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Bedfordshire
Council
Priory House
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Chicksands,
Shefford SG17 5TQ



**TO EACH MEMBER OF THE
HEALTH AND WELLBEING BOARD**

27 November 2014

Dear Member

HEALTH AND WELLBEING BOARD - Thursday 4 December 2014

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following reports that were marked as 'to follow' in the Agenda:-

6. Review of Health Services in Bedfordshire and Milton Keynes

To receive a report on the review of the health services in Bedfordshire and Milton Keynes and receive an update on care closer to home.

9. Update on Mental Health Crisis Care Concordat to Health and Wellbeing Board

To receive an update from the BCCG on the work undertaken to put in place the National requirements for a multi-agency Crisis Care Concordat.

Should you have any queries regarding the above please contact me on Tel: 0300 300 5257.

Yours sincerely

Sandra Hobbs
Committee Services Officer
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Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Bedfordshire and Milton Keynes Healthcare Review – Progress Report

Meeting Date: 4 December 2014

Responsible Officer(s)

Presented by: Paul Hassan, Chief Clinical & Accountable Officer, Bedfordshire Clinical Commissioning Group

Recommendations To receive and consider the Bedfordshire and Milton Keynes Healthcare Review Progress Report.

Purpose of Report	
1.	This report provides a summary of the Progress Report recommendations and information on what Bedfordshire CCG will be doing next.

Background	
2.	<p>Since January 2014, NHS Bedfordshire CCG has been leading a review of healthcare services across Bedfordshire in collaboration with NHS Milton Keynes CCG and the national partners, Monitor, NHS England and NHS Trust Development Authority (TDA). The review aims to generate options for delivering sustainable, high quality (hospital and out of hospital) services for the people of Bedfordshire and Milton Keynes for the CCGs to take to formal public consultation. Funded by Monitor, McKinsey & Company led the review until the end of July 2014.</p> <p>On 29 October 2014, a Progress Report containing the outputs from the Bedfordshire & Milton Keynes Healthcare Review was published. This Progress Report sets out the work undertaken so far, and makes recommendations for taking the review forward and producing robust options for local health services that Bedfordshire CCG can consider and, as appropriate, take to consultation.</p> <p>Strong clinical and stakeholder engagement has driven the work of the Bedfordshire & Milton Keynes Healthcare Review and the Progress Report contained the following recommendations:</p>

- ***Care closer to home***

Given that nine in 10 patients use primary care services as their first point of contact with healthcare, it made sense to look at how healthcare in the community can be improved. Furthermore, changing care pathways based around hospitals needs to be developed in parallel with out-of-hospital care. Conversations with patients and the public have highlighted their wish to stay healthy and independent for longer and to receive more care closer to home. This is reflected in BCCG strategies and our work with local authorities to bring health and social care together through the Better Care Fund.

The review has analysed ways in which we can deliver more robust care closer to home, which gives people:

- Better access to primary care through longer hours and a wider range of services.
- Proactive care for frail older people, and those living with long term conditions – especially children with complex conditions.
- Support for living in their own homes.
- Consistently high quality care.

Central to achieving this will be use of multi-disciplinary teams in the community, reliable patient and population data, extended hours in community and primary care, and improved hospital discharge processes.

The review looked at the ways in which general practice could be configured to enable it to offer more services as well as integrated services. They include informal networking between a group of practices and formal agreements to become federations. Another model sees groups of practices working as 'spokes' around a larger community facility or 'hub'. A group of practices could also come together and work from a single site or 'hub'; although different hubs might choose to offer a different range of services. Feedback from the public and clinicians shows that a 'one size fits all' approach is inappropriate.

The Progress report recommended that we will need to take account of different geographies and population needs - we are already working on developing models that suit our areas. They need to enable practices to come together to reach the larger patient numbers required to deliver multi-disciplinary care, while still retaining the feel of being on the high street, which is something patients favour.

• **Care in hospitals**

Over the past eight months, the review has been analysing options for the future provision of services based at Bedford Hospital and Milton Keynes Hospital. It has gathered an evidence base which builds on national guidelines, examples of service delivery models elsewhere and academic research. A Clinical Advisory Group worked with the clinical evidence base and, building on the Keogh report into emergency and urgent care, identified six clinically sustainable archetypes for the delivery of acute care. These six models take into account the complex interdependencies between different hospital services and the review is confident that these models can deliver services to a high standard. The theoretical hospital models are described in Table 1.

