

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

31 October 2018

Update on the Bedfordshire Luton and Milton Keynes Sustainability and Transformation Partnership (STP) and Integrated Care System.

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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).
2. To receive Central Bedfordshire's Place Based Plan in response to BLMK's Single Operating Plan.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the progress on the five key priorities of BLMK Integrated Care System (ICS).
2. Receive the Place Based Plan for Central Bedfordshire and note the priorities which underpin it.

Background

	Bedfordshire, Luton and Milton Keynes Integrated Care System
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 helped to enable delivery of change and to secure improved outcomes for local people, at a faster pace.

2.	BLMK Integrated Care System published a Single System Operating Plan for 2018/19 based on each 'Place' producing a place-based delivery plan. The BLMK 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
3.	<p>The Single System Operating plan for 2018/19 retains focus on the five priority areas:</p> <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.
4.	A Central Bedfordshire Place Based Implementation Plan has been produced and further details are set out below.
Central Bedfordshire Place Based Plan – Appendix One	
5.	The place-based plan for Central Bedfordshire captures how the BLMK Single System Operating Plan (SSOP) will be implemented locally. It makes key assumptions on income, expenditure, activity and workforce alignment between commissioners and providers. It outlines the Central Bedfordshire system priorities and approach to transformation.
6.	Progress against Central Bedfordshire Place Based Plan, which was developed in conjunction with health and care partners will be monitored by the Transformation Board on behalf of the Health and Wellbeing Board.
Progress in Key Priority Areas of the STP	
7.	<p>Priority 1 Prevention</p> <ul style="list-style-type: none"> • Social Prescribing <p>Social Prescribing has become increasingly commonplace across England and is one of the ten 'High Impact Actions' in the NHS England's GP Forward View to release capacity in primary care. It is estimated that around 20% of patients consult their health care professional for what is primarily a social problem and a large proportion of health outcomes, estimated at 70%, are the result of social and economic determinants of health including employment, financial security, housing, diet and exercise, familial and social networks.</p> <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. Four locality Community Wellbeing Champions (CWC) have now been recruited to deliver the scheme which will initially</p>

be rolled out in a few selected GP surgeries in each of the four locality areas. The Community Wellbeing Champions have established links with a range of voluntary organisations and will be an integral part of GP practices and multidisciplinary teams in each locality.

The CWCs will provide a step-by-step action plan to help people requiring a non-medical intervention connect with relevant existing services and activities in their local community. The opportunities provided by social prescribing may include: arts, creativity, physical activity, gardening, learning new skills, volunteering, befriending, community activity and social groups, as well as accessing specialist services for housing, benefits, finance, debt, and employment support and advice.

The impact of social prescribing and outcomes delivered will be monitored over the next few months.

There is at present no additional funding expected from the ICS. Funding for the scheme in 2018/19 has been identified from Public Health reserves as part of the Better Care Fund Plan. Options for future funding beyond 2019 will be pursued.

- **Detection of abnormal heart rhythm and high blood pressure in community pharmacies**

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 which ran from mid-April to June finished with lower than expected activity numbers. Participating community pharmacies have been followed up for evaluation and reflection, and they shared their resident's experiences. Following this insight phase 2 is now being considered and programme evaluation of the effectiveness of the scheme will follow once 6 months of activity data has been collected.

- **Clinical Conversation – Making Time for Prevention**

The July event was very well attended by clinical and non-clinical colleagues. The key note speaker Dr William Bird MBE delivered a thought-provoking presentation 'Prevention is the new treatment' – and explored factors of people, place and purpose leading to chronic stress which results in poor health behaviours and adverse health outcomes.

Work is ongoing within this workstream to explore how to build on the momentum of this event to achieve a social movement for health.

- **Influenza**

The BLMK Seasonal Flu media and communication plan, including extensive outreach, is now operational and on track. This year the

