of all practices, with detailed local plan published by 1 July 2019 showing every practice actively engaged & all activity completed by 31 March 2020

Ensure local practice development plans continue to identify practices who need more intensive support to stabilise, build resilience & become sustainable.

75% of 2019/20 sustainability & resilience funding (GPRP allocated by NHS England) will be spent by 31 December 2019, with 100% of the allocation spent by 31 March 2020.

Recruit our share of additional 5000 doctors & maximise impact of other health professionals already recruited since GPFV published. Detailed ICS workforce plan will be developed including:

Trajectories detailed by role type, accounting for local multi-disciplinary workforce needs (based on capacity and demand), working with PCNs to recruit expanded range of clinicians / other professionals.

Plans to retain as many GP trainees as possible at ICS level after completing specialist training, maximise numbers taking up substantive roles in local primary care workforce by 31 March 2020.

Maximise retention of experienced, effective staff (doctors, nurses and other health professionals), with specific actions/focus in areas which have greatest workforce challenges and with roles where attrition is highest. Includes actions shown to have positive impact, (identified by the GP Retention Intensive Support Sites and wider retention programmes) & are tailored to local circumstances.

National GP Retention Scheme will be offered to support all eligible GPs who cannot work a regular part-time position (up to 4 sessions per week) to remain in practice.

With ICS partners we will continue to deliver against ETTF-funded programmes to improve infrastructure including developing an ICS-wide strategy. Outline Business Cases for hubs in Dunstable, Gilbert Hitchcock House (Bedford). Service Models and Schedules of Accommodation will be completed early in the year. Strategic Outline Cases for hubs in West Mid Beds, Leighton Buzzard and Ivel Valley will be completed with a further SOC completed for Kempston later in the year.

Work on information sharing and use of technology (such as online consultations) will continue with the programme expanding to include patient facing technology (e.g. apps).



# Out of Hospital care

Out of hospital provision across Bedfordshire is being transformed in partnership with Bedfordshire CCG and local partners to reflect the following high level outcomes:

- I want to stay healthy and active for as long as possible
- I want access to the best quality care available in order to live as I choose and as independent as possible
- I want to be helped by a person who co-ordinates my care and is supported by a team with the specialist knowledge to understand my health and social care needs
- I want to be actively involved in decisions about my care and enabled to make informed choices that meet my needs
- I want good clinical outcomes.

2019/20 is year two of a two year transformation programme with ELFT, the new Community Health Service provider, to improve services to adults aged 18 years plus. A partnership approach has been established with key partners which focuses on the creative designing of services with the aim of meeting the needs of people in the out of hospital arena. Bedfordshire CCG and its local partners are exploring innovative ways to provide the necessary health care, rehabilitation and holistic care to people in their own homes as an alternative to the hospital setting. The approach sees each person as an individual and maximises the potential of each individual.

One of the vehicles that has been established to ensure transformation remains on track and reflects the needs of the local population is a Community Health Services Transformation Group. Meeting fortnightly, the membership includes key Commissioning leads, Local Authority Representatives (both BBC and CBC) and Community Health Services.



# Key priorities of Hospital care

Delivery of the Primary Care Home model through the alignment of community health services with Primary Care Networks

Development of a Home First Model and review of community bed provision to ensure patients are offered the opportunity to return home to regain their independence following a spell in hospital

Review Discharge to Asses model (D2A) for all Bedfordshire residents discharged from Bedford Hospital and Luton and Dunstable Hospital

The development, enhancement and implementation of specialist out of hospital services and pathways to support people in their own home and reduce unnecessary non-elective A&E attendances and admissions, including Falls Prevention strategy and pathways, a Community Frailty service model, Early Intervention Vehicle, Cancer, Cardiology, Tissue Viability Nursing and End of Life services

Implementation of a whole system model to support High Intensity Users of the emergency service system

Explore broader opportunities for co-working beyond health and social care boundaries to housing, education and welfare, which would create an opportunity to develop holistic approaches to supporting the wellbeing of the population

Complex Care team support to care homes including daily support of the management of minor illness and medication reconciliations on discharge from hospital to support care homes residents and staff

Enhanced Health in Care Homes (EHICH); several projects are underway to support delivery of enhanced health in care homes. These include:

The complex care team support to care homes currently provided in Bedford and Ivel Valley, will be extended to other areas across Central Bedfordshire, prioritised on need.

The complex care team support to care homes currently provided in Bedford and Ivel Valley, will be extended to other areas across Central Bedfordshire, prioritised on need.

The Whzan pilot project involving electronic data capture and monitoring of care home resident's basic observations by care staff will continue to May 2019, during which time a business case for a wider roll out of Whzan across Bedfordshire will be developed

The Red Bag process will be reviewed to ensure the information provided by care homes is being used effectively by all stakeholders to improve the patient pathway

Improved training and development opportunities for care home staff are being made available.

