

Meeting: Governing Body (Meeting in Public)			
Meeting Date	25 September 2019	Action	Note
Item No.	5a	Confidential	No
Title	Finance Report Including Commissioning Reviews		
Presented By	Mike Woodhead, Joint Chief Finance Officer for NHS Bury CCG & Bury Council		
Author	Mike Woodhead, Chief Finance Officer for NHS Bury CCG & Bury Council		
Clinical Lead	-		

Executive Summary
<p>This report updates the CCG Governing Body on financial performance for 2019/20, an update on the savings programme, risks and mitigations and the planning work for 2020/21. As we establish the Strategic Commissioning Board, the report contains, for the first time, a view of both CCG and Council finance.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> Note the content of this report

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p>SO3 Budget To deliver a balanced budget for 2019/20</p>	☒
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	☒
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	
<p>GBAF N/A</p>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
The main risk associated with this paper relates to Conflicts of Interest, in terms of process, implementation and assurance. There are policies in place, however there is always a risk a declaration may not be captured. The process for seeking declarations at each meeting acts as a safeguard, however the CCG could be challenged on the robustness of arrangements.						

Governance and Reporting		
Meeting	Date	Outcome
N/A		

1. Introduction

1.1. This report updates the CCG Governing Body on financial performance for 2019/20, an update on the savings programme, risks and mitigations and the planning work for 2020/21. As we establish the Strategic Commissioning Board, the report contains, for the first time, a view of both CCG and Council finance¹.

2. Financial Performance 2019/20

2.1. Table 1, below, shows the forecast outturn position (based on month 4 and month 5 data for the Council and CCG respectively).

Table 1: Forecast Outturn 2019/20

	Budget £000	Forecast £000	Variance £000
Communities and Wellbeing	70,839	71,784	(945)
Children's and Young People	41,436	42,477	(1,041)
Operations	12,873	12,785	88
Business Growth and Investment	(930)	(385)	(545)
Resources and Regulation	6,949	7,272	(323)
Other Council Services	7,695	5,718	1,977
Sub Total Council	138,862	139,651	(789)
Acute Services	162,562	164,903	(2,341)
Community Health	30,615	30,717	(102)
Continuing Care	13,628	13,981	(353)
Mental Health Services	30,221	30,162	59
Other Programme	6,212	6,662	(450)
Primary Care	37,816	37,897	(81)
Primary Care Co-Commissioning	27,218	27,218	0
Running Costs	4,303	4,303	0
Reserves	(5,720)	(8,988)	3,268
Sub Total CCG	306,855	306,855	0
TOTAL OCO	445,717	446,506	(789)

2.2. The key variances are explained below:

- Adult Social Care and Public Health are both forecast to stay within budget. The £945k overspend in Communities and Wellbeing is being driven by the ongoing deficits in Leisure Services and Civic Centres. An options appraisal is being developed by the Director of CWB to address this pressure.
- The Children's and Young People budget is forecast to overspend by £1,041k. This relates to slippage in 2019/20 savings plans and This relates to slippage in 2019/20 savings plans and will be mitigated through vacancy management, maximisation of

¹ The Council figures here represent the in-year income and expenditure against the Council's net revenue budget of £138.9m. This relates to the General Fund only and does not include the ring-fenced Housing Revenue Account or Direct Schools Grant. The overall gross expenditure budget for the Council, including the HRA and DSG is £588m.

external funding, community asset transfer of Children's Centre buildings, and the identification of additional posts that can be disestablished. The potential in-year mitigations for 2019/20 currently total £353k.

- Business Growth and Investment is forecast to overspend by £545k, again due to slippage in 2019/20 savings plans.
- Resources and Regulation is forecast to overspend by £323k, again due to slippage in 2019/20 savings plans.
- Other Council Services will underspend by at least £1,977k. This mainly reflects the release of contingencies and refunds relating to Greater Manchester Levies.
- The Acute Services forecast overspend of £2,341k is mainly driven by:
 - Pennine Acute £1,500k pressure (mainly relating to increased Accident and Emergency and Non-elective Care activity)
 - Oaklands Private Hospital £750k pressure. This reflects an increase in referrals for elective procedures, as capacity in Pennine Acute is limited.

The GM Utilisation Management Team are completing a study into the drivers of increased urgent care activity, to help us identify mitigating actions. Contracting, Business Intelligence and finance colleague are testing the validity of the data and a system-wide review of Urgent Care is underway, with a commitment to implement findings (target saving £1m) by 1 April 2020.

