

# Central Bedfordshire Health and Wellbeing Board

28 October 2020

## Integrated Care System update Bedfordshire, Luton and Milton Keynes

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### Public

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#### Purpose of this report.

1. To update the Health and Wellbeing Board on key developments within the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS).
2. To provide an update on the delivery programme for Integrated Health and Care Hubs.

#### RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

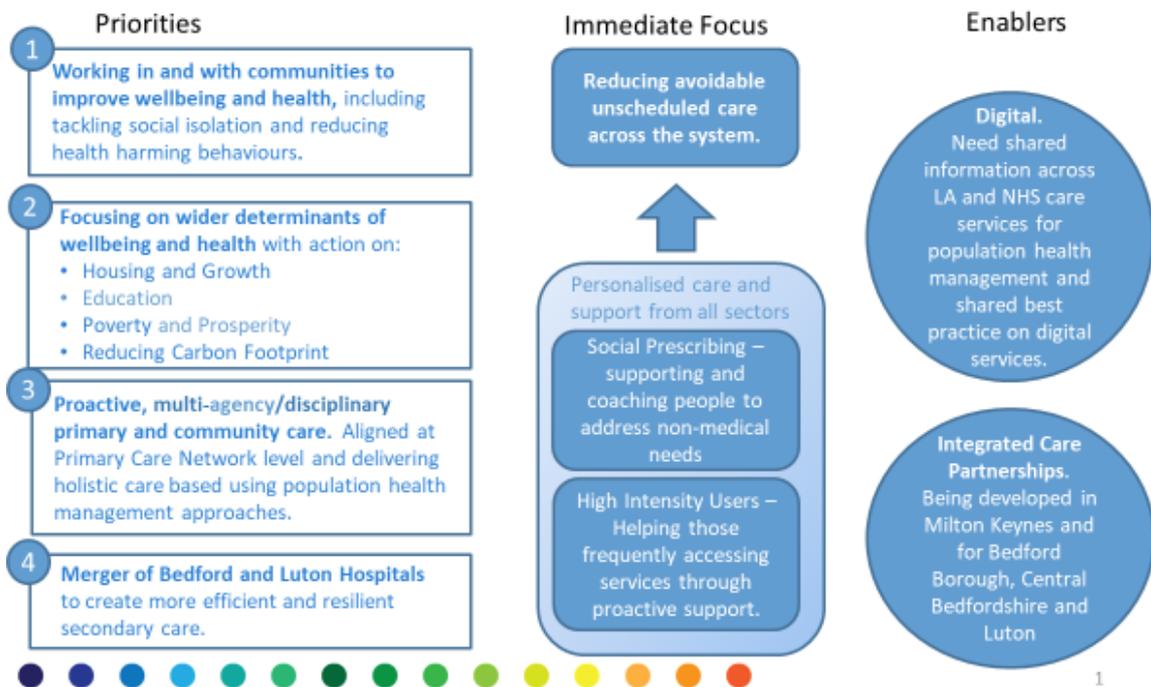
1. **Note the System-wide challenges and response as a result of COVID-19**
2. **Receive an update on developments within BLMK ICS.**
3. **Note progress on the Integrated Health and Care Hubs Programme.**

#### Background

1. Bedfordshire Luton and Milton Keynes (BLMK) is one of the first wave Integrated Care Systems (ICS) in the country. The ICS brings together NHS commissioners, providers and local authorities to meet the needs of their local population.

2. BLMK Integrated Care System has set five priority areas:
  - i. Prevention
  - ii. Primary, Community and Social Care
  - iii. Sustainable Secondary Care
  - iv. Digital Programme
  - v. Systems Integration.
3. The focus of the ICS partnership against these priorities are set out below.

## Our Partnership Focus



4. Progress against these priorities in Central Bedfordshire is monitored by the Transformation Board on behalf of the Health and Wellbeing Board through the Place Based Plan.
5. This report builds on July 2020 update to the Board.

## COVID-19 Pandemic

6. The system-wide partnership response to the Coronavirus (COVID-19) pandemic challenge continues. Health Services are moving into a recovery phase as well as continuing to plan for a surge in the virus and winter pressures. The impact of COVID-19 continues to be felt within the social care sector, particularly with challenges for the adult social care market. Since March 2020, the support for vulnerable people through the Community Hub has included:

- The delivery of 1676 emergency good parcels for 2404 residents
- Financial support to 290 residents
- Prescriptions and medications collected for 382 people
- 165 referrals made to Citizens Advice Bureau
- 132 people referred for more complex support

Although the Hub was called upon much less over the summer months, there are indications that it may well be called upon much more extensively in the foreseeable future as we enter a second wave of infection.

