BEDFORD BOROUGH COUNCIL

Committee: **Joint Health Overview and Scrutiny Committee - Sustainability and Transformation Partnership**

Date of Meeting: **Monday 10 December 2018**

Time: **4.00pm**

Venue: **Council Chamber, Luton Borough Council, Town Hall, Luton, LU1 2BQ**

A pre-meeting briefing for Members will be held at 3pm in the Council Chamber, Luton Borough Council, Town Hall, Luton, LU1 2BQ

	AGENDA	**Introduced by**
1.	**Election of Chair** *To elect a Chair for the meeting.*	ACE(L&CG)
2.	**Questions** *To consider any questions from members of the public and Members of the Council.*	Chair
3.	**To receive any apologies for absence**	Chair
4.	**Minutes** *To agree the minutes of the informal meeting of the Joint Health Overview and Scrutiny Committee – Sustainability Transformation Partnership held on 3 October 2018 (copy enclosed).*	Chair

5. Disclosure of Local and/or Disclosable Pecuniary Interests — Chair

Members are reminded that where they have a local and/or disclosable pecuniary interest in any business of the Council to be considered at this meeting they must disclose the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent, in accordance with the Council's Code of Conduct.

6. Bedfordshire, Luton and Milton Keynes (BLMK) Local Maternity System Transformation Plans — Representatives of BLMK STP

To receive a summary of the BLMK Transformation Plans in response to a national mandate for change in maternity services locally (copy enclosed).

7. Mental Health Developments in BLMK — Representatives of BLMK STP

This report provides a summary of mental health developments in BLMK, and in particular the delivery of the Five Year Forward View for Mental Health (copy enclosed).

8. General Practice Workforce and Primary Care Networks (Cluster) Update — Representatives from BLMK STP

To receive a summary of the BLMK General Practice Workforce Plan including recruitment trajectories submitted to NHS England, the associated projects and initiatives to support delivery of the plan, including recruitment and retention, and an update of current progress. To consider an update on the development of Primary Care Networks (clusters) further to the paper presented to JHOSC in March 2018 (copy enclosed).

9. Future Work Programme for the JHOSC STP — Chair

i) To consider the future focus of the JHOSC Work Programme and any agenda items for future meetings.

ii) To receive the notes from the JHOSC Chair's Meeting held on 7 November 2018 (copy enclosed)

10. Dates for Future Meetings Chair

i) To note the date of the next meeting of the JHOSC:

- *Tuesday 12 February 2019 at 3.00pm, Milton Keynes Council.*

ii) To approve future dates of JHOSC meetings for 2019/2020.

P J SIMPKINS
Chief Executive

To: **THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP**
(Bedford Borough Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council)

Agenda Contact Officer: Lynn McKenna, Democratic Services Officer
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Date of Issue: 30 November 2018

INFORMATION FOR THE PUBLIC

PURPOSE: This joint committee is appointed under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to carry out specific health scrutiny functions in relation to the Bedfordshire, Luton and Milton Keynes Sustainability Transformation Partnership.

This meeting is open to the public and you are welcome to attend.

For further information, or to see the papers, please contact us at the Town Hall:

IN PERSON, 9 am to 5 pm, Monday to Friday, or

CALL Democratic and Member Services on 01582 547149

An induction loop facility is available for meetings held in Committee Room 3.

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EMERGENCY EVACUATION PROCEDURE COUNCIL CHAMBER

Turn left, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St George's Square.

3 October 2018

Agenda Item 4

For publication

AT MEETING

of the

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE -
SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

held in the Council Chamber, Central Bedfordshire Council, Priory House, Chicksands, Bedfordshire
on the 3rd day of October 2018 at 4.05pm

PRESENT:

Representing Bedford Borough Council:

Councillors Mingay, Rider and Uko

Representing Central Bedfordshire Council:

Councillors Downing, Duckett and Ferguson (substitute for Councillor Hollick)

Representing Luton Borough Council:

Councillors Agbley, Lewis and Pedersen

Representing Milton Keynes Council:

Councillors Bradburn and Minns

Representing Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership

Richard Carr, Sustainability and Transformation Partnership CEO Lead
Emma Goddard, BLMK STP

Also Present:

3 member(s) of the public.

Apologies for absence were received from Councillor Hollick, Central Bedfordshire Council and Cllr Jenkins, Milton Keynes Council.

1. ELECTION OF CHAIR

RESOLVED:

That Councillor Downing be elected Chair for the meeting.

2. QUESTIONS

There were no questions from members of the public or Members of the respective Councils.

3. MINUTES

RESOLVED:

That the Minutes of the adjourned meeting of the Joint Health Overview & Scrutiny Committee held on 16 July 2018 be received.

4. DISCLOSURE OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS

Councillor Duckett, Central Bedfordshire Council declared an interest in due to his employment at a Caring Company in Central Bedfordshire as a domiciliary carer.

5. ROLE OF THE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Richard Carr, Senior Responsible Officer (SRO) for the Bedfordshire, Luton and Milton Keynes Integrated Care System, was in attendance for the meeting and provided an overview of the objectives of the Sustainable Transformation Partnership and the progress made to date on the Partnership's Strategy. The following key areas were covered:

The overview of the partnership:

- What are integrated care systems
    - An NHS led process
    - Voluntary partnerships but not legal entities
    - A response to a highly fragmented system. This was explained that due to the reduced funds available the STP aimed to move away from a highly fragmented system so that a more place based approach was developed.
    - An NHS version of a place based approach?
    - Some recognition of the interdependency between Health and Social Care / wider Council services. This was explained that the role councils play goes beyond social care elements but also links to housing provision and the impact of this on social care.

- What is the STP trying to achieve?
    - At its simplest, address the triple aims, money, the clinical challenge and health inequalities
    - More broadly, reduce the over reliance on acute services, strengthen out of hospital services challenge clinical inefficiently. It was noted that the impact of 25% of GPs reaching retirement age in the next 5 years and the development and challenges of delivery should be taken into consideration to avoid increased pressures on the health service. The Committee was advised that to reduce pressure on A&E departments, particularly in winter months, was complex and not straightforward to divert people to GPs. There was a significant proportion of people who GPs see that do not require medical intervention so the issue of clinical inefficiency needed to be addressed to reduce pressure on GPs and to look as a whole how the population and their needs can be supported.
    - Overcome fragmentation and promote greater integration between health and social care

- Drivers of Health and Care Demand were:
    - Social and Economic Environment – 50%
    - Health Care System – 25%
    - Biology / genetic endowment – 15%

  - Physical environment – 10%

- Current Health Resource Allocation was reported to the Committee

- Local Context - the SRO outlined the local context in respect of population growth, the evidence that showed hospital emergency demand was rising, workforce issues and a £335m gap in finance by 2020/21.

- Health Inequalities in BLMK in respect of life expectancies and poor outcomes for certain conditions were reported

- Care closer to home - it was explained that there was a need to reduce the dependency of residents on hospitals and demand on GPs for non medical needs through prevention and to create hubs with multi disciplinary teams and encourage more opportunities for social prescribing.

- The five priorities of the STP were:
  - Prevention
  - Primary, Social and Community Care
  - Sustainable Secondary Care
  - Digital
  - System re-engineering

In response to members' questions, the Senior Responsible Officer explained that the relationships between GP Services and patients needed to be developed in the context of seeking improved communication channels which result in a more efficient service eg. telephone consultation and increased digital access for patients; but still having respect for the different needs of communities.

The Committee was advised that the STP was not a legal entity so it cannot direct as normal conventional entity and therefore the need for increased alignment and a need to inform national thinking. There is a need to review management costs and consider how management overhead can be reduced. It was explained that references to Hubs did not necessarily link to buildings but rather communities and the health care provision within a community.

The Senior Responsible Officer advised that changes in health care provision was not being considered in relation to privatisation but trying to achieve a cultural change in how clinical support is delivered and the mindset of how patients seek health care. The

STP was encouraging the use of residents / patients stories to try to illustrate experiences and how it could be different. This included the use of examples of how changes are being made across the country. The cost of the STP to the NHS was the cost of the programme office which unlocked transformational monies and provided a strategy on investment into infrastructure and frontline change.

The SRO confirmed that the geography for the STP was determined by NHS England which was influenced by hospital catchment areas. There was no formal process to re-evaluate the current structure. Committee were advised that colleagues in partner councils and neighbouring STPs were exploring working with others but at the time of the meeting there was no formal process in place to change the geography of the STP, but it was anticipated that if the NHS did change the geography the STP was likely to increase in size rather than reduce. It was noted that there were significant housing and economic growth issues in certain areas of the partnership which were likely to have an impact on health provision and planning for growth was a priority. Discussions were ongoing with the Chief Executives of the 15 bodies involved in the STP in respect of the quantum and the distribution of growth across the STP area.