- Continuing Healthcare shows a forecast outturn of £353k. This reflects demand pressures, with a particular growth in joint funded cases. The highest cost cases are being reviewed monthly to ensure the accuracy of the data and understand the drivers of demand.
- Other programme shows a forecast overspend of £450k relates to a number of pressures including the commitment that Greater Manchester CCGs have made to 'A Bed for Every Night' programme and additional resource costs required to support the delivery of savings.
- The Reserves² underspend of £3,268k anticipates financial support of £4,100k for the CCG from the wider health and care economy. Discussions are ongoing with GM Health and Social Care Partnership, Bury Council and other partners. There is also a c£800k pressure versus other reserve budgets, mainly relating to unallocated savings targets.

2.3. The forecasts reported above contain a significant degree of judgement and are subject to some material additional risks that could arise in year. Section 4 summarises the main risks and mitigations likely to arise in year.

3. Savings Programme 2019/20

3.1. The savings tracker, detailed in Appendix A, shows for each directorate:

- Scheme title
- Project status

² Reserves in this context for the CCG refers to in-year contingencies and budgets set aside to cover specific in-year risks; as opposed to balance sheet reserves held by the Council.

- Level of risk to delivery
- Executive sponsor
- 2019/20 planned savings
- 2019/20 forecast for the year (titled PYE, i.e. Part Year Effect)
- Variance to plan
- Anticipated recurrent savings (titled FYE, i.e. Full Year Effect)

3.2. Table 2 summarises the forecast.

Table 2: Savings Tracker Summary.

	Plan	Forecast	Variance	Recurrent
	£000s	£000s	£000s	£000s
Savings Target	24,841	14,051	-10,790	13,188

3.3. The main variance to note (see Appendix A for detail) are:

- £1,138k shortfall in Children and Young People re the service/staffing review. This scheme has slipped in terms of timeline but is still expected to deliver the original target recurrently.
- £500k shortfall in Communities and Wellbeing re HRA charges. This was highlighted as being one of the more risky assumptions at budget setting time and, now that the detailed investigation has been completed, the risk has crystallised.
- £500k shortfall in Communities and Wellbeing re “Investment Agreement”. This was an anticipated level of benefits from the transformation programmes in health and social care that has not materialised. This is part of the ongoing work with Northern Care Alliance to work together on system-wide savings.
- £899k shortfall in Communities and Wellbeing relating to the review of low-cost packages of care. This is partly slippage in timeline due to capacity issues, although the recurrent impact is expected to be £400k lower than the original target, too.
- £776k of additional savings in Communities and Wellbeing, helping to offset these last three shortfalls. The additional savings are in the areas of staff restructures and the “supporting people” programme.
- CCG savings forecasts currently run at £7,898k below the £12,500 target – this is a gap for which the CCG has had no implementation-ready plans to fill (see below).

3.4. In relation to the CCG gap, a report was presented at the CCG’s Governing Body meeting in August which set out proposals for savings schemes to be in place for delivery by 1st April 2020. The summary table included within the paper is below (table 3). The recommendations in the paper were approved. However, these schemes are unlikely to deliver any material benefits in 2019/20.

3.5. Further scoping work has been undertaken for these schemes. Appendix B includes:

- Update on plans with key milestones
- Scoping briefs for
 - Urgent Care Review

- Intermediate Care Review
- Learning Disabilities Respite Review

Table 3: Summary Additional CCG Savings Programmes

Scheme	Estimated annual savings (£m)
Review of intermediate care	2.0
Outpatients – follow up redesign (<i>12.5% of total follow up spend</i>)	1.0
Demand management (primary care) (<i>1.2% scheduled care spend</i>)	1.0
Review of urgent care (<i>6.2% of urgent care costs – Fairfield General Hospital and primary care costs only</i>)	1.0
Review of learning disabilities respite services	0.7
Consultant to consultant referrals (<i>37.5% of total consultant to consultant referral spend</i>)	0.6
Respiratory pathway	0.4
Review of Greater Manchester Mental Health contract	0.2
Review of Salford Royal Community contract	0.1
Review of estates utilisation	0.1
Review of dermatology services	0.1
Subtotal	7.2
Annual impact of Vitamin D deficiency testing and monitoring of procedures of limited clinical value	0.5
Total	7.7

4. Risks and Mitigations 2019/2020

- 4.1. The Council’s risk adjusted forecast outturn as shown in chart 1, below, is break-even. There is some risk of further slippage in the 2019/20 savings programme and additional pressures in demand-led services (particularly adult and children’s social care), but there is also a high probability of further underspends emerging in non-service specific budgets (e.g. VAT reclaims, Airport dividends, GM levy surpluses). The Council is obliged to balance its books in year, so any residual deficit would be met from reserves. However, it is important to note that the Council is committed to at least maintaining its already very depleted General Reserves this year; and the expectation is that service areas will fully mitigate savings shortfalls and spending pressures in year.
- 4.2. The CCG’s risk adjusted forecast outturn as shown in chart 2, below is £7,175k. This is predominantly due to the high risk of materially underachieving savings targets. Mitigations relate predominantly to possible underspends (reductions in the forecast outturn).