To ensure the out of hospital provision is reflective of the needs of the local population, place-based transformation boards have been put in place with each of the local authorities. These Transformation Boards will provide a strategic link between the STP and the local context, and drive forward initiatives that are specifically designed for local residents; including the design of new models of care within the emerging ICS.



# Urgent and emergency care

The CCG's overall aim is to help our residents manage their health needs where possible and get to the right care at the right time, in the right place when needed. As well as providing effective information on self-care and signposting, alternative to A&E we are targeting people at risk in the community of an emergency attendance or admission.

The CCG works with system partners and the Bedfordshire A&E Delivery Board with the focus being on improved and appropriate Urgent and Emergency Care pathways.

## Key deliverables of the A&E Board include:

- Coordination and oversight of key local and national priorities including the deliverables as set out within the NHS Long Term Plan for Urgent & Emergency Care
- To develop plans for winter resilience and ensuring effective system wide surge and escalation processes exist;
- Support of whole-system planning and operations for local ambulance services;
- To work within the STP footprint and with the UEC Network to deliver the UEC strategy locally with specific focus to be given to expanded access to primary care.

The NHS Long Term Plan was published in January 2019 and sets out key deliverables around Urgent and Emergency Care. Bedfordshire CCG's operational delivery plan will focus on delivering these key requirements. Delivery of an Integrated Urgent Care service has already been achieved, with the service being in place since 30<sup>th</sup> March 2017. A new Urgent Treatment Centre is located on the Bedford hospital site, open 12 hours a day, 7 days a week offering directly booked appointments directly from NHS111 as well as streaming appropriate patients who self-present at A&E. There are important additions to this service that need to be achieved along with other targets for Urgent and Emergency Care.

Our focus will be on the following;

- Clinical Assessment Service within NHS111, as single point of access for patients, carers & health professionals for integrated Urgent Care & discharge from hospital incl. direct access to clinician for Care Home staff.
- Provide Same-Day Emergency Care service - 12 hours / day, 7 days /week.
- Provide Acute Frailty service - 70 hrs/week min, achieving clinical frailty assessment within 30 mins of arrival at hospital.
- Begin testing & implementation of new Emergency and Urgent Care Standards from October 2019
- Continue to work with Social Care to further reduce delayed transfers of care, by placing therapy & social care teams at beginning of acute hospital pathway.
- Improve responses times from Ambulance services, allowing patients to be treated at home by skilled paramedics or other more appropriate settings outside of hospital.



# 18 weeks referral to treatment

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.

Demand management schemes to support RTT have been commissioned, including the use of Advice and Guidance which provides access to specialist consultant expertise and clinical input before making referrals enabling GPs to manage and treat clinically appropriate patients within primary care. Clinical pathways within key specialties, such as Dermatology, Gastroenterology and Cardiology, have also been jointly developed with secondary care to promote and encourage best practice and consistent care. These schemes ensure the patient is seen by the most appropriate clinician, in the most appropriate setting at the right time.

The CCG has developed an action plan based on the main recommendations of the Cancer Strategy for England 2015-2020 which was published by the Cancer Taskforce.

The CCG's cancer strategy continues to:

- Improve early diagnosis of cancer by increasing awareness among the population of Bedfordshire
- Improve cancer outcomes – particularly one-year survival rates
- Improve the experience of care for cancer patients and for their carers
- Improve the quality of life for those people living with and beyond cancer diagnosis
- Through its Cancer Improvement Group, the CCG will ensure that people with cancer are diagnosed promptly, treatment is compliant with Improving Outcomes Guidance, and individual patients receive care in the most appropriate setting.

## Cancer Transformation Programme

- The Transformation Programme has been operational since 2018 as part of the STPs ambition to improve cancer services.
- 
- The NHS Plan published in January 2019 set out a number of key commitments on cancer such as diagnosing more cancers at an early stage, more support for smokers to quit and offering genetic testing to all children with cancer. And it includes a plan to help the NHS to innovate and do more research.
- 
- The headlines below set out specific CCG commitments.
- 
- By 2028 the NHS will diagnose 75% of cancers at stage 1 and 2
- There will be a review of the National Cancer Screening Programmes during 2019
- By 2020 the faster diagnosis standard to be introduced to ensure most patients received definitive diagnosis or rule out cancer within 28 days of referral
- During 2019 the roll out of Rapid Diagnostic Centres to improve the way diagnostic services are delivered. The intention is to have 1 per Cancer Alliance at least
- By 2021 where appropriate every person diagnosed with cancer will have access to personalised care
- By 2022 the lung health check model will be extended
- By 2023 stratified follow up pathways will be in place for clinically appropriate cancers
- 
- The CCGs will be developing a strategy and monitoring programme against these key milestones.