The SRO advised that the STP recognised that the JHOSC had statutory responsibilities and it would be happy to work with the Committee to have more direct contact with members to develop a work programme. There was an emphasis on place based focus which was to help bring things together and use the local power and intelligence of elected members.

Cllr Bradburn, Milton Keynes Council left the meeting at 5.20pm

The SRO explained that GPs were independent providers so to develop and deploy the use of new technology to help streamline and increase efficiency there was a need to demonstrate benefits and work closely with relevant colleagues to bring together existing systems.

The SRO responded to a member's question in relation to the availability of social prescribing and it was explained that the STP was trying to orchestrate change and in particular consider resource pressures but to also encourage increased creativity to deliver services and a way to collaborate more to learn from others and channel improved processes.

The Chair concluded the item and suggested that the information provided had given a better understanding of the STP and the approaches being taken.

RESOLVED:

i) That the content of the presentation on the development of the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership be noted.

ii) That the future geography of the STP be noted.

iii) That the content of the report on the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership Governance and Accountability Arrangements be noted.

6. BEDFORDSHIRE, LUTON AND MILTON KEYNES SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (BLMK STP) SINGLE SYSTEM OPERATING PLAN 2018/2019

Emma Goddard, Programme Director for BLMK STP was in attendance to answer any questions in relation to the report presented to members on the Single System Operating Plan 2018/2019. The Single System Operating Plan had been produced in response to the NHSE planning guidance published in February 2018. As a wave one 'shadow' Integrated Care System, BLMK had produced a Single System Operating Plan for 2018/19 which captured the shared transformation programme across the 15 organisations and GP partners, and outlined the BLMK system priorities and approach. It described the STP system aligned assumptions on income, expenditure, activity and workforce across commissioners and providers. The SRO added that the plan contained an ambitious programme and encouraged the JHOSC to explore the plan for any areas it may wish to focus on and scrutinise further.

Members raised the need to scrutinise in more detail financial aspects of the plan, the need for a timeline to monitor progress and a specific area of interest was BLMK's approach to Mental Health provision at scale and at place.

The Programme Director advised that in relation to the quantum of issues raised in the Plan, she would report back to the committee on population analytics and the financial elements attached to this.

7. WORK PROGRAME FOR THE JHOSC STP

i) Notes from the JHOSC Chairs' Meeting held on 19 September 2018

The Chair sought Committee agreement that this item be brought forward on the agenda and was discussed prior to consideration of the SRO's presentation and the report on the Single System Operating Plan. It was explained that the Chairs of the JHOSC were keen to focus on the five priorities as outlined in the Terms of Reference of Committee and as listed in the notes of the Chairs meeting. It was important to understand the structure of the STP and that the committee take better ownership of scrutinising the work of the STP. There was considered a need to set strong scrutiny foundations in place ready for post local elections next year.

RESOLVED:

i) That the Terms of Reference of JHOSC be circulated to members after the meeting; and

ii) That future chairs meetings work more closely with STP colleagues.

ii) Work Programme for 2018/19

It was agreed that another JHOSC Chairs meeting was to be arranged prior to the next JHOSC meeting in December to encourage a continuity of working more closely together and to develop the Committee work programme. The key areas to be included on the JHOSC Work Programme were:

- **Local Maternity System** – locality what has been done and what needs to be done
- **Mental Health Five Year Forward View** – to provide more detail on progress with delivering these areas of service
- **Finance** – source of funding and how it is being used
- **Workforce planning** - Brexit impact – longevity of GP clusters
- **Timelines** to understand the anticipated progress against the workstreams

The SRO agreed to develop a timeline to report back to the Committee and to include workforce planning issues. The SRO asked the Chair if it would be helpful for relevant officers and professionals to be invited to future meetings of the STP to assist with informing the Committee on progress on key areas.

8. DATE OF NEXT MEETING

RESOLVED:

That it be noted that the next meeting of the JHOSC will be held on Monday 10 December 2018 in the Council Chamber at Luton Borough Council at 3pm.

The meeting closed at 6.03pm.

Agenda Item 6

For publication

Meeting title	**JHOSC**	**Date: 10th December 2018**
Report title:	**BLMK Local Maternity System (LMS) Transformation Plans**	**Agenda item:**
SRO **Lead**	**Name: David Foord** **Name: Hannah Pugliese**	**Title: Director of Quality, Luton CCG** **Title:Senior Children's Commissioner & LMS Programme Manager, MK CCG**

Report summary	In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England which would see maternity services become safer, more personalised, kinder, professional and family friendly. Better Births recognised that such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels. This report summarises the BLMK Transformation Plans in response to this national mandate for change in maternity services locally.		
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**Note** [ ] **Decision** [x]
Recommendation			

1. BLMK LMS Transformation Plan

The BLMK LMS Transformation Plan comprises the narrative plan, trajectories associated with Key Lines of Enquiry, Plan on a Page and detailed implementation plan[1] and has been developed in response to the publication of Better Births (2016).

1.1 National Context

In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England which would see maternity services become safer, more personalised, kinder, professional and more family friendly. Better Births recognised that such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels.

1.2 Local Context

BLMK LMS was established, in March 2017, as a local partnership, providing the leadership and transformation required to develop a local plan for the implementation of the Better Births vision across the BLMK Sustainability and Transformation Plan (STP) footprint. Milton Keynes CCG is the lead organisation for the BLMK LMS programme. David Foord, Director of Quality, Luton CCG, is Senior Responsible Owner (SRO) and the programme team is based in Milton Keynes CCG.

The plan has been developed within the context of a pending outcome from the Secondary Care Services Transformation Board about the proposed future configuration of clinical services including maternity services. This critical interface has informed the governance arrangements for the programme. Consideration will also need to be given to the potential impact, risks and issues of the merger between Bedford and Luton & Dunstable Hospitals

[1] Detailed plans are available from the LMS Programme Management Team based at MKCCG

(announced September 2017). These will be managed and mitigated through the programme governance arrangements.

BLMK LMS, led by senior representatives from the three acute trusts as well as a wide range of partner organisations, has set out an ambitious but realistic and sustainable plan for delivering maternity services differently in the future. It provides the leadership required to develop and implement a plan that will ensure that women and their babies can access seamlessly the right care, in the right place, at the right time.

1.3 Progress and current position

The development of the plan continues to be an iterative process, as it requires the bringing together of three areas, who have not historically worked together before, to deliver safe and sustainable, joined up maternity services. This is challenging and complex work that requires huge commitment from partners across the STP.
A first draft narrative was submitted to NHSE on 28th September 2017 with a second version on the 31st October 2017. A number of submissions focussing on specific aspects of the plan have been required by NHSE since then, along with regular highlight reports.

2. The Vision

'To deliver seamless, system wide maternity care with comparable high standards across the Local Maternity System which is co-produced with service users offering choice, safe, kind and personalised care provided in the right place to improve user experience'

This is the co-produced local vision for maternity services across BLMK. The LMS programme is a realistic and sustainable transformation plan which aims to embed this ambitious vision and build on existing work across BLMK, to improve the experience of women before, during and after their pregnancies.

Safety is the golden thread running through the Maternity Transformation Programme, which aims to drive improvement in our maternity services. Improving women's experiences of care, and ensuring a highly trained maternity workforce and making better use of data, will all make a significant contribution to safer maternity services.

BLMK LMS envisages maternity services that deliver standardised care in line with a fully implemented Saving Babies Lives Care Bundle and where the majority women report that they have experienced care has been personalised to them. They will have choice and are able to access midwifery led care (wherever this is safe and realistic) for the birth of their baby. This pathway of care will be supported by a small team of midwives wherever possible as part of a continuity of carer model.

3. Co-Production, Communication and Engagement

3.1 Have your baby your way

We believe that women, their partners and birth partners should be in the driving seat when it comes to pregnancy, labour, birth and post birth care. That's why we're working together to improve maternity services in our area.

As part of the national 'Better Births' programme, we want to change how we approach maternity care so that we are more open and inclusive, integrate our services so they're easier for women to access and work with local people as part of a team, so we know the services we provide are right for the communities we serve.

3.2 We're listening

In January this year, went out to Children's Centres in Bedfordshire, Luton and Milton Keynes, and conducted an online survey, so we could find out more about the experiences women have of maternity services in our area.