Chart 1: Council Risks and Mitigations (£000s)

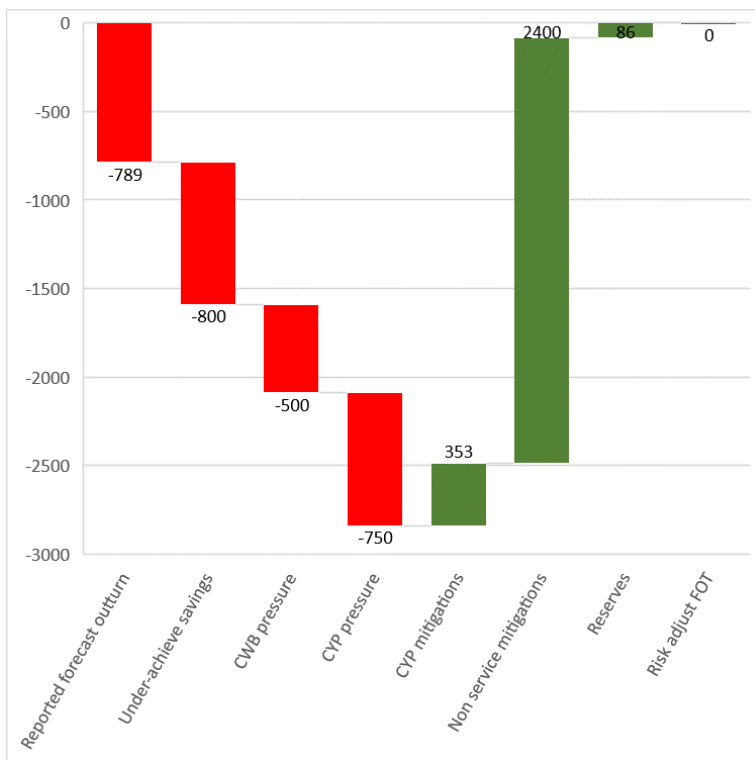
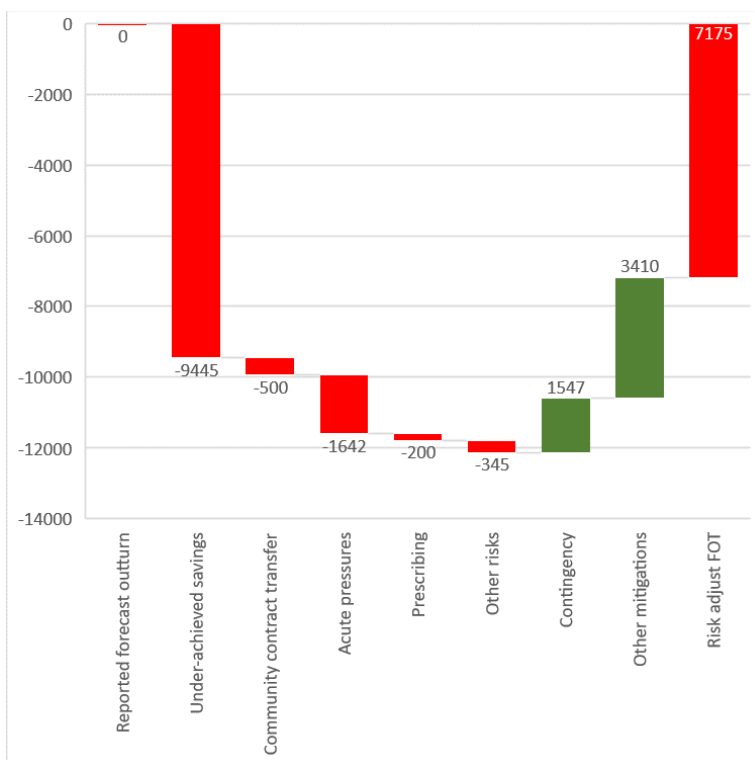


Chart 2: CCG Risks and Mitigations (£000s)