	<p>adjuvanted trivalent form of the flu vaccine has been licenced for those aged 65 and over (previous years has been quadrivalent) which has caused some confusion across the System. Therefore, System promotion of the uptake of the flu vaccine, including workforces, is crucial.</p> <p>NHS England has provided additional funding to support the delivery of flu immunisation for social care workers that offer direct patient/client care. Health and social care staff, employed by a registered residential care/nursing home, registered domiciliary care provider or a voluntary managed hospice provider who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza are eligible for the vaccine.</p>
8.	<p>Priority 2 Primary, Community and Social Care</p> <p>Primary Care</p> <p>The five clusters continue to develop. West Mid Beds has been one of the first clusters locally, working with the National Association of Primary Care, to extract and segment their cluster population and the learning from this is being shared with other clusters.</p> <p>The ICS, using National Association of Primary Care (NAPC) and CCG primary care leads, has assessed each cluster against a maturity matrix that has 4 steps – Foundation, Step 1, Step 2 and Step 3 each of which has a set of criteria demonstrating maturity against the model. As at August 18 all of the CBC clusters are at Foundation level (as are most of BLMK clusters), An ambition has been set for all the clusters to be operating as a minimum at Step 1 by spring 2019. This will require a step change in development with health and social care partners working together to support cluster development as well as aligning those other local and ICS wide projects and programmes that will enable the progress e.g. digitisation, GP Forward View, organisation development and leadership. The plans to do this are being completed.</p> <p>Mental Health</p> <p>A successful workshop focused on Mental Health in Primary Care was held in August. Mental health is now being aligned with the Primary Care Home programme and is increasingly a common population segment that the GP clusters and partner organisations are seeking to prioritise.</p> <p>The focus on delivering enhanced core 24/7 mental health support for patients with physical health needs being managed within hospital settings is continuing. Work is ongoing to develop a Mental Health Investment Plan, a national requirement, which will set out the plans and resources required to deliver mental health transformation.</p>

	<p>Workforce</p> <p>A recent focus has been on implementation of a scheme to retain GPs and the development of leadership and Organisation Development programmes. In addition, BLMK was successful in gaining 8 places on a high-profile national programme for Leading Transformation in Primary Care. Successful candidates include two of the Central Bedfordshire Cluster chairs. NHSE have funded an ICS Primary Care Workforce Development resource which will help to join up the various workforce plans across the system, including Mental Health.</p> <p>An evaluation of a pilot in Ivel Valley that looked at future workforce modelling at cluster/locality level, is due to be published in October.</p>
9.	<p>High Intensity Users</p> <p>Central Bedfordshire’s approach to managing High Intensity Users (HIUs) has now been agreed. The approach is centred on primary care and multidisciplinary teams. The following actions will be taken over the next three months</p> <ul style="list-style-type: none"> • Locality Boards will continue to oversee this work stream and discuss and monitor management of HIUs. • Embed the proactive care and management of appropriate HIUs as part of the Multidisciplinary Team (MDT) clusters. • Investment in a Health and Wellbeing mentoring resource, which will be aligned to the Community Wellbeing Champions (Social Prescribing) to offer one to one support, where appropriate, • Establish a framework for key worker support to HIUs to provide personalised support, where appropriate • Ensure all HIUs for the six months to 30th June 2018 have been reviewed by 1 November 2018 and referred, where appropriate, to the cluster MDT for a care plan to be developed or reviewed if already in place. For those who are not appropriate for MDT assurance that they have been referred to other services or managed appropriately by the practice. • Continue to develop a comprehensive directory of services to inform and support signposting, building on the Place-Based Team Resource Directory and the Active Signposting Directory of Services.
10.	<p>Priority 3 Sustainable Secondary Care</p> <p>Bedford Hospital and Luton & Dunstable Hospital Merger – The Care Quality Commission have been observing the Boards of the two Trusts. Capital investment to support the merger was the key priority of the STP Capital Estates Strategy, decisions on which by NHS England are awaited.</p>

11.

Priority 4 Digitisation

BLMK Digital Strategy and Target Architecture has been produced and is one of ICS's investment priorities. The strategy which supports the delivery of wider priorities will be presented as a separate item on the HWB Board's agenda.

Progress to date

Information Sharing Phase 1 Programme

Information Sharing Agreements: the vast majority of sharing agreements have been returned and GP systems have largely been configured to allow for safe and effective sharing between a wide number of services. This will support multidisciplinary working within localities.

IT solutions which will enable GPs to work more collaboratively, including offering extended opening hours during evenings and weekends are being rolled out.

End of Life Beacon project at Luton and Dunstable Hospital Trust: the team have a SystmOne unit ready to use (expected to go live in next couple of weeks), it will enable them to access the same record and care plan as GPs, community services and Hospices to enable more seamless care for some of our most vulnerable patients.

Over the next few months, the Therapy teams at Bedford Hospital and the Luton and Dunstable Hospital will have access to SystmOne modules which would enable them to see and write into patient records to facilitate more integrated working.

Central Bedfordshire multidisciplinary teams have expressed a wish to design a template which will be on SystmOne which will support an integrated case management and proactive care approach.