Over three months, we listened to 900 women and asked about everything from the experience they had with their GP to the hospital and in the community. This helped us to spot the similarities across the area and identify areas of best practice that we can learn from.

The findings of the survey will also provide a benchmark, and help us to deliver an action plan for improvement which we can monitor as the Local Maternity System plan is delivered.

3.3 What are we doing?

The Local Maternity Plan focuses nine work streams, which include:

- Prevention
- Neonatal care
- Perinatal Mental Health
- Quality
- Workforce and culture
- Community Hubs and Estates
- Finance
- Commissioning for outcomes
- Digital

Each work stream is focused on improving the services we provide and introducing new ones, so that we can improve the experience of women and families in our area.
To make sure that the services we provide reflect the wishes of local people, we have set up a co-production steering group, which is made up of women, birth workers and clinicians from across Bedfordshire, Luton and Milton Keynes. The group has the opportunity to review all of the work streams and use their experiences to make recommendations and shape services, to improve the experience of women in the future.

3.4 Co-production Steering Group

The Co-Production Steering Group is a group made up of public representatives, clinicians, childbirth groups, mental health groups, hospitals, disability groups and Healthwatch from across Bedfordshire, Luton and Milton Keynes. It is responsible for scrutinising plans and providing recommendations to shape services, the group is focused on ensuring that women can access the same standard of care wherever they live.

The Group reports into the Operational Board for the Local Maternity Services programme, and meets quarterly.

3.5 Maternity Voice Partnerships

Attached to the Co-Production Steering Group are three Maternity Voice Partnerships:

- Bedfordshire Maternity Voice Partnership
- Luton Maternity Voice Partnership and;
- Maternity MK.

Run exclusively by volunteers and attended by community and hospital based midwives, obstetricians and commissioners, the Partnerships ensure that the voices and experiences of women are listened to and used to affect change.

4. Our principles

In line with Better Births BLMK LMS is working to a set of principles on which future BLMK maternity services are to be based. These are summarised below.

Improve the safety of maternity services, ensuring that:

- Standardised care is delivered in line with a fully implemented Saving Babies Lives Care Bundle; is compliant with recommendations in Each Baby Counts, Action on Neonatal Mortality, the Neonatal Critical Care Review (NCCR) and is in accordance with NICE guidelines
- Rates of still birth, neonatal death, maternal death and brain injury during birth are halved by 2025
- There is transparency of reporting for serious incidents
- There is a joint panel established that ensures external review of incidents

Services will be co-produced and developed with women and their families

- As outlined in section 3 above

Create a joined-up approach to workforce planning that will ensure services:

- Are delivered by staff who are focussed on the principles set out in better births – ***continuity of carer, personalisation and safety***
- Involve their staff in joined up training and education and share good practice
- Are adequately staffed to deliver safe and high quality neonatal care

Develop and implement standardised pathways to:

- Increase women's choice and access to midwifery led care and births and ensure continuity of carer
- More effectively target groups of high risk women, especially in the areas of hypertension, obesity, diabetes, mental health and those with complex needs
- Support provision of high quality neonatal care as close to home as possible, in the nearest appropriate centre

Improve choice and personalisation of maternity services so that by 2020/21:

- All women have a personalised care plan
- All women report that they have choice & have experienced personalised care

Improve the provision of perinatal mental health services to ensure that:

- There are local specialist perinatal mental health services is a priority across the STP

5. Transformation funding

For 2018-19 BLMK LMS has been allocated a total of £458k Transformation funds to support delivery of the plans. We are using this funding to target priority areas within the plan and to increase the capacity across the system to enable delivery. Funding has been allocated to the following key areas:

- The remuneration of service user involvement in the programme
- The appointment of the Clinical Lead Midwife (0.6 WTE, Band 8A) essential to supporting the Heads of Midwifery (HoMs) to deliver on their workstreams
- The appointment of a backfill post to the MKCCG Children's Commissioning Team (1 WTE 8A) essential to release the children's commissioners to manage the LMS programme
- 1 year funding for 3 WTE Band 7 project managers (one for each acute trust)
- Appointment of a Band 7 WTE Public Health Midwife to support prevention agenda across LMS
- Continuity of Carer- workforce planning and estate (3 months funding)
- Continuity of Carer- pilot set up costs
- Scoping a digital solution for Personalised Care Planning (3 months funding)
- Creating & populating a single LMS dashboard (3 months funding) for monitoring

We have received notification that there is likely to be an allocation of further transformation funds for 2018-19 but we await confirmation of this.

6. Risk

Programme risks have been identified and are reassessed on a regular basis. The top three risks at this time are:

Risk	Mitigation/Action
Continuity of Carer: BLMK LMS is starting from a very low baseline towards the trajectory for Continuity of Carer which means the trajectory set by NHSE (20% of all women booked by 2019 will receive CoC) may not be achieved and women will not receive the benefits of CoC as outlined in Better births.	• Pilot schemes being developed which will achieve trajectories • Interim workforce and finance leads appointed to carry out focussed work assessing workforce requirements and costs in relation to achieving CoC trajectories
Finance: The financial implications of the LMS Transformation Plans are not yet fully detailed the LMS is unable to address all the points required by the Regional Finance Team resulting in an incomplete financial case for change and assessment of financial implications	• Strengthening of financial governance by establishing: - Finance Sub-group with workplan for key activity - Dedicated financial support - Dialogue with NHSE • CCG Deputy Chief Financial Officer overseeing the development of financial plan. • Workplan progressing well and according to timeline
Programme management: Changes in a number senior leadership roles combined with capacity issues within the LMS means that there may be a loss of momentum and direction and connection with wider STP programme will be reduced.	• Contingency planning- ensure lines of communication are clear • Succession plans to be confirmed • Effective use of transformation funds to support delivery

7. Recommendation

The Joint Health Oversight Committee is asked to note the contents of this report and advise regarding future reporting requirements.

Agenda Item 7

For publication

Meeting title	**JHOSC**	**Date: 10/12/18**
Report title:	**Mental Health Developments in BLMK**	**Agenda item:**
SRO **Lead**	**Name: Navina Evans** **Name: Richard Fradgley** **Report completed by Michael Farrington**	**Title: CEO, ELFT** **Title: Director of Integration** **BLMK ICS Mental Health Improvement Manager**

Report summary	This report provides a summary of mental health developments in BLMK and in particular the delivery of the Five Year Forward View for Mental Health			
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [x]	**Decision** [ ]
Recommendation				

1. Purpose of the Report

The JHOSC received an update on the Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS) mental health programme on the 26/03/2018. Significant progress in a number of areas has since been made, which this report provides further update on. The JHOSC in particular requested an update on progress with funding applications, which this report details.

2. Background

Mental health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence. One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK. Therefore, our BLMK ICS mental health programme aims to improve mental health care, support and treatment for all our residents across Bedfordshire, Luton and Milton Keynes, with a clear focus on making a real difference to our resident's health and wellbeing.

The BLMK ICS partners have agreed that improving mental health services is a key priority for the ICS. As a first wave ICS, the ICS partners have committed in our Memorandum of Understanding with NHS England and NHS Improvement to make fast and tangible progress with improving mental health services.

An ICS BLMK Mental Health Programme Board is in place, comprising of key partners including the two secondary care mental health providers, ELFT for Bedford, Central Bedfordshire and Luton, and CNWL for Milton Keynes, with Bedfordshire,

Luton and Milton Keynes commissioners, Local Authority and Public Health colleagues. The programme vision is as follows:

Bedfordshire, Luton and Milton Keynes health and care partners will work together to help people and communities to build resilience, and to support people with mental health problems and their families to achieve their health and life goals through good quality person-centred services.

To do so, we will ensure that mental health is at the heart of the development of our care system, with sustainable mental health providers working together with primary, secondary and social care partners to develop integrated whole person services and deliver the Five Year Forward View for Mental Health and General Practice.

The programme has developed a plan, with a particular focus on the Five Year Forward View delivery but there is also a focus on developing mental health support, care and treatment organised around local communities and in particular to be built around Primary Care Networks.

In the November Budget, the government announced that £2bn of the £10bn proposed settlement for the NHS would be ear-marked for mental health. It is anticipated that the NHS 10 year plan will be published in December, and that it will include high level proposals on how new monies for mental health may be deployed, with a likely focus on community services.

2.1 Current position on the Five Year Forward View for Mental Health

The current position with the delivery of the national mental health strategy, the Five Year Forward View for Mental Health is as follows:

CHILDREN AND YOUNG PEOPLE

e.g. By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

In BLMK there is a continued focus on meeting the percentage access and treatment rate for children and young people. In Luton, there is currently support being provided from NHS England to assist with this expansion of access to treatment for children and young people.

Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans (LTPs) aligned to STPs

Local Transformation Plans to transform children and young people's mental health services have been refreshed and aligned across the Bedfordshire, Luton and Milton Keynes ICS area.

Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patients

receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.

Bedfordshire, Luton and Milton Keynes have dedicated community-based eating disorder teams which have been making progress towards delivering the eating disorder referral to treatment standards. There is a BLMK Eating Disorders Task and Finish Group which is reviewing the eating disorder pathway and current service provision.

Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.

The Mental Health Programme is currently working with NHS England Specialised Commissioning and current providers to determine options for improving access to inpatient care for children and young people.

PERINATAL MENTAL HEALTH

e.g. By 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

A recent BLMK ICS bid for national funding has been successful and a specialist community perinatal mental health service is being established in Bedfordshire and Luton and there is the enhancement of the existing service in Milton Keynes. Most of the new Bedfordshire and Luton Team is now in place with the service due to commence shortly. This is a significant development in improving better access and outcomes for women with mental health problems who are about to or have given birth.

COMMON MENTAL HEALTH

e.g. By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people (or 1.5 million) with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare. As part of this expansion, 3,000 new mental health therapists will be co-located in primary care, as set out in the General Practice Forward View. In parallel, we will maintain and develop quality in services; including meeting existing access and recovery standards so that 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group.

All Improving Access to Psychological Therapies (IAPT) Services across Bedfordshire, Luton and Milton Keynes are continuing to focus on meeting the access rate, recovery rate and waiting times for treatment. 19% of people with common mental health problems are expected to receive treatment in 2018/19, achieving a 50% recovery rate. Luton IAPT (Total Wellbeing) are continuing to focus on recruitment to assist with the delivery of the access and recovery rate and they

have been focusing on reducing inherited waiting lists. Luton CCG have also been having regular meetings with the provider to ensure that mobilisation is progressing.

On the 24/09/18 a BLMK ICS improving access to psychological therapies (IAPT) for people with long-term physical health conditions and medically unexplained symptoms event was held and work is being undertaken to develop integrated IAPT-Long Term Conditions (LTC) services being delivered in primary care as follows:

Bedfordshire IAPT is primarily focussing on diabetes and respiratory illness.

Milton Keynes IAPT is currently in the very early stages of developing the IAPT-LTC pathway. So far, it has been decided that the long term conditions that will be focussed on initially will be diabetes and respiratory illness.

Luton IAPT are planning to meet with others in the Luton Community Services building as a form of steering group to progress IAPT LTC for diabetes.

Early Intervention in Psychosis

e.g Ensure that 53% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks and that in 2018/19 all services are at level 2 and at least 25% of services are at level 3 of the Early Intervention in Psychosis Network CCQI Self-assessment audit

All areas within BLMK have been focusing on meeting the 53% of patients requiring early intervention for psychosis receiving NICE concordant care within two weeks and with achieving the required level of the Early Intervention in Psychosis Network CCQI Self-assessment audit. A whole system quality improvement visit has been organised by the East of England Clinical Network to support Bedfordshire and Lutons Early Intervention in Psychosis Service with developing the service.

Liaison Mental Health

Continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in nearly 50% of acute hospitals subject to hospitals being able to successfully recruit.

All hospitals in BLMK currently have liaison psychiatry services in place, with further work underway to ensure that all acute hospitals within the BLMK STP continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults.

Inappropriate Out of Area Placements

Support delivery of STP-level plans to reduce all inappropriate adult acute out of area placements by 2020/21. Review all patients who are placed out of area to ensure that they have an appropriate package of care

There continues to be comparatively very low numbers of adults with mental health problems placed in acute beds out of the BLMK area.

Adult Crisis Care

e.g. Increase investment for Crisis Resolution and Home Treatment Teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21.

Work is being carried out to take forward new models of care and the development of crisis support for children and young people, adults and older people. This includes looking at a range of crisis support options such as crisis cafes, crisis houses and serenity integrated mentoring. Luton's mental health transformation design group have agreed to prioritise urgent/crisis response for re-design, using collaborative leadership and co-production principles. Luton is part of the Living Well UK Big Lottery-funded programme, led by the Innovation Unit.

Physical Health & Severe Mental Illness

e.g. Deliver annual physical health checks and interventions, in line with guidance, to at least 280,000 people with a severe mental health illness (or 60% of those on the SMI register)

On the 20/07/18 an ICS Bedfordshire, Luton and Milton Keynes improving physical health for people with severe mental illness in primary care and secondary care event was held to raise awareness of this area and to take forward this priority. The BLMK ICS has formed a workstream to oversee the development of an options appraisal for delivery and developing a model for local enhanced services.

Individual Placement & Support

e.g. Provide a 25% increase nationally on 2017/18 baseline in access to Individual Placement and Support services

Following a successful bid for funding, there has been the expansion of Individual Placement and Support across Bedfordshire and some coverage in Luton. A BLMK IPS Employment Steering Group Meeting is in place to support with the development of Individual Placement and Support. A funding bid has been submitted for possible Wave 2 funding to potentially expand the service in Luton and to set up a new service in Milton Keynes.

Dementia Diagnosis

e.g. Maintain the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care

Luton and Milton Keynes are meeting national requirements for 67% of people with dementia to have a diagnosis recorded in primary care. NHS England has been providing support to improve the dementia diagnosis rate in Bedfordshire. On the 27/11/2018 a Dementia Training Event was held for GP's and Nurses which was attended by the National Lead for Dementia, Professor Alistair Burns. There has been a review of post-diagnostic care and support through the completion of the

dementia post diagnosis support: CCG self-assessment tool and a BLMK Workshop has been arranged for the 03/12/18 to take forward areas for development.

Suicide Reduction

e.g. Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicide rate by 2020/21.

On the 10/09/18 an STP BLMK Mental Health Prevention Concordat Learning Event was held to share the multi-agency suicide prevention plans and work is continuing regarding suicide prevention. An ICS-wide conversation was held in preparation for possible funding allocations in 2019/20.

Finance

e.g. Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.

All CCGs have met the requirement to invest the equivalent of at least their overall uplift into mental health during 2018/19. Work is being carried out to develop an ICS mental health investment plan identifying costs of full Five Year Forward View delivery through to 2021 and including investment requirement, return on investment through integrated care and innovation.

Workforce

e.g. Deliver their contribution of the mental health workforce expansion as set out in the HEE workforce plan, support by STP-level plans. This notably involves: supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services, which will release 1,500 mental health therapists to work in primary care; an expansion in the capacity and capability of the children and young people's workforce building towards 1,700 new staff and 3,400 existing staff trained to deliver evidence based interventions by 2020/21.

The BLMK workforce plan was submitted to Health Education England and analysis indicates that there is a significant vacancy rate across the two Trusts. In Bedfordshire, Luton and Milton Keynes there is on-going work to improve the sustainability of the current workforce by improving the wellbeing, morale, retention and career development. On the 07/09/18 a BLMK workforce meeting was held with Health Education England to discuss the BLMK workplan as part of the Five Year Forward View for Mental Health and on the 13/09/18 a BLMK Workforce meeting was held to take forward the actions that had been identified from the meeting with Health Education England.

2.2 Options considered

Not applicable.

2.3 Engagement Process

To deliver the mental health programme, co-production with service users and carers to support with the development of services is being taken forward. For example, service user and carer events are being planned to assist with the setting up of the Perinatal Mental Health Service in Bedfordshire and Luton and the expansion of the service in Milton Keynes. There is also going to be patient and carer involvement in the development of crisis support for adults and older people. There has also been the involvement of children and young people as part of NHS England's support of improving the access and treatment rate for children and young people in Luton.

2.4 Key deliverables

See above

3. Recommendation

The JOHSC is asked to receive and comment on this report.

Agenda Item 8

For publication

Meeting title	JHOSC	Date: 10 December 2018
Report title:	General Practice Workforce and Primary Care Networks (Cluster) Update	Agenda item:
SRO Lead	Name: Alison Lathwell Mike Thompson Susi Clarke	Title: BLMK Workforce Programme Lead BLMK Priority 2 Programme Lead Primary Care Workforce Development Programme Manager

Report summary				
Purpose *(tick one box only)*	Information [x]	Approval [ ]	To note [x]	Decision [ ]
Recommendation	**The committee is asked to note the updates provided in the report**			

1. Purpose of the Report

This report provides;

- A summary of the BLMK General Practice Workforce Plan including recruitment trajectories submitted to NHS England, the associated projects and initiatives to support delivery of the plan, including recruitment and retention, and an update of current progress

- An update on the development of Primary Care Networks (clusters) further to the paper presented to JHOSC in March 18.