5. 2020/21 Budget and Medium-Term Financial Plan

- 5.1. The Council and CCG are working on a Joint Medium-Term Financial Plan, including the detailed budgets for 2020/21. There is a lot of work to do over the next three months but this report give some headlines in relation to the approximate size of the financial challenge and the work being undertaken to meet that challenge.
- 5.2. The recent Spending Round announcements brought some positive news, including:
- Expectation of increased funding settlements for Local Authorities
 - Expectation of increased Public Health funding
 - The ability to raise a Social Care precept of up to 1.7% in 2020/21
 - £1b additional funding nationally for adults and children's social care
- 5.3. It must be noted that there is a lot of detail still to come from Government about how this funding will be distributed and what conditions might be attached. There is also a lot of uncertainty around the national political situation, Brexit, etc. However, our best assessment at this stage is that the Council's financial gap for 2020/21 is likely to be in the region of £10m. This includes the £4.6m. of deferred savings from the 2019/20 Council budget.
- 5.4. The CCG gap could be as high as £14m - £15m next year, mainly because:
- Non-recurrent measures taken to balance books in 2019/20 won't be available again in 2020/21 (£8m-£9m)
 - Acute pressures in 2019/20 will impact on contract values in 2020/21 (£2m)
 - Increased funding will be insufficient to cover inflation and demand pressures (£3m - £4m)
- 5.5. A series of workshop are underway with Executive Directors and senior colleagues to build on the pipeline of savings proposals and produce detailed plans to support a balance 2020/21 budget. Progress reports will go to:
- Budget recovery boards
 - Council Cabinet
 - CCG Governing Body and Finance, Contracting and Procurement Committee
 - Strategic Commissioning Board

6. Recommendations

- 6.1. Members are asked to note the content of this report

Appendix A: Savings tracker

Directorate/ Workstream	Scheme Title	Project status	Risk to financial delivery	Executive Sponsor	Sum of Plan	Sum of	Sum of In	Sum of
					2019-20	Total	Year (PYE)	Year (PYE)
BG&I	Facilities management review phase I	Behind schedule	Medium risk	Paul Patterson	50	25	(25)	50
	Office accommodation review phase I	Behind schedule	Medium risk	Paul Patterson	288	85	(203)	170
Commercial & Other	Highways - Capital	Completed	Delivered	Dave Brown	600	600	-	600
	Re-Tender Parking Contract	Behind schedule	Medium risk	Dave Brown	200	83	(117)	-
C&YP	Business Support Functions	Completed	Delivered	Karen Dolton	68	78	10	78
	Procurement Contract reviews	Completed	Delivered	Karen Dolton	150	75	(75)	150
	Reduced Pension Liabilities	On track	Medium risk	Karen Dolton	150	30	(120)	30
	Relocating from Higher Lane	Off track	High risk	Karen Dolton	90	39	(51)	80
	Service Review / Staffing Restructure	On track	Medium risk	Karen Dolton	2,005	867	(1,138)	2,005
	Traded Services Finance / HR	Completed	Delivered	Karen Dolton	120	122	2	122
	Transformation of Children's Social Care	On track	Low risk	Karen Dolton	215	300	85	300
	Children's centres running costs	On track	High risk	Karen Dolton	-	20	20	70
	Childrens mutual settlement	On track	High risk	Karen Dolton	-	100	100	400
	Childrens services review	On track	High risk	Karen Dolton	-	50	50	50
CWB	Better Care Fund CCG Contingency Support	Completed	Delivered	Julie Gonda	1,500	1,500	-	-
	CCG Support for Mental Health/Public Health	Completed	Delivered	Julie Gonda	310	310	-	-
	High cost packages	Off track	Low risk	Julie Gonda	-	94	94	600
	HRA (Housing Revenue Account) Charges	Off track	High risk	Julie Gonda	500	-	(500)	-
	Investment Agreement with LCO	Off track	High risk	Julie Gonda	500	-	(500)	500
	Persona	Completed	Delivered	Julie Gonda	200	200	-	200
	Release of additional 19/20 IBCF	Completed	Delivered	Julie Gonda	1,324	1,324	-	-
	Social care review of lower cost packages	Off track	High risk	Julie Gonda	1,400	501	(899)	1,000
	Staff restructure	Completed	Delivered	Julie Gonda	-	250	250	150
	Supporting people - delivered	Completed	Delivered	Julie Gonda	-	400	400	400
	Supporting people - In progress	On track	Medium risk	Julie Gonda	-	126	126	385
	Reduction in Public Health Contracts - In progress	On track	Medium risk	Julie Gonda	231	356	125	356
	Reduction in Public Health Contracts - recurrent	On track	Low risk	Julie Gonda	659	367	(293)	367
	Reduction in Public Health Contracts - non recurrent	On track	Low risk	Julie Gonda	-	167	167	-
Corporate Core	Data Management / Storage Costs	On track	Low risk	Lynne Ridsdale	200	200	-	200
	Debt Collection	Behind schedule	High risk	Lynne Ridsdale	100	-	(100)	-
	Insurances	Off track	High risk	Lynne Ridsdale	200	-	(200)	-
	Pay Services – income generation	On track	Low risk	Lynne Ridsdale	50	50	-	50
	Reconfiguration of Security Service	Behind schedule	Medium risk	Lynne Ridsdale	150	150	-	90
	Review of discretionary budgets	On track	Low risk	Lynne Ridsdale	281	281	-	281
	Review of Finance Structures	On track	Low risk	Lynne Ridsdale	200	200	-	200
	Review of Financial Assessments / Income Collection	Behind schedule	Medium risk	Lynne Ridsdale	300	200	(100)	300
	Telephony Contract savings	On track	Low risk	Lynne Ridsdale	100	100	-	-
	Undertaking legal work in house in respect of insurance	On track	Low risk	Lynne Ridsdale	200	200	-	200
CHC	CHC Review of complex cases	On track	Low risk	Catherine Jackson	-	350	350	600
Elective Care	Clinically Appropriate Blood Testing	Completed	Delivered	Margaret O'Dwyer	-	38	38	38
	Diagnostic Review	On track	Medium risk	Mike Woodhead	-	292	292	696
	PLCV - Compliance	On track	Medium risk	Mike Woodhead	-	512	512	-
	PLCV - Extension of Threshold Criteria	Off track	High risk	Mike Woodhead	-	-	-	-
Integrated Care	Dermatoscopes	On track	Delivered in prior	Margaret O'Dwyer	-	-	-	-
	First Outpatient & Follow Up's	Off track	High risk	Margaret O'Dwyer	-	-	-	61
	Ophthalmology	On track	Low risk	Margaret O'Dwyer	-	72	72	40
	Vitamin D testing	On track	Medium risk	Margaret O'Dwyer	-	120	120	240
Medicines Optimisation	MO in Primary Care - new schemes	Off track	High risk	Margaret O'Dwyer	-	555	555	261
	MO in Primary Care - prior year FYE	Completed	Delivered	Margaret O'Dwyer	-	45	45	339
Mental health	Mental Health Spend Review	Behind schedule	Low risk	Mike Woodhead	-	512	512	512
Mental Health	Mental Health contract rebase	Off track	High risk	Mike Woodhead	-	-	-	-
Primary Care	Decommissioning of Sector Leads	Completed	Delivered	Margaret O'Dwyer	-	48	48	-
	Quality in Primary Care Contract	On track	Low risk	Margaret O'Dwyer	-	300	300	300
	Referral Management Scheme	Off track	High risk	Margaret O'Dwyer	-	-	-	500
	Solarise Diclofenic	On track	Low risk	Margaret O'Dwyer	-	8	8	14
Urgent Care	Decommissioning of Oak Lodge	Completed	Delivered	Margaret O'Dwyer	-	87	87	87
Women & Children	IVF	On track	Medium risk	Margaret O'Dwyer	-	116	116	116
Non recurrent mitigations	Contingency	On track	Low risk	Mike Woodhead	-	1,547	1,547	-
CCG Target	CCG Target DO NOT USE	On track	Low risk	N/A	12,500	-	(12,500)	-
Grand Total					24,841	14,051	(10,790)	13,188

