

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

11 July 2018

Update on the Sustainability and Transformation Partnership (STP) and Central Bedfordshire's Integration and Transformation Plans

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Public

Purpose of this report.

1. To provide an update on the progress of the Sustainability and Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK), often now referred to as Integrated Care System or ICS.
2. To inform the Board of the emerging collaborative approach and newly established CCG leadership structure to strengthen commissioning across BLMK.
3. To inform the Board of the publication of BLMK's Single Operating Plan and the requirement for a Central Bedfordshire Implementation Plan.
4. To update the Board on the Integration and Transformation projects incorporating the Better Care Fund Plan and progress on improving outcomes for frail older people.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **note the progress on the five key priorities of BLMK Integrated Care System;**
2. **note the recruitment to key posts for the STP as well as the establishment of a BLMK CCG Committees in Common and new leadership structure;**

3. **note the publication of publication of BLMK's Single Operating Plan and the requirement for a Central Bedfordshire Implementation Plan; and**
4. **receive the update on Better Care Fund Plan and note end of year submission to NHS England.**

Background

1.	Bedfordshire, Luton and Milton Keynes STP is one of the first wave of Integrated Care Systems in the country. The 15 STP partners continue to work closely to design a more integrated system. Access to transformational funding has enabled delivery of change, to secure improved outcomes for local people, at a faster pace, although it should be recognised this is the beginning of a major change programme.
2.	The 2018/19 NHS England planning guidance 'Refreshing NHS Plans' required Integrated Care Systems to prepare a Single System Operating Plan (SSOP) narrative that covers Clinical Commissioning Groups and NHS providers, in place of individual organisation plan narratives. The Single System Operating Plan should align key assumptions on income, expenditure, activity and workforce between commissioners and providers. System leaders should take an active role in this process, ensuring that organisational plans underpin and together express the system's priorities.
3.	Historically health and care organisations have developed their strategic plans in relative isolation of each of other. However, this year the whole health and care system in BLMK have worked in collaboration, with clinicians and wider stakeholders, to create a single system wide plan across the footprint,
4.	The Single System Operating plan for 2018/19 describes how health and care partners will build on achievements during 2017/18 and sets out what the focus will be for the coming year. http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf
5.	Each 'Place' is subsequently required to produce an implementation plan to support the delivery aims of the SSOP. The Place-based Implementation Plans should support the delivery aims of the SSOP.
6.	The Single System Operating plan for 2018/19 retains focus on the five priority areas: <ul style="list-style-type: none"> • Priority 1 Prevention • Priority 2 Primary, Community and Social Care • Priority 3 Sustainable Secondary Care • Priority 4 Digital Programme • Priority 5 Systems Integration.

7.	For Central Bedfordshire, there is a close alignment of the SSOP to the local vision set out in the Integration and Better Care Fund Plan, which is a plan of the Health and Wellbeing Board.
8.	The national planning guidance for the Integration and Better Care Fund (BCF) requires quarterly monitoring of the BCF Plan to ensure that Health and Wellbeing Boards continue to meet the requirements of the BCF over the lifetime of the Plan and to enable local areas to provide insight on health and social care integration.
Progress in Key Priority Areas of the STP	
9.	<p>Priority 1 Prevention -</p> <ul style="list-style-type: none"> • Social Prescribing <p>A social prescribing model which builds on the Village Care Scheme and supported by Community Wellbeing Champions has now been developed for Central Bedfordshire. The model is planned to fully launch in the Summer enabling 26 General Practices and other professionals to refer into the service. Funding has been sought to continue the programme in 2018/19.</p> <ul style="list-style-type: none"> • Detection of abnormal heart rhythm and high blood pressure in community pharmacies <p>Seven community pharmacies have been funded to screen residents for hypertension and atrial fibrillation (AF) in 3 Central Bedfordshire Wards where there are higher levels of deprivation and cardiovascular disease. The pilot will run from mid-April to June. Early indications of activity suggest that the prevalence of undetected hypertension (27.2% of residents screened) and AF (1.3% of residents screened) is in line with expectations. Funding is being sought to continue and extend the intervention during 2018/19.</p> <ul style="list-style-type: none"> • 2018/19 plans <p>The current priorities will continue in 2018/19 along with a new focus on promoting self-care across BLMK and the development of a workplace wellbeing offer.</p> <p>The three main areas of focus for this work, which will be underpinned by key deliverables, and the development of a Prevention and Self-Care dashboard, are:</p> <ul style="list-style-type: none"> • Keeping people well for longer - Supporting people with long term conditions to manage their physical and mental wellbeing. • Early identification and intervention -Early identifying of risk factors and signs of disease to reduce preventable mortality.