Online consultations pilot within six GP surgeries in Central Bedfordshire is due to commence.

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. 15 Care Homes in Central Bedfordshire have completed the training and support to complete the new governance toolkit has commenced.

	<p>Update on remote monitoring</p> <p>Eight Care Homes in Central Bedfordshire are participating in a remote monitoring pilot, using a product called Whzan, it enables staff in care homes to take clinical readings and establish a baseline for their residents. The equipment can alert staff to a change in a resident's condition, so the resident can be monitored more frequently and conversations with doctors can include detailed data e.g. temperature, blood pressure. The pilot will last until 31st May 2019, with an interim report due at the end of February 2019.</p> <p>Social Care data and cyber security discovery programme</p> <p>The LGA, Care Provider Alliance and Department of Health and Social Care are working with the Institute of Public Care (IPC) to improve the understanding of data and cyber security risks across adult social care providers and offer support required to help those risks to be managed. The one year discovery programme which is funded through the National Cyber Security Strategy, is working with 25 randomly selected Central Bedfordshire Care Providers who will receive on-site practical support from IPC relating to their data and cyber security arrangements.</p> <p>The findings of the on-site work will inform a set of recommendations to support the adult social care provider sector in this area moving forward.</p>
12.	<p>Priority 5 System Re-engineering</p> <p>The purpose of this workstream is to deliver an Integrated Care System in BLMK.</p> <p>Peter Howitt has been appointed as the Director of System Re-design, on an 18-month secondment from the Department of Health and Social Care, where he was Deputy Director for Commissioning, Integration and Transformation.</p> <p>The Chief Information Officer has been appointed. Mark Thomas will be joining BLMK as Chief Information Officer (CIO) from 1 October. Mark has significant experience in driving digital transformation in the NHS and was instrumental in bringing the systems together around the Great North Care Record and large-scale reconfiguration to support the delivery of the Cramlington Emergency hospital in Northumberland.</p> <p>Strengthening CCG Leadership</p> <p>Following the agreement to establish a joint Executive Team across the three BLMK CCGs, An Accountable Officer, Patricia Davies and a Chief Finance Officer, Chris Ford have been recruited and will start work on 1 November 2018. The plan at present is to recruit three further Chief Operating Officers who will be aligned to the CCGs.</p>

	<p>Work on scoping out possibilities for cross-CCG governance arrangements is ongoing.</p> <p>Commissioning Intentions</p> <p>A BLMK CCG work to develop single set of Commissioning Intentions for 2019/2020 has been completed (Appendix 2)</p>
13.	<p>The latest monthly brief (September) from BLMK STP can be accessed here: http://blmkstp.co.uk/wp-content/uploads/2018/09/September-18-Bi-Monthly-Brief-BLMK-STP.pdf</p>
	<p>Next Steps</p>
14.	<p>Work will continue to progress the priority areas of the ICS to benefit the population of Central Bedfordshire.</p>
15.	<p>The key priorities for delivery in the Central Bedfordshire 'Place' based implementation plan will be progressed through the Transformation Board.</p>
16.	<p>Bedfordshire CCG and Central Bedfordshire Council leads will work on establishing a strategic framework to support Central Bedfordshire as a 'Place' within the context of the ICS and the emerging CCG Leadership approach.</p>
17.	<p>The Transformation Board will continue to monitor progress on the key projects for the BCF and ICS 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.</p>
<p>Implications for Work Programme</p>	
18.	<p>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.</p>

<p>Reasons for the Action Proposed</p>	
19.	<p>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.</p>
20.	<p>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</p>

	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.
21.	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.
22.	The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.
23.	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	
24.	<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 lead officer for the Bedfordshire, Luton and Milton Keynes Integrated Care System.</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
25.	A Central Bedfordshire Transformation Board has been established. The Board is a sub-group of the Health and Wellbeing Board and oversees the delivery of transformation projects and the BCF Plan on behalf of the HWB.
Financial	
26.	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 ACS position.
27.	As an ACS in 2018/19 the system will need to be managed with a single system based budget, balancing pressures between partners.
28.	In 2017/18 the continued rapid growth in emergency admissions, and A&E attendances, compared to last year, reflects sub-optimal experience for our residents and is creating financial pressure within the system.

Public Sector Equality Duty (PSED)	
29.	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 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.
30.	Are there any risks issues relating Public Sector Equality Duty Yes/No
31.	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

Appendix 1 - Central Bedfordshire Place Based Plan 2018/2019