2019/20 Financial Recovery Plan – Update

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
Review of intermediate care	Manage demand and rebalance capacity with demand	2.0	A. Crook	See separate scoping document	April 2020
Outpatients:	Reduce demand	1.0 (12.5% of total follow up spend)			
i) CCG identified schemes			F. Love /		
<ul style="list-style-type: none"> • Patient Initiated Follow Ups (PIFU) 			J. James	<ul style="list-style-type: none"> • Phase 1 (Rheumatology, gastroenterology, respiratory, gynaecology) • Phase 2 (urology, ENT, neurology, adult Mental Health cardiology, dermatology, endocrinology) 	Commenced July 2019; to be completed October 2019 Implementation April 2019/20
<ul style="list-style-type: none"> • Virtual Clinics 				<ul style="list-style-type: none"> • Phase 1 (clinical haematology, Fracture Clinics) • Phase 2 (specialities as per PIFU) 	Implemented To be implemented April 2020
<ul style="list-style-type: none"> • Consultant Telephone Consultations 				<ul style="list-style-type: none"> • Video conferencing and telephone clinics for first and follow-up outpatients 	By March 2020
ii) Wider development of Outpatient transformation programme with NCA				<ul style="list-style-type: none"> • Details of programme and commencement date to be arranged 	2020/21 onwards
Demand Management in Primary Care (Introduction of Gateway Mechanisms to improve quality of referrals and direct patients to right clinics)	Reduce demand	1.0 (1.2% of scheduled care spend)	J. James	<ul style="list-style-type: none"> • Advice and Guidance for first 10 specialities implemented • Advice and Guidance for Phase 2 specialities (urology, diabetes) 	All implemented December 2019 On-going