# 62 Day Cancer standard

Performance against this standard has been a challenge for the CCG. However, with an improvement plan in place with providers, our aim is to recover performance as quickly as possible. The CCG has a number of providers that contribute to the overall CCG position. There are a number of providers with significant challenges around this standard. The three providers all have improvement plans in place. Delivery of the improvement plan is monitored through the Cancer Improvement Group which includes representation from commissioners and providers.

We also proactively monitor all cases where patients wait 104+ days to ensure that no harm has been caused by the delay in care. Lessons learned are circulated to providers.

## Improving one-year survival rates

We need to ensure more people survive one-year post diagnosis, particularly where the CCG is doing less well in breast, lung and colorectal cancer. We will do this by making improvements across several areas:

What	How	When
Improving quality of two-week wait referrals working in partnership with Cancer Research UK	Cancer Research UK facilitator working in Bedfordshire with Macmillan GP lead to identify and provide support to practices where improvement is required	Q1 2019/20
Understanding variance in treatment pathways and agreeing key actions to improve	The Cancer Improvement Group is also reviewing individual pathways with providers starting with the breast cancer pathways to identify gaps and make improvements	Q2 2019/20
Reduce the number of people waiting for longer than 100 days for treatment	Root cause analysis for each breach and remedial actions being tracked through the Cancer Improvement Group Each quarter there will be a focused attention on a key pathway – starting with Lung Cancer	Q1 2019/20

We also proactively monitor all cases where patients wait 104+ days to ensure that no harm has been caused by the delay in care. Lessons learned are circulated to providers.



# Mental Health

The 'Five Year Forward View for Mental Health' focuses primarily on the role of the NHS in delivering its commitments and is directed at commissioners and providers to support and influence local plans.

A common theme across many objectives of the plan is building capacity within community based services to reduce demand and reliance on the acute sector and inpatient beds, whilst in parallel moving towards a 'place based' approach. The national roadmap prioritises objectives for delivery by 2020/21. As part of the Five Year Forward View, the CCG's commissioning priorities will be on the following areas:

- Re-provision of inpatient facilities;
- Reduction of admissions in non-specialist adult acute mental health inpatient provision;
- Transformation of Mental Health crisis care which will include a focus on A&E attendances, care pathways and the provision of liaison services and inclusive of alternative to admissions for those experiencing mental health crisis
- Continue to develop maternal and perinatal mental health services;
- Expand primary care mental health provision to improve access to IAPT for individuals with long-term conditions;
- Increase access to recovery based services, including employment and housing;
- Improvement in dementia diagnosis rates through primary care development supported by the dementia assessment services;
- Development of suicide prevention;
- Further development of early intervention in psychosis pathways for patients of all ages.
- Continued focus on prevention and tackling health inequalities such as improving physical health care for people with severe mental illness with the increase of physical health checks for those with severe mental illness. Continue to support and develop mental health workforce expansion plans.



# Mental Health

## Psychological therapies

The development of Health Psychology in pathways for treatment and management of Long Term Conditions will continue. The CCG will also continue to improve the performance and access to IAPT (Improving Access to Psychology Therapies) and support access in primary care for individuals with long-term conditions patients needing support with diabetes or pain management.

IAPT services for children and young people are being developed through the 'Future in Minds Local Transformation Plan for 2016-2020. These are detailed in the templates attached.

## Early intervention in psychosis treatment

The expansion of the early intervention in psychosis provision so that more individuals can access timely and effective treatment across Bedfordshire in line with access and NICE concordant care packages. This will be an all age service and will include pathway development with children and young people services. There will be continued focus on recruitment and workforce development opportunities, including agreeing clinical capacity with appropriate competencies according to local need - as defined by PsyMaptic and workforce calculator for those aged 14-65 with a first episode of psychosis. There will also be a drive on data collection systems to guarantee robust and accurate recording.

## Placement support

To support the continuation of the expanded individual placement and support opportunity for those individuals with severe mental health, with development of this provision to support those in secondary care to be able to gain training and sustainable employment to support their recovery.

## Mental health access and quality standards

We are evaluating current provision and scoping a future model for Bedfordshire for people in mental health crisis.

This will include access and quality standards for 24/7 community crisis resolution teams and liaison psychiatry, and evaluating the impact on A&E attendances and wider care pathways of individuals with mental health needs in Bedfordshire.

During 2019-20 we will be working on scoping mental health inpatient provision and alternative to admission for those people with severe mental illness

# Mental Health

## Mental health investment

We are increasing our investment in Mental Health in line with the parity of esteem national guidance and our local commissioning intentions. In the 2019-20 contract round this means an increase of £3.1m. This investment will be focused on:

Continued support of 'Core 24' liaison provision at Bedford Hospital Trust and Luton and Dunstable University Hospital Trust

Continued development of perinatal mental health provision

Investing in primary mental health care supporting improve access and reducing physical and mental health inequalities in particular physical health checks for those with a severe mental illness.