2. Background

2.1 National and Local Context

The challenges facing the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS) within General Practice are not dissimilar to the national picture. Recruitment and retention challenges for GPs and the wider primary care workforce are requiring us to think differently about how we build teams and staff which will stabilise, sustain and transform our future workforce.

The future vision for primary, community and social care across BLMK is predicated on a strengthened, primary care led, integrated out of hospital. A standardised approach to care co-ordination and an invigorated approach to self-care, self-management and the use of social capital and prescribing are core elements of this and BLMK have adopted *Primary Care Home* as its out of hospital care model.

The terms Primary Care Home, Primary Care Networks, Clusters and Neighbourhoods are all used nationally to describe the model and are for the most part interchangeable. For the purposes of this paper the label used to describe the groups of practices and wider teams serving this population is 'clusters'. (The term 'hub' refers to physical facilities).

Our General Practice Workforce Plan and Development programme covers a range of new roles and ways of working, recruitment and retention and education, training and development initiatives that address these workforce challenges. The national aim for primary care, developed through the Five Year Forward View is to;

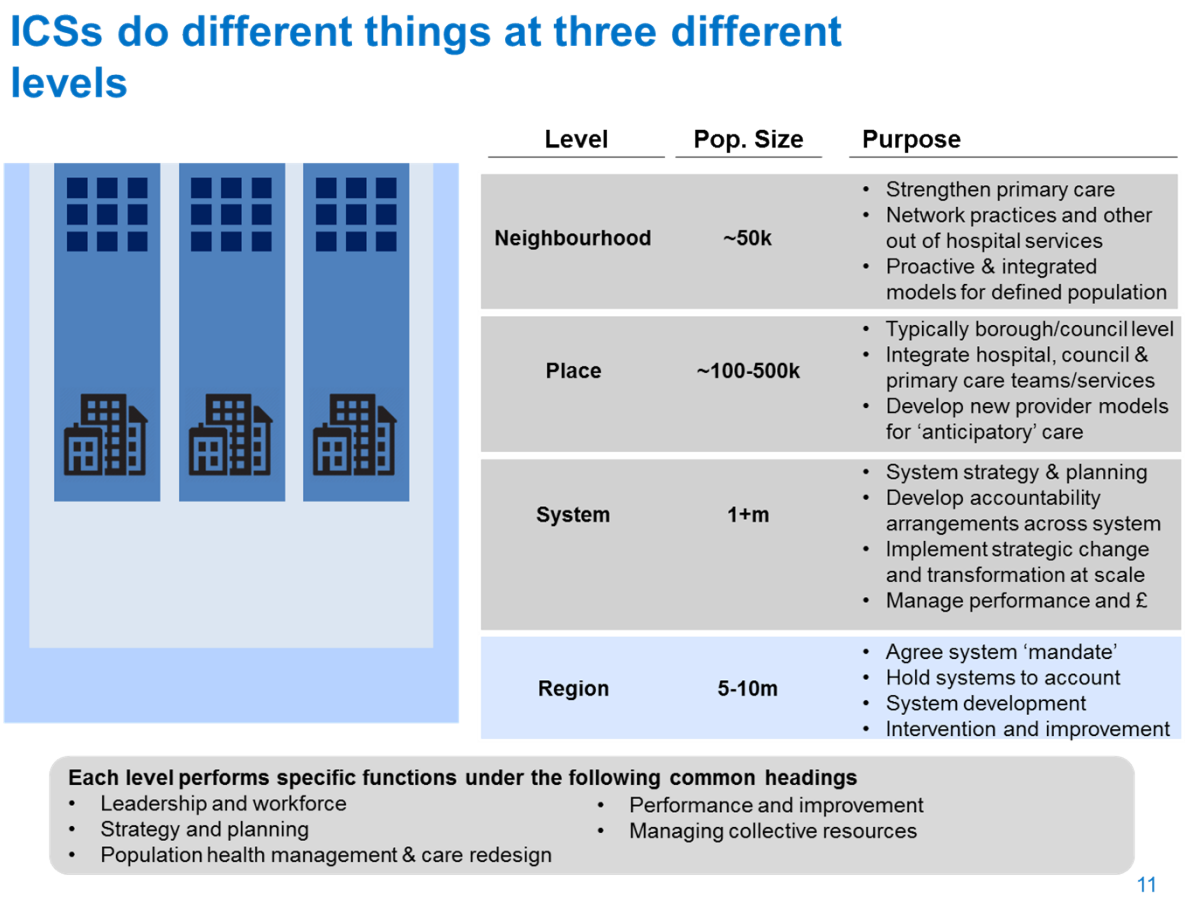
"Catalyse the formation of Primary Care Networks (PCNs) that;

- Serve a registered population of at least 30-50,000
- are beginning to share workforce, infrastructure and to pool responsibility for urgent care and extended access
- Are demonstrably moving towards integrated, multidisciplinary teams together with local community, mental health and social care providers.
- Offer an attractive career model and working environment for new GPs as well as incentives for existing GPs to continue to practising
- Analyse and segment their population to identify people at risk of becoming seriously ill or requiring hospitalisation and take proactive action to prevent this. The most advanced practices may test ways of sharing risk and rewards with hospitals
- Deploy capital and premises investments to support team based and proactive care as well as to invest in additional facilities (e.g. diagnostics) that expand services provided out of hospital.

The development of the clusters is a key element of the 'triple tier' model of Integrated Care Systems. That is;

1. Primary Network / Cluster / Neighbourhood
2. Place
3. System

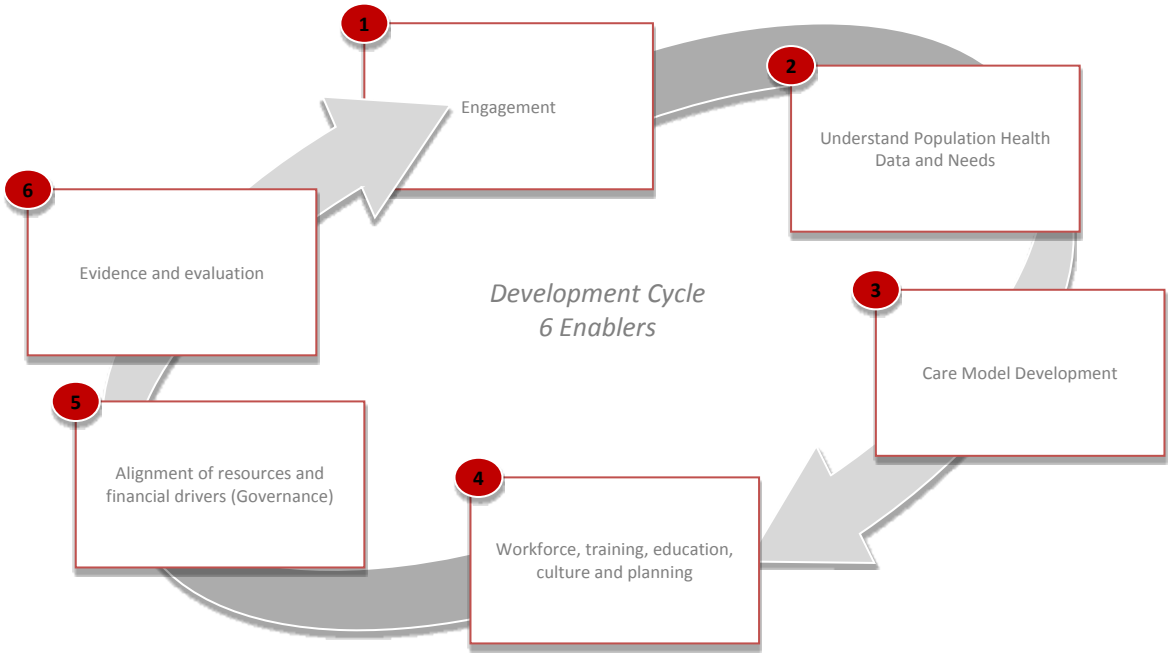
Figure 1 NHSE Integrated Care Systems



2.1.1 The National Association of Primary Care (NAPC) Programme

The National Association of Primary Care has been promoting the Primary Care Home model for a number of years. In December 17 it was agreed that NAPC would be commissioned to design a programme to implement the model to all BLMK clusters (20) over a 12-18 month period. This has been funded 50% each by local transformation funding and by NHS England (as a result of their belief that this system's plans for primary care are advanced and wished to encourage and support our development). The programme was launched at events on 19 and 26 April. It operates in a cycle as below.