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
				<ul style="list-style-type: none"> Comms with patients, GPs, hospitals 	
Review of Urgent Care	Reduce demand and emergency admissions	1.0	N. Parker	<ul style="list-style-type: none"> See separate scoping document 	April 2020
Review of Respite Services for Learning Disabilities	Rebalance capacity and demand for Respite Services	0.7	K. Hayat	<ul style="list-style-type: none"> See separate scoping document 	April 2020
Consultant to Consultant Referrals	Reduce demand and avoid planned admissions	0.6 (37.5% of total consultant to consultant spend)	J. James	<ul style="list-style-type: none"> Utilisation Management Audit completed Analysis received New Gateway mechanism / local policy agreed with PAHT Comms with GPs, PAHT, patients including documentation 	October 2019 November 2019 January 2020 Ongoing
Review Respiratory Service (Expansion of Community Service for Coronary Obstructive Pulmonary Disease including Pulmonary Rehabilitation)	Reduced avoidable emergency admissions	0.4	Z. Rahman	<ul style="list-style-type: none"> Business case to be completed Implementation 	October 2019 Q4 2019/20
Review Bury's Contract with Greater Manchester Mental Health (GMMH)	Savings from duplication	0.2	K. Hayat / S. Hargreaves	<ul style="list-style-type: none"> Review of all services commissioned by Bury CCG from GMMH to explore value for money Output of review Implementation of findings 	Underway December 2019 April 2020
Review of Bury CCG's existing contract with Salford Royal FT for Community Services	Savings from duplication	0.1	K. Major / A. Deveney	<ul style="list-style-type: none"> Review of all SRHT services commissioned by Bury CCG to confirm value for money Output of Review Implementation 	Underway December 2019 April 2020
Review of estates utilisation	Identify savings / efficiencies	0.1	M. Woodhead	<ul style="list-style-type: none"> Review of overall estate to identify savings Findings to be available 	Ongoing December 2019 March 2020

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
				<ul style="list-style-type: none"> Implementation 	
Review of dermatology services:	Reduce demand	0.1	Z. Rahman	<ul style="list-style-type: none"> Pilot 16 General Practices in Phase 1 	Implemented May 2019
i) use of dermatoscopes in General Practice to eliminate need for certain dermatology referrals				<ul style="list-style-type: none"> Evaluation of Phase 1 Training programmes to be delivered for remaining practices Roll out to remaining (Phase 2) Practices 	<p>October 2019 November 2019</p> <p>January 2020</p>
ii) Roll out teledermatology photographs taken in General practice, sent into hospital electronically, with consultant advice by return in 3 days				<ul style="list-style-type: none"> Preparation underway based on Stockport Project Programme of training initiated Launch 	To be completed by November 2019 Underway January 2020
Subtotal		7.2			
Implementation of decision to cease Vitamin D tests		0.5	M. Hargreaves J. James	<ul style="list-style-type: none"> Clinical meeting with PAHT to agree process to stop tests Technical solution to turn off test availability across NES General Practices to be agreed by Workaround for Bury Practices if quick NES solution cannot be agreed Comms to Practices commenced and 	<p>September 2019</p> <p>October 2019</p> <p>October 2019</p> <p>Ongoing</p>
Implementation of decision to “police” Procedures of Limited Clinical Value (list attached)			M. Hargreaves J. James	<ul style="list-style-type: none"> CCG monthly challenges Comms to practices / patients to raise awareness of procedures and process commenced and Process agreed to channel request through Individual Finding Request (IFR) Panel Implementation of Prior Approval Process Agree process with PAHT to return referrals already in the system 	<p>Ongoing Ongoing</p> <p>October 2019</p> <p>November 2019</p> <p>Ongoing</p>

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
Total		7.7			

M. O'Dwyer
September 2019

Bury System Intermediate Care Review and Rebalance - Brief

1. Review Objectives

Intermediate Care Rebalance Exercise –

- Rebalance Intermediate Care Services to deliver an equal if not greater number of episodes across Intermediate Care Services for an overall reduced cost
- Ambition to deliver £2m savings from current spend by April 2020
- Redesign to simplify service offer and pathways
- Extend service areas/provision of Rapid Response Service
- Improve effectiveness and user experience

2. Services in-scope of Review:

- Bealeys
- Killelea
- Reablement
- Rapid Response
- Discharge to Assess beds
- Short Stay beds
- Integrated Discharge Services – Fairfield, North and Out of Borough

3. a) Core Project Team

J. Gonda	Executive Director Communities and Wellbeing
A. Crook	Assistant Director Adult Social Care Operations
L. Darley	Director of Service Transformation
D. Hawley	Intermediate Tier Lead
K. Sowden	Managing Director Persona

b) Extended Support Team:

- Analytics – Sandy Firth
- Finance – Mui Wan, Velma Livesey, Sue Hargreaves
- Commissioning – Cath Tickle