Increasing capacity in IAPT to enable greater numbers of people with common mental health problems to receive treatment

Continued work to improve dementia diagnosis, post-diagnostic care and intensive support provision

## Dementia diagnosis

The CCG has worked hard to improve diagnosis of dementia in its population however it has been recognised that despite a number of initiatives this has not had significant traction during 18/19. It will continue to work collaboratively with GPs to support referral pathways, by providing diagnostic tools and codes, supporting practices to help people with dementia post diagnosis, identifying dementia champions and establishing clinical and strategic networks.

To ensure delivery of the 66.7% target by October 2019 the following actions are being undertaken:

- Support diagnosis and support in care homes
- Support demand and capacity within our Memory Assessment Teams
- The successful roll out the use of 'can-tab' - a tool to support timely and effective diagnosis of dementia in primary care
- Continue education and awareness raising events

In addition, an external 'deep dive' was commissioned in Q4 18/19 and the recommendations of this were received early April 19. The recommendations will be translated into a consolidated action plan. A system wide workshop to take this work forward is scheduled for 8 May 19.

## Out of area placements

The CCG has largely achieved this with exception of specialist mental health placements and those individuals in receipt of s117 after care nursing, residential and support living placements; its plan, therefore, is to maintain this position and continue to work with our providers and Local Authorities partners on future market shaping opportunities.



# Children and Young People

The NHS Long Term Plan details areas where there needs to be further progress on care quality and outcomes. The CCG is currently developing initiatives to improve care for children, young peoples and maternity services across the following areas:

- Transformation of Children’s Urgent Care
- Children and Young people with Complex needs
- Children and Young People Mental Health needs
- Maternity Services

## Transformation of Children’s Urgent Care

Children make up more than a quarter of emergency department attendances across the UK. The vast majority of children’s illnesses are minor, requiring little or no medical intervention and a significant number of these attendances can be deemed unnecessary or inappropriate.

Facing the Future: Together for child health published in 2015 sets out the national evidence of the Case for Change in the delivery of urgent care for children and young people.

Primary care services are being better equipped to identify children with early signs of serious illness, enabling them to be appropriately managed at first point of contact and ensuring that all children receive the right care at the right time before the illness has the opportunity to escalate.

Bedfordshire Children’s Community services provided by ELFT/ CCS are redesigning services to ensure care closer to home, rapid response and integrated working with the acute trusts and primary care.

## Children and Young people with Complex needs.

Within BLMK TCP there has been the following progress :

Partner organisations (CCGs and LAs) taking collective responsibility for progressing the CYP agenda.

TCP Governance strengthened with ICS Chief Nurse leading TCP Board & dedicated Children’s work stream

Strong connection between TCP plans & SEND ‘PMS Re-Investment Scheme for Learning Disabilities 2019/20’, further supports people with Learning Disability & Early Intervention Children’s Commissioning has embedded CETR protocols

‘Dynamic Risk / ‘At risk of Admission’ register live, includes Risk Stratification process, however further work with partners at place & at scale is required An intensive multi-agency model of support to enable some CYP who will otherwise require either a specialist acute or out of area residential admission is being developed in county

## BLMK TCP partnership priorities for CYP in 2019/20 include:

- Prevention/Early Intervention
- All age Intensive Support Services
- Autism and Pathological Demand Avoidance (PDA) pathways
- Physical and Mental Health Improvement
- Personalisation
- Market Shaping/Capital bids
- Community Forensic Support

## Complex physical/mental needs & CYP identified with SEND

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Children and young people who have SEN may also have a disability under the Equality Act 2010 (SEND).



# Children and Young People Mental Health Needs

The NHS Operational Planning and Contracting Guidance 2019/20 states, spend on Children's and Young People's (CYP) mental health must increase. It is expected that during 2019/20 funding for mental health will start to flow into CCG baselines and services that deliver improved provision such as crisis services for children and young people will be enhanced. Bedfordshire CCG's strategy for children's services is based on a collaborative effort with partners from all community services with the aim of creating better interoperability and alignment of otherwise disparate services to the needs of individual children.

Bedfordshire CCG will incorporate the 2019 / 20 development opportunity into the Bedfordshire 'Future in Minds Local Transformation Plan for 2016-2020 for Children and Young People' (LTP).

The Plan developed jointly between Bedfordshire and Luton CCGs has an associated - Bedfordshire and Luton Future in Minds Steering Group which is attended by key stakeholders.

The group monitors progress of the LTP and reports back through appropriate governance structures in Bedford Borough Council, Central Bedfordshire and Bedfordshire CCG.

The LTP identifies the outcomes and key performance indicators signed off through the CCG Executive team and both Health and Wellbeing Boards against four priority areas:

- Early Intervention / crisis prevention;
- Specialist Eating disorders community service;
- Specialist Perinatal mental health;
- Addressing the needs of vulnerable groups and embedding CYP- IAPT (improved access to psychological therapy) principles.