Table 1: Six high level hospital models

	What	Services offered
1. Major trauma centre – MTC	<ul style="list-style-type: none"> Specialist centres co-locating tertiary / complex services on a 24/7 basis Serving population of at least 2m-3m 	<ul style="list-style-type: none"> Neurosurgery, cardiothoracic surgery Full range of emergency surgery and acute medicine Full range of support services, ITU etc
2a. Major emergency centre – MEC (a)	<ul style="list-style-type: none"> Larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist hyperacute services Serving population of at least 1m-1.5m 	<ul style="list-style-type: none"> Hyperacute cardiac, stroke, vascular services Trauma centre Level 3 ICU 24/7 consultant-delivered A&E, emergency surgery, acute medicine, inpatient paed Full obstetrics and level 3 NICU
2b. Major emergency centre – MEC (b)	<ul style="list-style-type: none"> Larger units, capable of assessing and initiating treatment for the overwhelming majority of patients but without all hyperacute services Serving population of at least 500,000-700,000 	<ul style="list-style-type: none"> 24/7 consultant-delivered A&E, emergency surgery, acute medicine Level 3 ICU Inpatient paed Obstetrics with level 2 NICU
3. Emergency centre - EC	<ul style="list-style-type: none"> Assessing and initiating treatment for majority of patients Serving population of at least 250,000-300,000 	<ul style="list-style-type: none"> Acute medical inpatient care with intensive care / High dependency unit (HDU) back- up Consultant-led A&E, acute medicine and critical care / HDU. Access to surgical opinion via network Possibly paed assessment unit and possibly obstetrics
4. Integrated care centre with emergency centre – ICC	<ul style="list-style-type: none"> Assessing and initiating treatment for large proportion of patients Serving population of at least 100,000-250,000 	<ul style="list-style-type: none"> Integrated outpatient, primary, community and social care GP and A&E consultant-led urgent care incorporating out-of-hours GP services Step up / step down beds possibly

5. Urgent care centre - UCC	<ul style="list-style-type: none"> • Immediate urgent care • Serving population of at least 50,000-100,000 	<ul style="list-style-type: none"> • with 48-hour assessment unit • Outpatients and diagnostics • Maternity and paediatrics • Integrated outpatient, primary, community and social care hub • Same range of services as integrated care hub but with no beds
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A steady process of evaluation and elimination which drew on clinical expertise and public / patient feedback enabled the review to narrow the list of possible options for reconfiguring both hospitals.

Full details of the evaluation process are given in chapter 6 of the Progress Report, including the scoring of the various options and the ongoing dialogue with local people. Currently, this work suggests that the options that offer the best overall balance between strengthening clinical quality and sustainability, better meeting the needs of a changing population and being financially affordable are those which combine a form of major emergency centre (2b above) and an integrated care hub (4 above).

Table 2: Hospital reconfiguration options

Bedford Hospital	Milton Keynes Hospital
Integrated care centre	Major emergency centre
Major emergency centre	Integrated care centre

However, though the financial evaluation shows considerable benefit in both options, it doesn't show that either is wholly sustainable without further, more detailed work.

When it comes to patient numbers, the review has made some important assumptions about the volume of patients that would be served by each hospital under the different options. We will need to conduct further analysis (for example, looking at particular types of clinical services) to ensure proposals have the optimal critical mass needed to sustain high quality care, and to establish the impact this has on key factors such as financial sustainability of local health care services and the implications for patient travel, both numbers of patients and travel times.

If this analysis concludes there is a residual financial gap, this will require some difficult decisions. The affected hospital(s) would need to identify additional opportunities to deliver services more efficiently and / or generate additional income. Meanwhile, commissioners would need to look at decommissioning other services. In either case, the impact of any change to services on neighbouring hospitals and health economies would need to be understood.

The review recommends that commissioners work with their providers and stakeholders to further refine the analysis to support future decision making. This includes working with local providers to consider whether developing options that link Bedford and Milton Keynes hospitals to each other and/or to other local hospitals, for example through networking arrangements, can result in high quality, sustainable and affordable services for both CCG populations.

All these decisions will require ongoing discussion and engagement between commissioners, local stakeholders and the public.