4. Outputs – high level output to be delivered by end of September 2019 for refinement and implementation by April 2020

- Benchmarking clearly illustrates that Bury is too reliant on bed based services delivering too much of its activity in Bealeys, Killelea and its Discharge to Assess Beds. In addition activity that would best be providing in an intermediate care setting is going to other short stay beds not set up for this purpose. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used they will be delivered in locations that are the most cost effective.
- This rebalance will see clear activity expectations for our newly enhanced intermediate Care at Home and Rapid Response Services set and with it an increase in support to our urgent care system

- In addition a robust model for Integrated Discharge will delivered to cover Fairfield General, North Manchester General and our residents in out of Borough Hospital
 - Aspirational capacity levels required to deliver System balance will also be identified to compliment the Greater Manchester Adult Social Care Transformation programme of the same name
 - High Level Project Plan to go to Governing Body on 28 September 2019
 - Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019
 - Regular update reports to the Governing Body with savings to commence from April 2020.
5. Key Local Reviews to be considered:
- North of England Commissioning Support Unit System Balance Review – September 2019
6. Governance
- The outcome of this review to report to:
 - The Bury System Board
 - The Strategic Commissioning Board
 - The Governing Body
7. Key Inter-Relationships:
- Urgent Care Review
 - Review of Operating Model for Integrated Neighbourhood Teams

J. Gonda
18 September 2019
V2

Bury System Urgent Care Review and Re-design Brief

1. Review Objectives

- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
- Reduce Non-Elective Admissions at FGH (metrics tbc)
- Deliver £2.6m savings from current spend from Urgent Care Services “in scope” by April 2020
- Redesign to simplify access points to improve patient experience

2. Services in-scope of Review:

- Accident and Emergency at PGH
- Urgent Care Treatment Centre at FGH
- Walk in Centres at Moorgate and Prestwich
- GP Out of Hours Service (BARDOC)
- GP Extended Access (Direct Enhanced Services, now commissioned via the Primary Care networks to ensure additional 30 min access per 1000 population)
- GP Extended working Hours (Extends appts 6.30 – 8 p.m. and at weekends)
- GP in hours – availability of appointments
- Green Car service
- Same Day Emergency Care
- Integrated Virtual Clinical Hub (tbc)

3. a) Proposed Project Teams

J. Schryer	Urgent Care Chair and SRO
N. Parker	Programme Manager (tbc)
K. Patel	LCO MD
S. O'Hare	CCG Finance and Analytics
D. Latham	CCG Urgent Care Commissioner
K. Lee	CCG Urgent Care Commissioner
S. McCallum	Senior Clinical Leads, FGH
A. Abbass	Senior Clinical Leads, FGH
K. Wynne Jones	LCO Senior Manager
S. Taylor	LCO Senior Manager
I. Trafford	LCO, Urgent Care PMO Lead
V. Riding	CE, BARDOC
K. Gibbons	FGH Senior Urgent Care Manager
L. Williams	FGH Senior Urgent Care Manager

with support from:

S. Barnard	GM Urgent Care Lead
A. Osei	GM Primary Care Manager

b) To be identified:

- PMO Support via SRFT/NCA

- Analytics support from GM and NCA
- c) Project sub structure to include:
- Finance
 - BI / analytics
 - Workforce
 - Estates
4. Outputs
- High Level Project Plan to go to Governing Body on 28 September 2019.
 - Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019.
 - Regular update reports to the Governing Body with savings to commence from April 2020.
5. Key Local Reviews to be considered:
- North of England Commissioning Support Unit Capacity and Demand Review – September 2019
 - Utilisation Management Review of ED attendances at FGH – September / October 2019
 - Emergency Care Intensive Support Team (ECIST) Review of FGH – September 2019 which will also support the Intermediate Care Review (below)
 - Various reports developed by the CCG vis-à-vis reviews of urgent Care in Bury
 - FGH local analysis (August 19) of ED Growth
6. Governance
- This Project to be part of the Bury/NCA Transformation Programme (link: Jude Adams)
 - Project Group to be established to include: J Schryer as Chair, S Taylor (MD, FGH), G little (Accountable Officer), Kth Wynne-Jones (LCO), S Barnard as Representative from GM, N Parker (Project Manager), Councillor A Simpson
7. Key inter-Relationships:
- Intermediate Tier Review (on-going, also with a separate savings target, Scope of Review includes Integrated Discharge Team; recommendations from this Review should support flow across the Urgent Care System)
 - Review of Operating Model for Integrated Neighbourhood Teams

Bury Learning Disability Respite Brief

1. Strategic Aim

The overarching aim of the group is to oversee the review of Learning Disability respite provision and scope future requirements. This is with a view to recommendations to develop an equitable and sustainable service models for providing short breaks and respite services across the borough.