Implementation remains ongoing and is continuing to create more high quality services for children and young people. Our plans outline that we will improve access rates for Children and Young People to 35% by 2020. The Long Term Plan highlights the need to achieve 100% in specialist services by 2023.

The CAMH Service model was developed to ensure there is a strategic fit within this vision. East London Foundation Trust (ELFT) has taken over as the provider of mental health services for Bedfordshire and Luton and designed a new model for managing CAMH services



# Maternity Services

We will work closely with local maternity services, partners and stakeholders to deliver the recommendations of the Better Births review through the Local Maternity Services Transformation Plan.

Locally we will utilise and develop our structure to deliver improvements. The three key local delivery mechanisms are:

Review of performance and quality through the Maternity Quality Review Meeting;

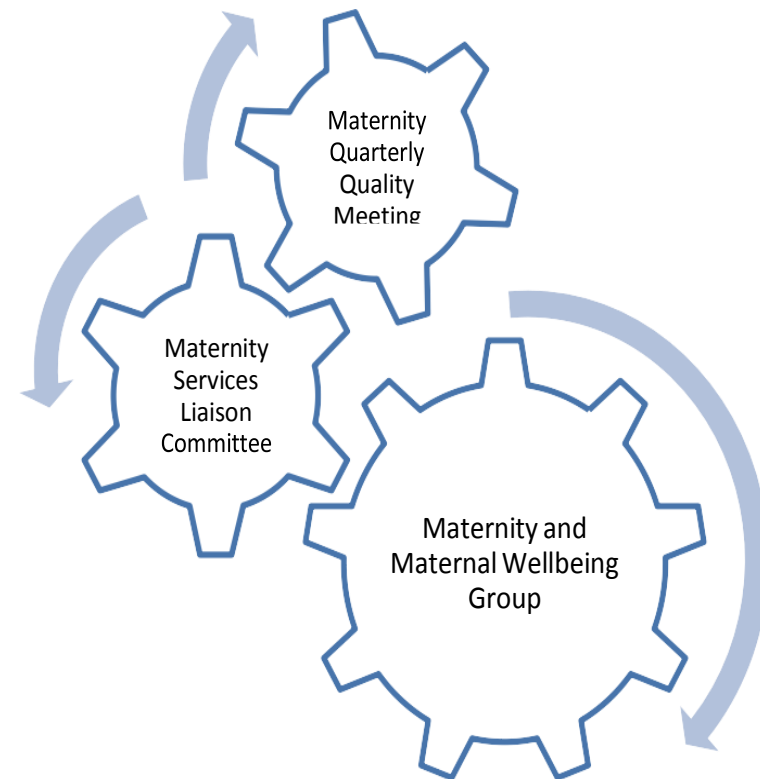
Feedback and engagement through the Maternity Services Liaison Committee; and

Development of the local system through the Maternity and Maternal Wellbeing Group.

We will work with the East of England Strategic Clinical Network for Maternity to learn from national best practice and use the support offered to improve outcomes locally.

In addition there are plans to set up an STP footprint-wide steering group to include commissioners from Bedfordshire, Luton and Milton Keynes to develop maternity systems that achieve improved outcomes for children and families.

Three Local Delivery Mechanisms for Better Births



# Learning disabilities

The Bedfordshire, Luton and Milton Keynes (BLMK) Transforming Care Partnership (TCP) is an arrangement set up to transform care for people with a learning disability and/or autism across four local authorities and three CCGs in central eastern England. The plan covers the period 2016 – 2019. The focus and continuation of this approach will continue into 2019-20.

Across the partnership, all three CCG areas have patients placed in secure inpatient settings that are either funded by the commissioners or NHS England specialist commissioning. In addition, there are a range of independent, voluntary and statutory sector providers that provide community support, supported living, residential care and education to people with a learning disability and /or autism. Much of this care and support is spot purchased or provided through small block contracts by the individual CCG's and councils across the partnership area and more widely across the country when need cannot be met locally.

The aim of the TCP is to:

- Reduce the numbers of in-patient admissions required for people with a learning disability and/or autism;
- Manage effective discharge and transition for people in hospital;
- Build resilient community services to support people to live as independently as possible in the most appropriate community setting.

**The CCG has a number of organisation-specific tasks in relation to delivery of the TCP agenda. These include:**

Review and refresh LD projected needs analysis

Review of current local provision with possible redesign in conjunction with need analysis and MPS findings and recommendations.

Review effectiveness and use of local community, emergency, post admission and review CTRs.

Audit of individuals with LD GP registration and health check. Identification of gaps and develop next steps to ensure an increase in registration and annual health checks.

Ensure suitable step down placements are sourced to ensure transition of out of area NHS E commissioned placements and individuals can return to Bedfordshire.

Developed robust transition processes to ensure preventative work with individuals transition from Children's & YP services to adults.