7. ELFT Mental Health Services, through the Bedfordshire Wellbeing Service has put online a range of Covid-19 specific webinars and workshops. The Service also prioritises NHS and Care Home staff referrals.
8. Support of the Voluntary and Community Sector remains a key part of the systemwide response to COVID-19 and has been central to meeting the challenge.
9. Bedfordshire, Luton and Milton Keynes (BLMK) NHS Clinical Commissioning Groups (CCGs) carried out a public survey, in June to find out how the pandemic has affected people's health and well-being, and their personal experience of the way health and care services are being delivered. Results from the survey which concluded on 21 June 2020 will be shared with the ICS, when published.

## **BLMK ICS structural changes**

10. Following the appointment of the independent chair to BLMK, further changes are planned to strengthen the core team with the appointment of a full-time Executive Lead. This is a mandated requirement for all Integrated Care Systems but also takes account of the imminent retirement of Central Bedfordshire's Chief Executive, who has been the Senior Responsible Officer since May 2017.
11. Recruitment is underway and is expected to be completed by the end of September 2020. At a regional level, NHSE/I has appointed a Lead System Director to better co-ordinate the regional team support to each of the STPs and ICSs with the East of England, as NHSE/I moves to a more embedded assurance model. For BLMK, this is Wayne Bartlett-Syree.

## **Recovery Planning across BLMK**

12. Guidance and targets were issued to the NHS organisations on the 31 July 2020 to inform national recovery plans submissions in September: draft plans were submitted on 1 September with final plans due on 21 September. The focus is to return non-Covid health services to near-normal levels, prepare for winter pressures as well as take account of lessons learnt, during Covid including supporting staff and action on inequalities and prevention.

13. The national submission focuses on service demand as reflected in referrals, acute and diagnostics activity, acute bed capacity, and associated ambitions for elective care, cancer, mental health, and learning disabilities and autism.
14. The draft plan for BLMK is projecting that cancer services, hospital outpatients and all diagnostic services, with the exception of endoscopy, will recover to 100% of pre-Covid levels. Elective hospital services are expected to return to circa 90% of pre-Covid levels (in line with the national target) and endoscopy services are projected to be around 70% recovered.
15. The plan also outlines measures put in place to prioritise patients based on clinical need, and communication and monitoring of patients whose planned care was disrupted by Covid.
16. The wider aspects of recovery, encompassing primary care, community services, social care and winter planning will be covered through a locally embedded self-assurance framework requiring regular upward reporting on recovery.
17. Recovery planning is being progressed through the groups established during the pandemic response and brings together health and social care services in order to enable a system-wide response between clinical teams, providers, the CCGs, local authorities and the voluntary sector operating as part of local systems. What is unknown at this stage, is the impact on the recovery of services of a second wave of the virus and the current challenges with the testing programme.

## **Digital update**

18. Through and following Wave 1 of the COVID-19 pandemic, all partner organisations across BLMK embraced new working practices to support residents to receive health and care with staff delivering services remotely and always safely.
19. As this has been undertaken at pace, a review is now underway to consider which practices to embed or accelerate to support new ways of working in health and care delivery.
20. In addition, there is continuing progress to implement the BLMK local health and shared care record across the two health economies, so that service provision within health and care is seamless with secure information available to care professionals at the point of care.
21. Whilst there is a national acknowledgment of the need to support care homes, within BLMK a digitisation programme for care homes was already underway. Much progress has been made to provide secure email addresses for the homes as well as audit of WIFI capability, to support access to health and care services remotely.

22. Currently in Central Bedfordshire, 97% of care homes now have access to a secure NHS email address which will enable them to exchange information directly with health care professionals. Support is being offered to the remaining care homes, including care homes for people with learning disabilities, to ensure that NHS email addresses are used.
23. Access to mobile devices to support virtual consultations is being accelerated to 30% of care homes, ahead of the national support programme.
24. As part of the acceleration programme, BLMK ICS is also fully engaged with the 'think 111' programme, a new NHS system for urgent but not emergency care, which will help route residents to the most appropriate care setting, thereby reducing winter pressures in hospital settings.
25. Formal notification of a successful bid to support residents in domiciliary settings, care homes and with targeted health conditions across our full footprint is currently anticipated.

## **Population Health Management**

26. A Population Health Management Programme, which was paused due to COVID-19, is due to commence. This centrally funded 20-week programme aims to facilitate joint working in systems to develop robust population health management (PHM) capability, to drive local service delivery through Primary Care Networks (PCNs) and the wider community, acute, mental health, social care and third sector partners.
27. Local integrated teams will need to be supported, through risk stratification, to identify key population groups who require targeted, proactive multi-disciplinary support so that they receive sustainable personalised care reflecting their needs. The risk stratification will also identify population groups awaiting elective hospital appointments to consider alternative out of hospital and virtual integrated models of care that could be deployed to support them.