2. Services in Scope of Review

- Cambeck Close - CCG Commissioned
- Local Authority commissioned LD Respite Services

3. Review Objectives

- Review current LD respite provision by the CCG for Children and adults.
- Review current LD provisions by the Bury Council for children and adults.
- Gather intelligence and locality of the LD cohort requiring respite/short breaks.
- Consider options available for those clients assessed as not meeting the criteria.
- Review what the alternative models of care are across Greater Manchester (GM).
- Assurance that there is high level oversight of the action plan and progress.
- Provide supportive challenge to the action plan in relation to how the action plan is being executed and monitored in a timely manner.
- Agree the closure of actions / areas of concern on the risk log.
- Providing feedback to the Clinical & Executive Lead following each meetings and confirming the outcome
- Revised proposals to identify savings of £0.7m by April 2020.

4. a) Project Team

- Kez Hayat - Commissioning programme Manager, Bury CCG
- Cathy Fines - Clinical Lead (Children), Bury CCG
- Nigget Saleem - Clinical Lead (Learning Disability), Bury CCG
- Nasima Begum - Commissioning Manger, Bury CCG
- Ruth Wheatley - Strategic Lead (Strategy and Commissioning), Bury Council.
- Nicola Lee - Strategic Planning & Development Lead, Bury Council.
- Debbie Yates - Provider Relationship Manager, Bury Council.

b) In addition the Group will co-opt members with specific knowledge when reviewing evidence submitted such as:

- Finance
- BI / analytics
- Workforce
- Estates

5. Outputs

- High Level Project Plan to go to Governing Body on 28 September 2019
- Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019
- Regular update reports to the Governing Body with savings to commence from April 2020.

6. Governance

- The Task & Finish Group will meet every two week for a period of 8 months
- The Task and Finish group will report to LO Delivery Group, to System Board, Strategic Commissioning Board and Governing Body.

J. Gonda
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Policy No	Policy Name
GM003	Varicose Veins
GM005	Trophic Electrical Stimulation (TES) for facial palsy
GM006	Breast Surgery (Aesthetic)
GM011	Body Contouring
GM012	Pinnaplasty
GM013	Skin Lesions (Common Benign)
GM014	Electrolysis and Laser Hair Removal
GM015	Drainage of the Middle Ear
GM016	Hyperhidrosis
GM017	Headache Disorders
GM018	Spinal Procedures (Out of Contract)
GM020	Lycra Body Suits
GM022	Pelvic Vein Embolisation
GM023	Split and Torn Earlobes (Repair of
GM024	Rhinoplasty / Septoplasty / Septorhinoplasty
GM025	Ganglion Removal
GM026	Cataract Surgery
GM027	Labiaplasty
GM028	Tonsillectomy
GM029	Sacroneuromodulation for Urinary Retention and Constipation
GM030	Complementary and Alternative Therapies
GM031	Skin Resurfacing Techniques
GM032	Shoulder Impingement (Arthroscopic sub-acromial decompression for)
GM033	Caesarean Section
GM034	Knee Arthroscopy
GM035	Carpal Tunnel Syndrome (Surgical Interventions for)
GM036	Functional Electrical Stimulation (FES) for foot drop
GM037	Hyaluronic Acid Injections for Osteoarthritis
GM038	Trigger Finger (Surgical correction of)
GM039	Continuous Glucose Monitoring (Real-time)
GM040	Aesthetic Surgery (Other)
GM042	Haemorrhoids and Anal Skin Tags
GM043	Orthoses, Bespoke Orthoses & 24-hour Posture Management
GM044	Eyelid Lesions (Common Benign)
GM045	MRI Scanning (wide bore, open and open upright)
GM046	Low Back Pain (with or without sciatica) this now includes Radiofrequency Denervation
GM048	Dermatochalasis (Correction of)
GM049	Dupuytren's Contracture
GM050	Surgical management of Ankyloglossia (tongue tie)
GM051	Knee Replacement
GM052	Bunion (Hallux Valgus) Removal
GM054	Circumcision - Operations on the Prepuce
GM056	Hip Replacement
GM058	Surgical Correction of Adult Strabismus (squint)
GM059	Surgical Repair of Hernias
GM060	Photorefractive (laser) surgery for the correction of refractive errors
GM062	Endoscopic Thoracic Sympathectomy for facial blushing
GM063	Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing

Policy No	Policy Name
GM066	Scarring (Surgical revision of)
GM067	Tattoo Removal
GM068	Snoring (Invasive treatments for)
GM069	Hair Replacement Technologies for Alopecia
GM070	Facet Joint Injections
GM075	Experimental and Unproven Treatments