Completion of Market Position Statement (MPS) for Health in conjunction with social care to determine unmet and future needs for Bedfordshire.

Improvements to activity reporting

Bid submission and development of positive behavioural support provision for both adults and Children and Young people with LD needs.

Training needs assessment to be completed and commission training needs across professional and services in Bedfordshire.

Explore a forensic supported living model to assist support for those individuals within the Criminal Justice system and/or at risk of offending. This will assist placing individuals back to Bedfordshire and stop out of area placements.



# Improving Quality

## ICS Quality Approach

During 2019/2020 Bedford CCG will work as part of the commissioning collaborative CCGs and with Local Authorities of Bedfordshire, Luton and Milton Keynes to develop more efficient and effective ways of working in partnership to improve quality and outcomes across the ICS footprint.

## Provider Quality Assurance (Care Quality Commission Ratings)

We continue to support our providers of NHS funded care to have a 'Good' or 'Outstanding' rating from the Care Quality Commission, the Statutory Regulator.

We will support Member Practices across Bedford to improve the quality of primary care and work with the Care Quality Commission with an aim for all Primary Care providers to be rated as 'Good' or 'Outstanding'.

The CCG is committed to services provided across Bedford that are safe, effective and deliver an excellent patient experience, with a robust process of assurance. Our quality framework is designed to identify risks early, have in place protocols to mitigate against risk, and use continuous feedback from our patients on their experience of health care.

Key priorities for improving quality across the system are:

Supporting sustained RTT, cancer and A&E performance - linked to NHS constitution measures.

Improving IAF performance specifically maternity, dementia, learning disabilities and cancer.

Embedding systems to improve quality in primary care to support fully delegated Primary Care Commissioning.

Improving patient experience of hospital and primary care - linked to NHS Outcome Measures & STP Priorities 2 & 3.

Reducing the Care and Quality gap in Bedford focusing on GP and practice nurse workforce; improving cancer, maternity and GP services patient experience; reducing diabetes prevalence, rolling out structured education programmes and achievement of treatment targets; reducing smoking at time of delivery; achieving IAPT recovery targets; and improving diagnosis rate for people with dementia.

Strengthening patient and community engagement with emphasis on hard to reach groups - linked to legal duties.

Achieving significant reduction in avoidable deaths and potential years of life lost - linked to NHS Outcome Measures & Commissioning Collaborative and ICS Priority 1.

Improved antimicrobial prescribing and resistance rates - linked to NHS Outcome Measures and Commissioning Collaborative and ICS priorities.

Roll out the transforming care agenda including admission avoidance and developing providers

Workforce development in care homes to support admission avoidance - linked to Commissioning Collaborative and ICS Priority 2.

Supporting the delivery of national CQUINs across all provider settings



# Workforce

We have developed a BLMK Health & Care workforce strategy and have adopted a workforce development academy approach to its delivery. A few key achievements within 2018/19 have included:

## Grow Our Own

We have increased our numbers of WTE GPs from 415 in Sep 2017 to 424 in Dec 2018 (excluding registrars and including leavers/retired), which meets our forecast trajectories for GP expansion in BLMK. Our general practice nursing numbers are also increasing, as are new roles such as clinical pharmacists, social prescribers and clinical administrators.

## Adaptable Skills; Flexible Approach

A Home-Based Staff BLMK workforce development group is developing an education and training framework, learning portal and training passport to support skills development for staff in nursing, residential and domiciliary care settings.

## BLMK; A great place to work and learn

We have launched a BLMK staff facing 'Live, Learn and Work' website, focused on supporting staff development, attracting staff to work locally and retaining our existing staff. This website currently has over 300 hits a month, with further development on-going.

## Developing leaders and Organisations

We have created a 'Stepping Into My Shoes' staff interchange initiative. Staff have the opportunity to shadow, mentor and share learning across our organisations and health and care sectors, supporting the development of system values and behaviours and enabling staff to identify and address some of the barriers to working in an integrated way. Hundreds of staff have also come together through 'Clinical Conversations' including topics such as mental health and prevention to discuss how we can best work together to meet the needs of residents.

Grow our own	
<b>Beacon of Excellence In Education and Training</b>	<ul style="list-style-type: none"> <li>✓ Accredited Apprenticeship Academy &amp; Training provider</li> <li>✓ Shared education and training portal</li> <li>✓ Pooled CPD programmes &amp; resources</li> </ul>
<b>Centralised Community Education Network</b>	<ul style="list-style-type: none"> <li>✓ Delivery of GP workforce and development plan</li> <li>✓ Education infrastructure Hub; tutors, supervisors, assessors</li> <li>✓ Pastoral support, preceptorship, mentorship roles</li> </ul>
<b>Development Framework for carers &amp; volunteers</b>	<ul style="list-style-type: none"> <li>✓ Identify core skills and competencies</li> <li>✓ Development framework and training portfolio</li> <li>✓ Delivery of development framework</li> </ul>
<b>Securing future supply through collaborative commissioning</b>	<ul style="list-style-type: none"> <li>✓ Central commissioning hub</li> <li>✓ Review existing programmes and curriculum</li> <li>✓ Model future demand and supply forecasts</li> </ul>