Figure 2 NAPC improvement cycle



Building the energy, commitment and capability

2.1.2 Benefits of the New Model of Care

The expectations are that patients and residents should experience:

- Joined up services, where everyone they engage with knows about previous interactions
- Access to a wider range of professionals and diagnostics in the community, so they can get access to the people and services they need in a single appointment
- Different ways of getting advice and treatment, including digital, telephone based and physical services, matched to their individual needs.
- Shorter waiting times, with appointments at a time that work around their lives
- Greater involvement, when they want it, in decisions about their care
- An increased focus on prevention and helping people to take charge of their own health, enabling them to stay out of hospital

The experiences of the national Primary Care Home and 'Vanguard' sites have shown improvements in;

- Patient experience
- Reductions in waiting times e.g. to see a GP
- Staff satisfaction
- Recruitment and retention
- Reductions in referrals, A&E attendances and admissions to hospital
- Reductions in length of stay

2.2 Ambition

The model described above is underpinned by an enhanced General Practice offer, which is supported by a health and social care integrated multidisciplinary workforce.

This will be delivered through new ways of working within general practice and primary care, providing strengthened, enhanced GP services and also supported through a wider health and social care workforce, wrapped around GP services, to offer coordinated, joined up, place-based care . This approach enables us to think differently about how teams of staff support general practice workload and consider what aspects of GP care could be delivered by a range of other staff groups.

The table below outlines the actual baseline numbers, planned trajectories and indicative target numbers for GPs and the wider workforce. A number of initiatives have been implemented and are planned to increase recruitment and retention of the General Practice workforce, introduce new roles and new ways of working and enhance skill mix. Variance against the planned trajectory for GP numbers is positive and the trajectory for increasing the numbers of wider workforce significantly above plan.

Table 1. BLMK ICS GP & Wider Workforce Trajectories (2018-2020)

GPs	Actuals				Planned Trajectory								
	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20
GPs FTE (excluding registrars)	416.1	422.3	427.9	429	429.3	435.3	450.5	452.4	453.9	470.1	507.9	523.1	538.4
Trajectory 01/05/2018			424.3	426.3	428	438.7	450.6						537.8
Indicative 2020 STP target													537.5
Variance from Indicative 2020 STP target													0.9*
Wider workforce	**Actuals**				**Planned Trajectory**								
	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20
Wider workforce FTE	1420.6	1450.2	1477.8	1495	1504	1508.8	1513.6	1517.8	1521.3	1527.4	1532.5	1538.2	1542.1
Trajectory 01/05/2018			1459.8	1469.4	1479.6	1485.6	1491.6						1521.3
Indicative 2020 STP target													1499.4
Variance from Indicative 2020 STP target													42.7*

***positive variance**

2.3 Engagement Process

Engagement is a continual process undertaken within a variety of forums:

2.3.1 General Practice Workforce Development

Local GPs, GP Educationalists and GP trainees have told us:

- New GPs want to experience working in a practice before committing to a salaried or partner position
- Structured support to new GPs during this phase impacts the GPs choice to commit to a practice
- Flexibility of working times and conditions is paramount
- The practice vision for future practice development and forward-looking optimism is very important
- Schemes such as GP Future Leaders and GP Fellowships have been positively evaluated by new GPs, offering development, structured mentorship and a portfolio career

Through engagement with our General Practice Nurse (GPN) Leads and Forums we know our Practice Nurses are looking for supported opportunities to train and develop and increase skill mix within their teams. The role of Practice Nurses is championed by our ICS GPN lead and the network of Practice Nurse Leads that we continue to develop.

Engagement on the implementation of our General Practice Workforce plan is regularly undertaken via our Primary Care Workforce Development Steering group which comprises of representation from local GPs, GPNs, Practice Managers, the Local Medical Committee, GP Educationalists, Pharmacists, Health Education England and our local Education Institutions. Initiatives specific to our Practice Managers are tested and co-designed via our BLMK Practice Manager Network.

2.3.2 Cluster engagement

In the first 6mths of the Primary Care Home programme the emphasis has been on engagement of practices within their clusters to understand and buy into the model, and to develop a vision and approach to population health management at cluster level**.** As the clusters move into the further phases of maturity (see 2.5.2 below) then there will be a greater patient and public engagement focus on what the transformation looks like locally. This will in part be bottom up i.e. utilising existing practice, neighbourhood and place based mechanisms and forums, and practices for example already do this, but also through more extensive ICS wide engagement initiatives incl for example more proactive engagement with Healthwatch and other organisations.

2.4 Key Deliverables

Key workstreams that underpin our General Practice Workforce and Development Plan include a focus on GP recruitment and retention, supporting Practice Nurses, and

developing Practice Managers. Alongside these initiatives the development of Primary Care Networks (clusters) facilitate a new way of working and building teams across services, which will strengthen and sustain our future workforce

2.4.2 General Practice Workforce

- **GP Recruitment and Retention**

GP Vocational training schemes across BLMK have been at full complement historically. However, because of our geography's proximity to London a proportion of our GP registrars live in London and work in BLMK returning back to London once qualified. Equally, we are experiencing the same national challenge of newly qualified GPs moving into locum work for greater flexibility, mobility, increased pay and as a mechanism to experience different practices before committing to a salaried position. A recent survey of our Bedford GP Registrars indicated that several do not know what they will do once qualified and many intend to locum. However, a survey conducted by our Local Medical Committee showed that 60% of trainees intend to become partners provided they get sufficient support and mentorship.

Increased workload and demands on General Practice, along with issues with recruitment and retention is contributing to an overworked, stretched and stressed GP workforce at significant risk of burn out. Equally, an inability to attract GPs to a partnership model is increasing pressure particularly in our single handed GP practices.

With this knowledge the following initiatives have been designed to reduce local attrition rates, attract new GPs and support our existing GP workforce;

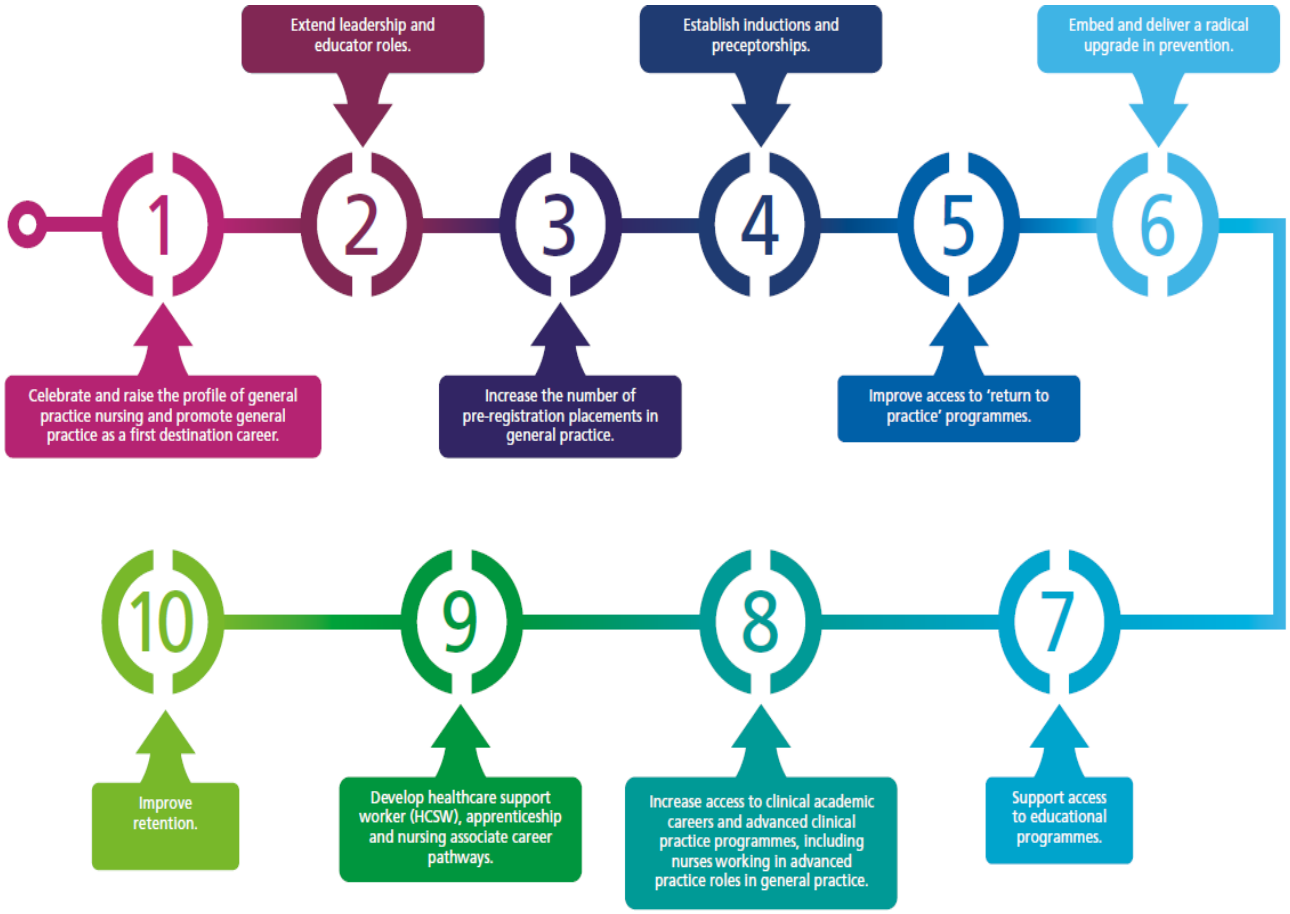
- Planned rotational salaried GP posts across practice clusters to enable greater exposure to different models of practice and attract away from locum option (including indemnity & mentorship and support to practices to provide supervision / mentorship at practice / cluster level)
- GP Business Fundamentals programme
- BLMK GP Portfolio career options
- 1st Fives Network maximising peer support & utilisation of social media
- Development of newly qualified GP preceptorship programme
- Coaching for personal resilience and career development