## **Integrated Health and Care Hubs**

28. Work on developing Integrated Health and Care Hubs which was paused in response to system pressures due to COVID-19, has resumed. The system-wide focus on responding to the pandemic has had an impact on the delivery timeline for the hubs. The risk of further delay remains as the health and care system responds to current or future challenges posed by the COVID-19 pandemic.
29. **Chiltern Vale (Dunstable)** A revised schedule of accommodation to reflect new ways of working, as a result of COVID-19 and increasing use of digital consultation systems, has been produced.
30. A full planning application was submitted on 15 June 2020 and is scheduled for consideration at the meeting of Development Management Committee (DMC) on 14 October 2020.

31. Dedicated webpages have been set up to provide updates and a platform for residents to submit their views.  
[www.centralbedfordshire.gov.uk/dunstable-hub](http://www.centralbedfordshire.gov.uk/dunstable-hub)
32. **Ivel Valley (Biggleswade)**. Key providers are now able to engage in the process to develop the service model and a first draft of the schedule of accommodation. Work on the Ivel Valley Hub was paused due to service providers being unavailable whilst they responded to the COVID-19 pandemic.
33. Subject to capacity, work will also commence on developing the service model and schedule of accommodation for **West Mid Beds Hub**.
34. Further work is underway to scope the delivery timeline and dependencies for **the Houghton Regis** and **Leighton Buzzard** hubs.

### **Financial and Risk Implications**

35. A key priority of the ICS is to secure financial sustainability across the BLMK footprint. In the context of the BLMK Five Year Plan, intense work is now taking place on the more detailed operational plan for 2020/21.
36. Funding for two Health and Care hubs has been included in the Council's Capital Programme. The affordability of the revenue implications of the hubs (for potential occupants) will be determined once the detailed costings are available and as the Heads of Terms are negotiated. Other key risks include ensuring enough stakeholder capacity to engage with the programme, while faced with competing priorities; and availability of the capital to deliver the full programme.

### **Legal Implications**

37. There are no direct legal implications from this report.

### **Governance and Delivery Implications**

38. The ICS is led by a Chief Executive Officer Group and has responsibility for ensuring resources are in place to produce the plan. The Chief Executive of this Council is the Senior Responsible Officer for BLMK ICS and is the chair of Central Bedfordshire Transformation Board, a sub-group of the Health and Wellbeing Board.
39. Each local authority area 'Place' in the ICS will also produce a five-year place plan, which will be overseen by their Transformation Board or their equivalent. The priorities of the ICS are consistent with the Health and Wellbeing Board's Health and Wellbeing Strategic priorities.
40. The Hub programme is overseen by the Hub Development Steering Group, comprising directors from BCCG and Central Bedfordshire Council. The Steering Group is supported by a Programme Group comprising colleagues across the Council; in Adult Social Care, Assets, Major Projects, Children Services, strategic and primary care leads from BCCG. Decisions on Council funding will be made through the Council's Executive.

## **Equalities Implications**

41. 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. Consideration of equality implications will be built into the development of the Place Plans and the 5 Year Plan.

## **Sustainability Implications**

42. There are no negative sustainability implications as a result of this report.
43. ICS Programmes and initiatives will take account of Central Bedfordshire's [Central Bedfordshire Sustainability Plan \(2020-2030\)](#) and helps to create multiple benefits for local communities and businesses.
44. The ICS is focused on improving outcomes and the way health and care services are delivered for the local population.
45. The ICS supports the delivery of key infrastructure projects which will benefit residents of Central Bedfordshire.
46. The Integrated Health and Care Hubs Programme brings health and care services closer to where people live. Design and location of the Hubs will have due regard to requirements for accessibility and local connectivity.

## **Implications for Work Programme**

47. The work programme will be developed to ensure that progress on producing and delivering the Place Plan, is effectively monitored.
48. Progress on the Hub Programme will continue to be reported as part of the ICS Update report.

## **Conclusion and next Steps**

49. The Health and Wellbeing Board is asked to note the system update in response to COVID-19.
50. Final Recovery Plans for the Health and Care System is due for submission to NHSE/I due on 21 September.
51. There is continuing progress to implement the BLMK local health and shared care record. In addition, digitisation support to care homes continues with more care homes now using an NHS email address to engage with healthcare professionals.

52. Work on the Hub programme has resumed. A planning application has been submitted for the Dunstable Hub. As a result of the COVID-19 pandemic, the timeline for the overall Hub programme will be reviewed at the next meeting of the Hub Steering Group.
53. The Health and Wellbeing Board will continue to be updated on the work of the ICS and implications for Central Bedfordshire.