BLMK: a great place to work and learn	
<b>BLMK Attraction Strategy</b>	<ul style="list-style-type: none"> <li>✓ Placed-based and ACS level</li> <li>✓ Standard approach for 'Get into Employment' &amp; 'Talent for Care'</li> <li>✓ Consistent 'employment guarantee' schemes</li> </ul>
<b>Developing a BLMK Employer's Brand</b>	<ul style="list-style-type: none"> <li>✓ Spread best practice employment Practices</li> <li>✓ PR recruitment campaigns</li> <li>✓ Recognition &amp; Reward schemes</li> </ul>
<b>Harmonising Collaborative Working Practices</b>	<ul style="list-style-type: none"> <li>✓ Non-competitive recruitment &amp; retention premiums</li> <li>✓ BLMK Streamlining Programme</li> <li>✓ Shared back office functions</li> </ul>

Adaptable Skills; Flexible Approach	
<b>Health &amp; Care Apprenticeships at all levels</b>	<ul style="list-style-type: none"> <li>✓ Joint Health &amp; Care apprenticeships</li> <li>✓ National Apprenticeship targets achieved</li> </ul>
<b>Designing teams to work across Health &amp; Care sectors</b>	<ul style="list-style-type: none"> <li>✓ Enhance workforce design and modelling approaches</li> <li>✓ Rotational / portfolio Development Posts</li> </ul>
<b>New Roles and Ways of Working</b>	<ul style="list-style-type: none"> <li>✓ Expansion of Support worker roles</li> <li>✓ Expansion of Advanced Roles</li> <li>✓ Top of licence skills development</li> <li>✓ Shared training &amp; development for prevention</li> </ul>
<b>Filling difficult gaps</b>	<ul style="list-style-type: none"> <li>✓ Working alongside HEI to target supply into workforce gaps</li> <li>✓ Collaborate to reduce agency staff spend</li> </ul>

Developing leaders and organisations	
<b>Building for Success</b>	<ul style="list-style-type: none"> <li>✓ BLMK wide talent mapping and pipelines</li> <li>✓ BLMK Staff Health &amp; Wellbeing Programme</li> <li>✓ BLMK ACS development masterclasses</li> </ul>
<b>System Change</b>	<ul style="list-style-type: none"> <li>✓ Quality Improvement and Change skills development</li> <li>✓ IT and Digitally fluent workforce</li> <li>✓ Staff across health &amp; care co-design change</li> </ul>
<b>Leadership: Compassionate &amp; Collective</b>	<ul style="list-style-type: none"> <li>✓ Living our Leadership Charter</li> <li>✓ Collaborative systems leadership development</li> <li>✓ BLMK Leadership Network</li> </ul>
<b>Culture and Collaboration</b>	<ul style="list-style-type: none"> <li>✓ High quality care culture</li> <li>✓ Multi-professional pre and post registration training</li> <li>✓ 'Stepping into My Shoes' Interchange Offer</li> </ul>



# Communications and engagement

It is critical that we are able to deliver effective communication campaigns and engagement activities to support the programme of work that aim to deliver better health outcomes for the local population. Bedfordshire CCG recognises the importance of continuous and two way communication with patients, the public, strategic partners and stakeholders.

## **Engagement with System Leaders**

The development of the ICS bringing local authorities and NHS organisations together in Bedfordshire, Luton and Milton Keynes, will ensure continuous engagement with system leaders to improve clinical outcomes, deliver better care quality and focus of the health and wellbeing of local people. The CCG works very closely with both Bedford Borough and Central Bedfordshire, the Health and Wellbeing Boards are integral to the delivery of the NHS Long Term Plan and social care at place. The Bedfordshire Transformation Board will continue to engage with all our providers from across health and social care, including NHS and voluntary bodies, delivering services in Bedfordshire.

## **Improve engagement with, and ownership from, GP practices**

The CCG will continue to build on the positive improvements already made with networks and clinical leaders, with a view to reducing variation in GP practice.

the presence (website and social media) as a means of reaching a wider audience.

## **Engagement and co-production across a broad range of stakeholders**

Effective engagement will positively influence commissioning decision-making as well as make the most of limited resources. The CCG is committed to listening to potential and current user's views and involve them in decisions about future commissioning developments.