	<ul style="list-style-type: none"> Promoting wellbeing and self-care - Lead and facilitate the development of a culture of health and wellbeing and promoting the importance of mental wellbeing alongside physical health.
10.	<p>Priority 2 Primary, Community and Social Care</p> <p>Primary Care</p> <p>The STP wide Primary Care Home incentive scheme has been successful with over 90% of practices participating in clusters and either demonstrating some of the characteristics of Primary Care Home (e.g. Multidisciplinary working) or having plans to do so.</p> <p>The Primary Care Home initiative is a population health model, focused on populations of 30,000- 50,000 (clusters). It is centred on the delivery of health and care services by integrated multi-disciplinary teams and involves building care management through integrated teams of GPs and health and social care teams. With the teams identifying health and care needs through processes of segmentation and risk stratification and then developing the model and workforce to meet the needs of that population.</p> <p>Due to changes in practices and staffing levels recently it has been agreed that instead of prioritising and fast-tracking Leighton Buzzard, all clusters will receive intensive support from National Association of Primary Care (NAPC) and other organisations to suit their needs and develop at pace.</p> <p>Bedfordshire CCG coordinated the recruitment of pharmacists and international recruitment of GPs. This has resulted in 15 pharmacists to be deployed in Bedfordshire clusters. Currently two pharmacists have been working to review medication in care homes in Central Bedfordshire.</p> <p>Mental Health</p> <p>The focus is on delivering enhanced, core 24/7 mental health support for patients with physical health needs being managed within hospital settings.</p> <p>A workshop took place on 3 May with East London Foundation Trust and the Kings Fund focussing on mental health in primary care.</p> <p>The STP mental health objectives for 2018/19 have been set out for the system. These are:</p> <ul style="list-style-type: none"> Development of an STP mental health investment plan through to 2021 Mental health in primary care home support. Physical health check in primary care support Mental health crisis care pathway development Children & young people access Development support for Bedfordshire dementia diagnosis

	<ul style="list-style-type: none"> • Development of an STP workforce plan • Five Year Forward View for Mental Health delivery assurance. <p>Workforce</p> <p>A Primary Care Workforce Development Plan submitted to NHS England at the end October 2017 received positive assurance. The target number of additional GPs (115) is a significant challenge however the development of the Primary Care Home model will enable the development of new roles as well as professionals working to the top of their licence which in turn will reduce the need for the scale of new GPs.</p>
	<p>High Intensity Users</p> <p>Work is ongoing to develop a Community Provider Incentive Scheme – focusing initially on High Intensity Users. Provider organisations have come together to work through a structure and process for identifying and subsequently managing high intensity users of health care.</p> <p>The aim is for the identified cohort of patients to be managed proactively through locality-based MDTs. Proactive management of vulnerable patients has been demonstrated to reduce hospital admissions and improve quality of care. High Intensity Users are described as those who in the last 6 months have</p> <ul style="list-style-type: none"> • 4 or more Non-Elective Admissions • 5 or more Ambulance Conveyances • 6 or more Accident & Emergency Attendances.
11.	<p>Priority 3 Sustainable Secondary Care</p> <ul style="list-style-type: none"> • Plans for the proposed merger of Bedford Hospital and Luton & Dunstable Hospital are ongoing. A Joint Integration Board, consisting of executive representatives from both Trusts has been established and is leading discussions on the plans, possible timeframes and priorities. • Both Trust Boards have committed to reviewing progress in June this year and agreeing the most likely date for the merger to proceed. The earliest possible date to proceed will be in the autumn and is dependent on receiving confirmation in early July from NHS Improvement (NHSI) that the capital is available to support the plans. <p>However, the more likely scenario is that the national funding allocation is not announced until later in the summer and in this case, meaning that the merger commences at the start of the next financial year (April 2019).</p>

12.

Priority 4 Digitisation

Information Sharing Phase 1 Programme

Excellent progress made by the Information Sharing programme using Estate and Technology Transformation Funds (ETTF) with the main objective of making BLMK SystmOne patient data available in every care setting.