- **International GP Recruitment**

Building on the work undertaken in Essex and Lincolnshire, BLMK is part of an NHS England project to recruit and support 38 WTE International GP Recruits to the area over the next 12 months. We will work with our Primary Care Networks to build capacity to host the recruits and integrate them into BLMK.

- **General Practice Nursing (GPN) Ten Point Plan**

Working with our ICS GPN Lead and General Practice Nurse Leads we are focussed on implementation of the Ten Point Plan illustrated below.



- **Practice Manager Development**

We recognise the pivotal role our Practice Managers play in leading and supporting our practices and Primary Care Networks. In partnership with our Practice Manager leads, we have designed a Practice Manager Development Programme.

Acknowledging the wide range of expertise and experience amongst our GP Practice Managers, the programme includes three development options which can be tailored to suit our Practice Managers' experience, positions and ambition, along with that of the practice.

- Option 1: Practice Managers new to role (circa less than year in post), or assistant Practice Managers/aspirant Practice Managers

- Option 2: Practice Managers/Business Managers who are established in post (circa two/three years in post)

- Option 3: Practice managers/business managers who have a strategic focus with their role or those with other roles in CCG/federation/network.

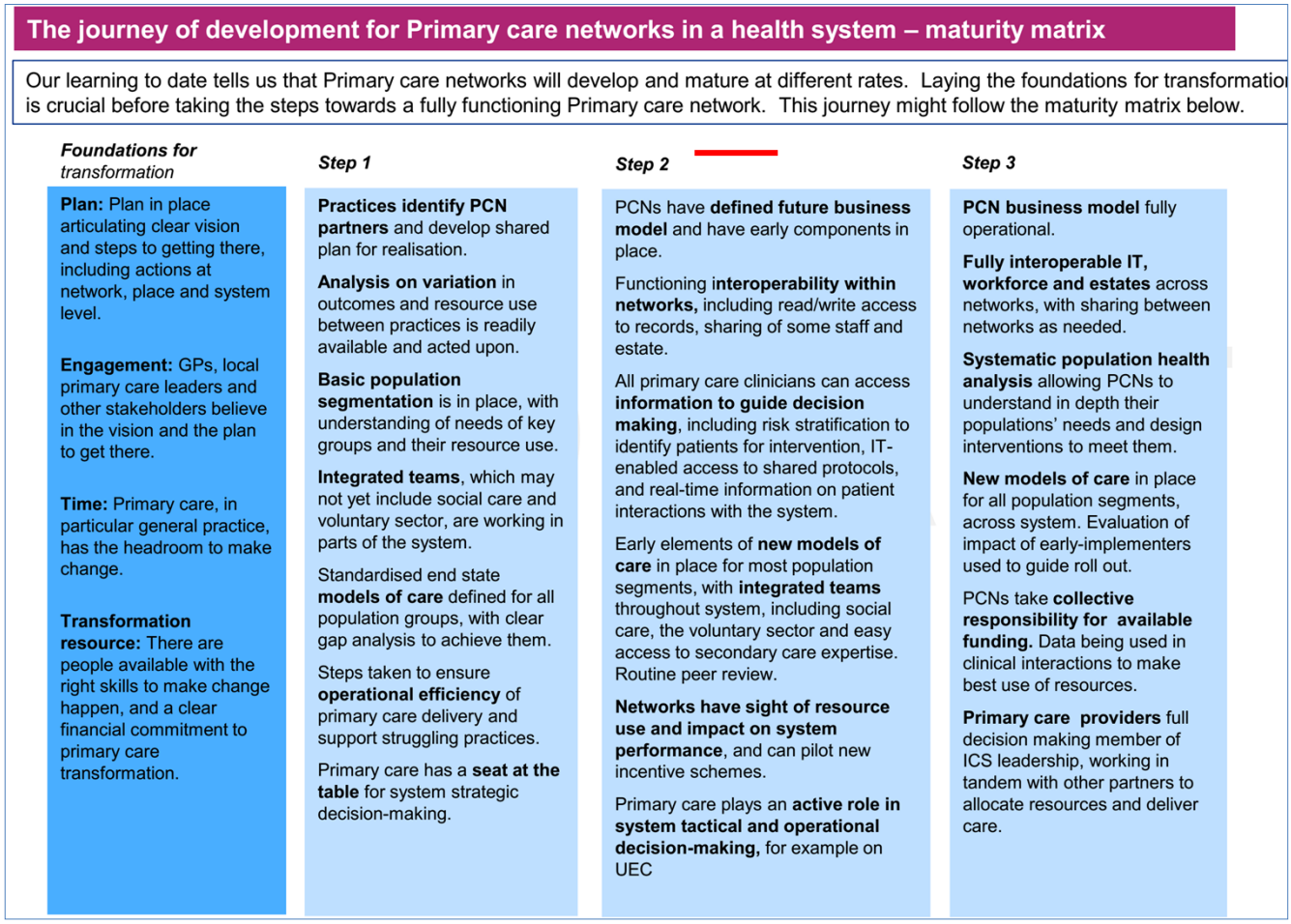
Practice Managers may choose a pathway that over time takes them through all three development options. By quarter 4 (2018-19) 44% of our Practice Managers and Deputy Practice Managers will have undergone a 'Confident Practice Manager' leadership programme. In addition to this we have supported a further 6 Practice Managers to undertake national leadership development programmes to develop their skills in leading primary care transformation at scale.

The risk to delivery of the above initiatives is time, capacity and resilience within the general practice workforce to be able to access and maximise opportunities. To ensure the above initiatives have the desired impact in supporting and developing the general practice workforce, it is important that we also focus on the following aligned initiatives;

- Implementation of 10 High Impact Actions to reduce workload and increase efficiency
- Introduction of new ways of working / new roles into practice to increase skill mix and reduce workload
- Scoping to map impact on general practice workload from the rest of the system
- Patient & Public engagement re new roles in practice, when and how to access
- Support to practices with attraction strategies

2.4.2 Primary Care Networks (Clusters)

NHSE have developed a maturity matrix that sets out what high functioning clusters will demonstrate;