In February 2018, the Patient and Public Engagement Committee (PPEC) was re-established as a sub-committee of the Governing Body. The committee shares responsibility for ensuring formal and transparent procedures have been followed and that patients and the public have been involved in shaping local NHS services - it provided assurance to BCCG's Governing Body that the CCG has met its legal duty to consult. The main responsibility of the committee is to scrutinise the engagement plans that have been produced and to either approve or provide advice and guidance to ensure that they are fit for purpose and reach the most affected patient populations. The PPEC is chaired by the Lay Member for Patient and Public Engagement, and Membership comprises of patients and public representatives, representatives from the voluntary services, and representatives from both adult and children's social care directorates of the local authorities.

As part of the STP there will be strengthened lines of communication and engagement between CCGs, GPs, patients and other stakeholders to:

Develop new ways of working with different stakeholders including patients and carers from BME and ESOL groups, people with long term conditions and disability, LGBTQ providers and clinicians working cross Bedfordshire

The CCG together with members of the communications health group will educate the public and change behaviours through the provision of education on self-care, empowering them to proactively manage their own long-term health conditions and encourage them to self-manage minor illnesses.

Continue to improve digital online presence (website and social media) as a means of reaching a wider audience.



# Risks to delivery of the Operational Plan

## ICS deliverability

- Unless formalised in to resourced change programme, some of the ICS solutions will not be deliverable

## Stakeholder engagement

- Lack of clinical stakeholder engagement could lead to proposed solutions not being supported
- Lack of visibility throughout the development process could lead to challenge, particularly if providers are not engaged as they may not be prepared for the level of change required

## Commissioner impact

- Possible impact on planned procurements
- Uncertainty over future contracting and funding models, moving away from Payment by Results-based contracts and traditional contracting practice

## Financial delivery

- If providers and commissioners do not work together, savings schemes will not be realised, putting system and organisational control totals at risk

## Pace of change

- Unless change management is invested in, the system will not be able to respond within the required timeframes
- There is a risk with multiple system-change that this has a de-stabilising effect on the system and workforce

## Provider readiness

- There is a risk that organisations are not ready to move to new models of care within the required timeframe
- Any move from activity based to outcomes contracting needs significant consideration by providers and commissioners to ensure sustainability and deliverability and mitigate a number of risks

## Primary care Sustainability

- Unless short term primary care sustainability is achieved, there is a risk that there will be an inability to make the changes needed to facilitate a number of the system-wide changes
- Unless investment is made in new roles and ways of working, primary care will not be able to grow sufficiently



# Governance

The appointment of a joint executive team across Bedfordshire, Luton and Milton Keynes CCGs, to form a commissioning collaborative, has led to a timely review of the three CCGs governance and in particular where there are opportunities to form joint committees or committees in common. The Executive team and Chairs are working with the Good Governance Institute to progress this work. Changes are anticipated from the summer of 2019

## ICS Governance

A review of the ICS governance is underway, which is likely to introduce changes to the way the ICS works, and formalise a Chief Executive-level Partnership Board, in line with the NHS Long Term Plan. This review will be completed shortly and any changes made during the summer of 2019.



# Glossary

<b>A&amp;E</b>	<b>Accident &amp; Emergency</b>	<b>MKUHFT</b>	<b>Milton Keynes University Hospital Foundation Trust</b>
<b>BCF</b>	Better Care Fund	LETB	<b>Local Education &amp; Training Board</b>
<b>BLMK</b>	Bedfordshire, Luton & Milton Keynes	LMS	<b>Local Maternity System</b>
<b>BLMK CCGs</b>	Bedfordshire, Luton & Milton Keynes Commissioning Collaborative	QIPP	<b>Quality, Innovation, Productivity &amp; Prevention Plan</b>
<b>CCG</b>	Clinical Commissioning Group	PCH	<b>Primary Care Home</b>
<b>CIPs</b>	Cost Improvement Plans	PCOCs	<b>Primary Care Outpatient Clinics</b>
<b>CNWL:MK</b>	Central North West London Foundation Trust	PCN	<b>Primary Care Network</b>
<b>CQC</b>	Care Quality Commission	PBR	<b>Payment by Results</b>
<b>CQUIN</b>	Commissioning for Quality and Innovation	PPG	<b>Patient Participation Groups</b>
<b>DoH</b>	Department of Health	RMS	<b>Referral Management Service</b>
<b>EIA</b>	Equality Impact Assessment	RTT	<b>Referral to Treatment</b>
<b>H&amp;SC</b>	Health & Social Care	STF	<b>Sustainability &amp; Transformation Funds</b>
<b>ICS</b>	Integrated Care System	STP	<b>Sustainability &amp; Transformation Partnership</b>
<b>ICP</b>	Integrated Care Partnership	SSOP	<b>Single System Operating Plan</b>
<b>LIT</b>	Local Implementation Team	SCAS	<b>South Central Ambulance Service</b>
<b>MKi</b>	Milton Keynes Intelligence Observatory	SRO	<b>Senior Responsible Owners</b>
<b>MKUCS</b>	<b>Milton Keynes Urgent Care Services</b>	<b>JSNA</b>	<b>Joint Strategic Needs Assessment</b>