In Central Bedfordshire, the multidisciplinary teams received a demonstration on the SystmOne Community Care module and are now working on designing a SystmOne template for multidisciplinary working.

Care Homes Digitisation Programme

The programme of work to provide Care Homes with digital capability and to ensure compliance with Information Governance standards is continuing. This is an important part of supporting care homes in managing complex care of residents within the Home as well enabling access to shared care information.

Social Care data and cyber security discovery programme

Central Bedfordshire is one of three local authorities in the country selected to participate in an LGA led adult social care data and cyber security discovery programme. The national programme is being led by Care Alliance on behalf of the LGA.

The programme aims to acquire comprehensive understanding of the cyber and security risks and how they are or could be managed in care settings. The Programme will work with a total of 25 individual adult social care services across Central Bedfordshire, which will be selected to include the different client groups and service types, as well as the full range of organisational types and sizes, and will spend two days on site with each service. Examples of systems to be considered includes:

- Assessments.
- Care and support plans.
- Medication records.
- Records of accidents and incidents.
- In community services, allocated and unallocated visits.
- Staff rotas.
- Contact details for people being supported by the service, for relatives and for staff.
- Staff training records.
- E-learning.
- Business continuity plans.

13.

Priority 5 System Reengineering

Progress on Priority 5 are as follows:

- **Programme leadership** - recruitment to key posts, of Chief Information Officer (CIO), Director of System Re-engineering and Director of Resources, to support the delivery of the STP priority programmes is underway.
- **Strengthening CCG Leadership** - following the functional review of commissioning undertaken as part of Priority 5 work, the three Clinical Commissioning Groups in the BLMK footprint have decided to work more closely together to further streamline activities, release scarce resource to support the development of BLMK's Integrated Care System and move towards delivery of a strategic commissioning function at scale and at place.

Collaboration of CCGs provides a stronger commissioning voice across the STP footprint and reflects the consolidation of the Provider Landscape (i.e. planned Hospital merger and shared community providers between Bedfordshire and Luton CCGs). Furthermore, it provides opportunity to maximise key commissioning resources across the BLMK system.

A joint Committee of the CCGs, Committee in Common (CiC) has now been set up. The new leadership structure will be strengthened by the appointment of a Joint Accountable Officer (JAO), a Joint Chief Finance Officer, and place-based Chief Operating Officers as part of a Joint Executive Team.

The Chief Operating Officer (COO) role is critical to ensuring the focus on Placed-based transformation and helping to drive greater integration. The exact composition of the role of the COOs is being discussed between the Councils in the STP and the CCGs.

Recruitment to the post of the Joint Accountable Officer takes place in June/early July and for the posts below the JAO recruitment is planned for between July and August.

- **Estates Strategy** – work is ongoing to develop a capital and estates strategy for the STP. Bids for development of the Integrated Health and Care Hubs are also being considered for Transformation funds. The key principles for the draft strategy and a cross section of capital bids including those for Central Bedfordshire projects are shown in Appendix 3.

14.	<p>The move to a more collaborative approach in how health and care services are commissioned and delivered is also reflected in how the regulatory agencies of the NHS are configured. A proposal to increase joint working between NHS England and NHS Improvement was published in March this year. A more joined-up approach across NHS England and NHS Improvement, will engender:</p> <ul style="list-style-type: none"> • working much more effectively with commissioners and providers in local health systems to break down traditional boundaries between different parts of the NHS and between health and social care • speaking with one voice, setting clear, consistent expectations for providers, commissioners and local health systems • using NHS England and NHS Improvement’s collective resources more effectively and efficiently to support local health systems and the patients they serve. • removal of unnecessary duplication and improve the impact from our work, delivering more for the NHS together than we do by working separately. <p>Although the current statutory framework means that a merger between NHS England and NHS Improvement is not possible and there is a requirement for the organisations to have separate Boards, as well as retaining governance of their distinctive legal responsibilities, however and subject to approval, these strengthened national joint working arrangements would start to be established from September 2018.</p>
15.	<p>The latest monthly brief from BLMK STP can be accessed here:</p> <p>http://blmkstp.co.uk/wp-content/uploads/2018/05/May-18-Monthly-Brief-BLMK-STP_FINAL-1.pdf</p>
	<p>Integration and Better Care Fund Plan</p>
16.	<p>There is a close strategic fit between the aims of the Integration and Better Care Fund Plan (BCF), and the aims of the STP which are both centred on shifting the balance of care to focus on out of hospital services, promoting independence and wellbeing and reducing reliance on institutional forms of care. The Health and Wellbeing Board previously received a report demonstrating the cross section and alignment of Integration and Transformation Projects for Central Bedfordshire. Appendix 1</p>
	<p>Integration and Better Care Fund Plan</p>
17.	<p>Central Bedfordshire’s Integration and Better Care Fund Plan is now in its second year. Work is ongoing on the key projects of BCF Plan as set out in Appendix 1.</p>