Recommendations and next steps

The Progress Report was received by Bedfordshire CCG on 5 November 2014 and will be formally responded to at a Governing Body meeting taking place on 7 January 2015. Bedfordshire CCG will use the information to develop robust plans for redesigning local health services that we can then take back to our local populations and, as appropriate, to public consultation. Using the evidence and analysis so far, the review has identified the following actions they will need to take to get there:

- Develop plans to offer more care closer to home via multi-disciplinary teams, involving primary care, community health services and social care.
- Carry out further detailed work on the preferred options for the future provision of hospital services. This will include involving neighbouring commissioners to understand the impact any changes will have further afield.
- Develop a detailed plan outlining the practical steps that need to be taken to prepare for public consultation. These include:
 - Ensuring that patients, public, clinicians, local councils and other stakeholders continue to have ample opportunity to feed back on this report and further work.
 - Developing a clear understanding of the impact that changes in health services will have on vulnerable communities and different socio-economic groups, in particular around access to services, travel and transport. This equalities impact assessment should take into account protected characteristics – ethnicity, gender, age, sexual orientation, disability, religion, transgender, pregnancy and maternity.
 - Drawing up a detailed timeline to prepare for formal consultation on those changes where it will be appropriate to do so, taking into account the interdependencies between hospital care and care close to home, and between different health economies.
- Keep clinical, public and patient engagement at the heart of the review, using the best practice tools and practices that BCCG has developed. In particular, BCCG should continue to work with local scrutiny committees who have a crucial role in assuring the consultation meets best practice standards.

3.	Regular reports on the progress of the Bedfordshire & Milton Keynes Healthcare Review have been submitted to the Board.
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Reason(s) for the Action Proposed	
4.	<p>The Health & Wellbeing Board is asked to note information contained within this paper.</p> <p>The Health & Wellbeing Board is asked to provide a formal response to the Bedfordshire & Milton Keynes Healthcare Review Progress Report – a letter requesting this formal response has been sent to the Health & Wellbeing Board.</p>
5.	<p>The Progress Report supports the Central Bedfordshire Health & Wellbeing Strategy aim of improving health outcomes and reducing inequality.</p> <p>As expected it recommends the implementation of integrated, networked health and social care systems that provide more supportive and preventative care especially for our most vulnerable patients and those with complex conditions. This integrated system, that will bring care closer to home for many Central Bedfordshire residents will mean challenging traditional organisational boundaries and practices and will support collaboration of agencies.</p> <p>Bedfordshire CCG would like to work closely with Central Bedfordshire Council and other key health & social care partners and through initiatives such as the Better Care Fund to develop future models of care to improve health outcomes and reduce inequality.</p>

Issues	
Governance & Delivery	
6.	Bedfordshire CCG will continue to regularly update the Health & Wellbeing Board
Financial	
7.	N/A

Public Sector Equality Duty (PSED)	
8.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	N/A

Source Documents	Location (including url where possible)
Bedfordshire & Milton Keynes Healthcare Review Progress Report	http://www.yourhealthinbedfordshire.co.uk/progress-report/

Presented by Paul Hassan

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Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information This report does not contain confidential or exempt information.

Title of Report Delivery of the Mental Health Crisis Care Concordat within Central Bedfordshire

Meeting Date: 4 December 2014

Responsible Officer(s) Dr Judy Baxter

Presented by: Dr Judy Baxter

Recommendations

1. The Health and Wellbeing Board is asked to consider and agree to the recommendations within the report.
2. The Health and Wellbeing Board is asked to agree the governance arrangement recommended to ensure that the developed action plan is implemented within Central Bedfordshire.

Purpose of Report

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| 1. | This report provides the Health and Wellbeing Board with a brief overview of the Mental Health Crisis Care Concordat and identifies the national requirements within the guidance, to sign up to a declaration and then to develop and implement a local action plan. The Crisis Care Concordat requires the action plan to be aligned to the Health and Wellbeing Boards Strategic Objectives. |
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Background