	End of Year Return
18.	The Quarter Four/ End of Year returns to NHS England and MHCLG were submitted at the end of April. It included a description of our progress against our plans and system challenges. Extracts from the submission describing performance against the national metrics, progress against the High Impact Change Model and a summary of success and challenges over the year are set out in Appendices 2A, B, C.
	Next Steps
19.	Work will continue to progress the priority areas of the STP to benefit the population of Central Bedfordshire.
20.	A Central Bedfordshire 'Place' based implementation plan for a Single System Operating Plan will be produced and shared at a future meeting of the Health and Wellbeing Board.
21.	Bedfordshire CCG and Central Bedfordshire Council leads will continue to progress work on establishing a framework to support the Central Bedfordshire as a 'Place' within the context of the STP and the emerging CCG Leadership approach.
22.	The Transformation Board will continue to monitor progress on the key projects for the BCF and STP as well as ensuring that a single delivery framework for the key Integration and Transformation strategies aligned to the Single System Operating Plan is in place.
Implications for Work Programme	
23.	Further update reports on the STP priorities, emerging Integrated Care System and an Implementation Plan for the Single System Operating Plan narrative will be presented to the Health and Wellbeing Board at future meetings.

Reasons for the Action Proposed	
24.	Health and Wellbeing Boards have a key role in shaping the future of health and social care in their areas and need to ensure that they have meaningful input to the STPs. The emerging vision and priorities of the STP are consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
25.	Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the Five Year Forward View, covering Oct 2016 to March 2021. NHS England will assess each STP. Plans of the highest standard will gain access to transformation funding from April 2017.

26.	NHS England planning guidance 'Refreshing NHS Plans' 2018/19 makes clear that STPs are expected to take an increasingly prominent role in planning and managing system-wide efforts to improve services.
27.	The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.
28.	The proposed leadership structure for BLMK CCGs has important implications for the Central Bedfordshire vision for securing integrated outcomes across health and social care.

Issues

Governance & Delivery

29.	<p>The BLMK STP programme has been overseen and driven by an STP Steering Group. This includes 15 key STP partners, all of whom act as equal partners in the STP programme. Representation on the STP Steering Group is at the CEOs and/or Director level. The Chief Executive of Central Bedfordshire Council is the STP lead.</p> <p>The overarching design principle used to formulate the STP work programme has been that, as far as practical, the STP working groups draw on resources provided and/or insourced from STP partners. This helps to ensure that:</p> <ul style="list-style-type: none"> • Ownership is achieved • Barriers in accessing data, intelligence, people and advice are reduced • Local expertise is harnessed • Third party costs are minimised.
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Financial

30.	One of the triple aims of the STPs is to secure financial balance across the local health system and improve the efficiency of NHS services. However, the financial position of Bedfordshire Clinical Commissioning Group remains of concern in the wider ICS position.
31.	As an ICS in 2018/19 the system will need to be managed with a single system-based budget, balancing pressures between partners.
32.	In 2017/18 the continued rapid growth in emergency admissions, and A&E attendances, reflects sub-optimal experience for our residents and is creating financial pressure within the system.

Public Sector Equality Duty (PSED)

33.	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.
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	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 and 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.
34.	Are there any risks issues relating Public Sector Equality Duty Yes/No
35.	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
BLMK Single System Operating Plan	http://blmkstp.co.uk/wp-content/uploads/2018/05/BLMK-ICS-Single-Operating-Plan-Narrative-FINAL-compressed.pdf

Appendices

The following Appendix is attached/provided through an electronic link:
Appendix 1 - Integration and Transformation Projects for Central Bedfordshire
Appendix 2a – End of Year Feedback
Appendix 2b – Q4 Metrics Outturn
Appendix 2c – End year update on High Impact Change Model
Appendix 3 - BLMK Estates Strategy, Draft Key Principles