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| 2. | The Mental Health Crisis Care Concordat, Improving Outcomes for people Experiencing Mental Health Crisis was published on 18 February 2014. The guidance sets out clearly defined outcomes for improving the experience of people who are in mental health crisis through a number of recommendations. In agreement with the Public Sector Chief Executives Meeting, a Steering Group has been set up across Central Bedfordshire, Bedford Borough and Luton Borough Councils to consider mental health issues and it is proposed that this group oversees the implementation of the concordat and improve the outcomes for people in crises across the population of Bedfordshire and Luton. |
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Reasons for the Action Proposed	
3.	The local work on the Crisis Care Concordat commenced in October 2014 and the actions proposed will ensure that the Health and Wellbeing Boards are briefed on the requirements of the guidance and ensure that there is a robust process in place to improve the experience of people who are in mental health crises within Central Bedfordshire
4.	<p>The Crisis Care Concordat is aligned to the priority for Central Bedfordshire to ensure good mental health and wellbeing at every age. The local plan will be developed to provide assurance against this priority, through a number of actions under the four key areas identified within the Concordat:</p> <ul style="list-style-type: none"> • Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously. • Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency. • The right quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment. • Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Issues	
Governance & Delivery	
5.	This paper requests that the Health and Wellbeing Board provides guidance on how the implementation of the Crisis Care Concordat will be monitored within Central Bedfordshire.
Financial	
6.	Implementation of the Crisis Concordat is currently being delivered within existing financial resources.

Public Sector Equality Duty (PSED)	
7.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
Crisis Concordat	https://www.gov.uk

Introduction

The Mental Health Crisis Care Concordat, Improving Outcomes for people experiencing Mental Health Crisis was published in February 2014. It requests that each area, identifies its key partners, develops a shared and agreed statement for a commitment to local action which is then signed by senior representatives and followed up by a comprehensive action plan.

The Crisis Care Concordat outlines what needs to happen when people are in mental health crisis and need help. It sets out expectations for local performance in policy development, investment and financial decisions, in anticipating and preventing mental health crises where possible and in making sure effective emergency response systems operate locally, when a crisis does occur.

The Concordat has developed a number of outcomes across four key areas;

- I. Access to support before crisis point
- II. Urgent and emergency access to crisis care
- III. The right quality of treatment and care when in crisis
- IV. Recovery and staying well and preventing future crises.

It expects that each area will have a local partnership of health, criminal justice and local authority agencies who will deliver the expectations within the guidance and in doing so, will help to make sure that people who need immediate mental health support at a time of crisis get the right services, when they need them and get the help that they need to move on and stay well.

Local Progress to Date

A Steering Group has been established for Bedfordshire and Luton and the purpose of this meeting is to

- Discuss implications and expectations of Concordat within Bedfordshire
- To develop terms of reference for a steering group
- To agree a work plan to achieve local compliance of Concordat delivery

It was agreed that the purpose of the Crisis Concordat Steering Group would be to ensure a local declaration was developed and signed by partners and to then develop the local action plan.

A copy of the draft declaration is attached as appendix 1.

Partners within the Steering Group are currently developing a position statement for Bedfordshire and Luton which will enable us to identify gaps in our compliance against the Concordat and the draft plan for this is attached as appendix 2.

The membership of the full Steering Group includes representatives from the following partners

- Bedfordshire Police
- British Transport Police
- Bedford Borough Council
- Central Bedfordshire Council
- Luton Borough Council
- BCCG
- SEPT
- Ambulance Service
- Luton and Dunstable Hospital
- Bedford Hospital

- CAN
- Luton Drug and Alcohol Services
- Bedfordshire Fire Service
- Luton CCG
- Police and Crime Commissioning
- National Offending Service
- NHS England
- Youth Offending Service

The Steering Group have organised a stakeholder event where Senior Officers would sign the local declaration, following which, there would be some time to develop the local action plan.

The event is taking place on 3rd December 2014 at the Rufus Centre and a formal letter has been sent to Senior Representatives across a comprehensive list of services inviting them to attend the event and to show their commitment to the local plan.

The following people have been invited to attend:

- Chief Constable Bedfordshire Police
- Chief Executive Bedford Borough Council
- Chief Executive Central Bedfordshire Council
- Senior Officer, NHS England
- Chief Operating Officer, Luton CCG
- Chief Operating Officer, Bedfordshire CCG
- Police and Crime Commissioner
- Chief Executive, SEPT
- Chief Executive, Bedford Hospital
- Chief Executive, Luton and Dunstable Hospital
- Senior Officer, National Offender Management Service
- Senior Officer, Youth Offending Service
- Operations Manager – CAN
- Operations Manager – Luton Drug and Alcohol Services

Following the proposed event and the completion of the review of our current position, the action plan will be developed and then be presented to the Health and Wellbeing Board. The national guidance requires the action plans to be completed and submitted by March 2015.