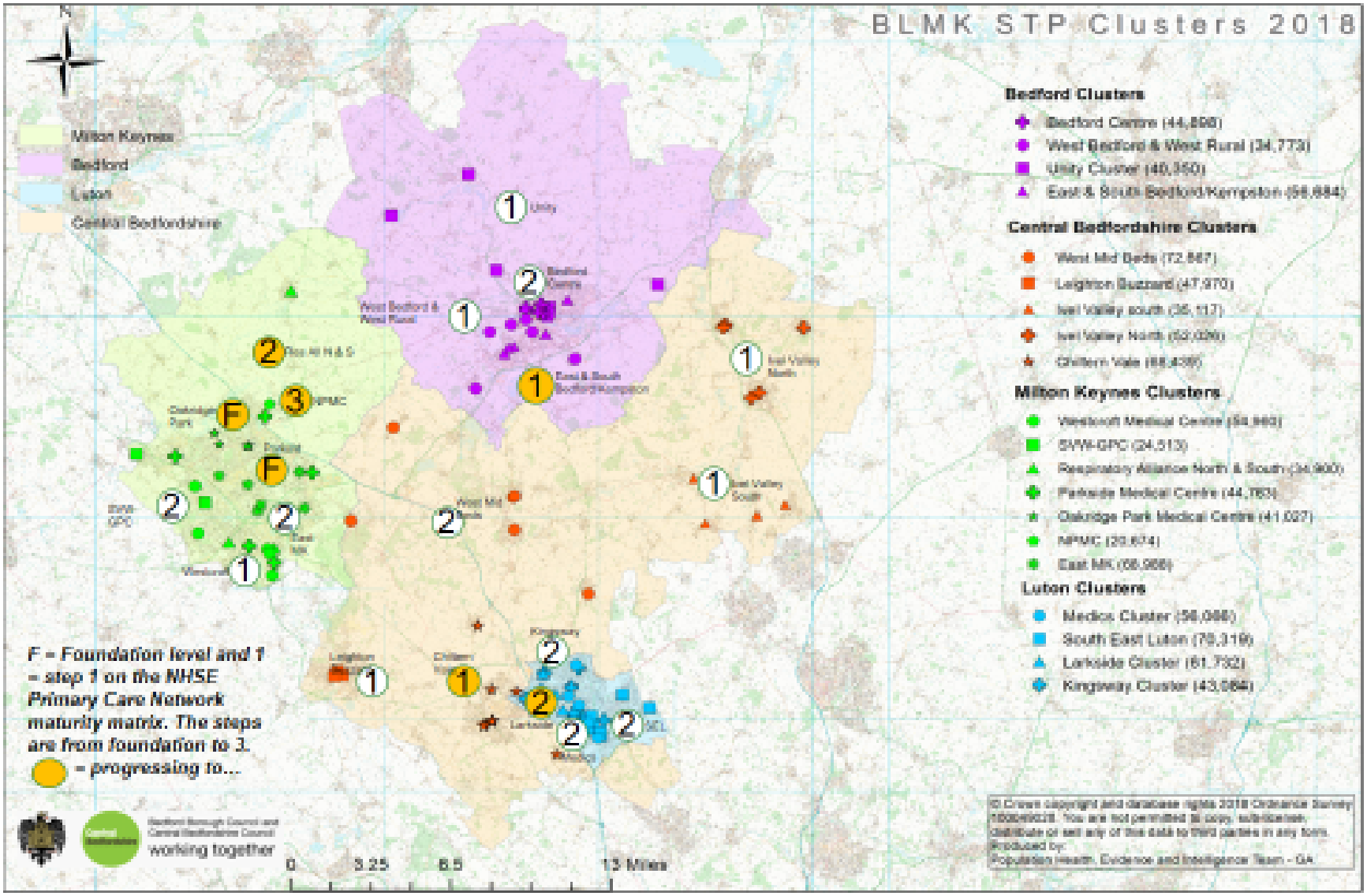


The development programme commissioned from the National Association of Primary Care (NAPC) commenced in April 18 and supported both the basic Foundation level work but increasingly is supporting clusters to move to the next steps of maturity. In August 18 an assessment was undertaken for clusters as to their maturity levels. All clusters, with the exception of one (who was at Level 1) were assessed as at Foundation Level. As one of the few STPs with 100% coverage of practices within clusters, and in a relatively short timeframe, this was a good starting position. The August assessment also set ambition for each cluster for March 19. This is shown in the map below. 8 clusters with ambition to reach Step 2 by March 19, have been given some additional management capacity to help them move at pace. These are;

Bedford – De Parys Group
Central Bedfordshire – West Mid Beds
Luton – SE Luton, Medics, Kingsway
Milton Keynes – Stony& Watling, East MK, Newport Pagnall Medical Centre

All clusters will continue to receive support.

BLMK ICS PCH Clusters – Anticipated / Planned Progress to end March 2019



The financial allocations associated with these initiatives are listed in Table 2 below;

Table 2 – Non-recurrent funding 2018-19

BLMK Initiative	Activity	Funding allocation	Source
General Practice Workforce			
Local GP Retention	GP Portfolio careers Career Plus	£134,000	NHS England
International Recruitment	Recruitment 38 WTE International GPs	TBC	NHS England
10 Point GPN Plan	Promote GPN career Support existing GPNs Attract & recruit	£185,000	NHS England BLMK CCGs
Practice Manager Development	Leadership development Business skills	£16,000	NHS England
GPN HCA Pharmacist Training Programme	Skills based training	£100,000	Heath Education England
LMC GP Business Fundamentals Programme	Developing General Practice Business Skills	£20,000	NHS England
Primary Care Networks			
NAPC Programme	Support to all Networks/Clusters to develop new model of care	£330,000	NHS England / BLMK Transformation Funding (50/50)
Primary Care Incentive Scheme	To incentivise clusters to adopt the Primary Care Home model and to fund their local development	£730,000	BLMK Transformation Funding
Piloting New Workforce Roles	Piloting new ways of working (4 clusters)	£270,000	NHS England

3 Recommendation

The committee is asked to note the updates provided within the report.

Agenda Item 9(ii)

For publication

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

NOTES OF CHAIRS' MEETING

held in the Frank Branston Room, Borough Hall, Bedford Borough Council, Cauldwell Street, Bedford
on the 7th day of November 2018 at 4.00pm

PRESENT: Councillor Mingay, representing Bedford Borough Council (Chair)
Councillor Hollick, representing Central Bedfordshire Council
Councillor Bradburn (substitute for Councillor Jenkins), representing Milton Keynes Council

Also Present: Keith Simmons, Chief Officer, Democratic and Registration Services, Bedford Borough Council
Paula Everitt, Scrutiny Policy Adviser, Central Bedfordshire Council
Lynn McKenna, Democratic Services Officer, Bedford Borough Council
Elizabeth Richardson, Scrutiny Officer, Milton Keynes Council

Apologies for absence were received from Councillor Agbley, Luton Borough Council, Councillor Jenkins, Milton Keynes Council and Bert Siong, Democracy and Support Officer, Luton Borough Council.

1. WELCOME

The Chair welcomed everyone to the meeting and noted the apologies as listed above.

2. NOTES OF THE PREVIOUS CHAIRS' MEETING HELD ON 19 SEPTEMBER 2018

AGREED

That the notes of the previous Chairs' Meeting held on 19 September 2018, be received.

3. PREPARATION FOR THE NEXT JHOSC MEETING

The Chair welcomed Emma Goddard, BLMK STP who provided a detailed presentation in respect of the themes agreed at the last meeting of the Joint Health Overview Scrutiny Committee (JHOSC) held on 3 October 2018: Maternity; Workforce Planning; Mental Health/Clarity on Deliverables; and Finance/Planning. A copy of the presentation is attached at Appendix A to these notes.

In response to Members' questions and comments, Emma Goddard provided the following responses:

- The NHS was becoming a more strategic vehicle in terms of planning and finance. It was working towards a 5-10 year plan with its stakeholders in terms of system, place and neighbourhood planning. This approach was a commitment by organisations to open up the NHS books to ensure that any funding was not being spent unnecessarily. There was also a need to learn through previous experiences and to respond to the challenges which the health and social care systems were currently facing and would continue to face in the future;
- Capital funding from the Department of Health was normally received annually, however if Members were seeking information regarding in-year finance then further clarification regarding this matter would be required. NHS Trusts received funding per population head, therefore Members may wish to receive information on distance per payment, geography and debts rather than budgetary data;
- Benchmarking data was considered to be helpful and some of the finance information referred to was available now for Members to consider should they wish to do so;
- Patricia Davies was the new Joint Accountable Officer for the three CCGs in BLMK and had commenced employment on 1 November 2018;
- In terms of receiving a break-down of the number of nurses/care assistants that were currently employed, it was suggested that a report regarding workforce planning Auxiliary Care staff (Nursing, Residential and Domiciliary Care) could be considered in the future. Staffing levels would be known at a local level, however were not yet known at a system level;
- Eight out of twenty GPs networks were committed to the hub approach to future working practices, with the remaining twelve being involved in the programme at varying levels of commitment;
- BLMK STP was committed to its' residents and had a greater understanding of their communities;
- The "*Family of the Future*" information (which the JHOSC had previously received) could be revisited and expanded at a future meeting of the JHOSC Chairs;
- Social determinants of the Mental Health Five Year Forward View could also be considered in greater detail should the Members request such information;

- The Digital Ambition, Single Care Record to Population Health Analytics Capability was a complicated area of work and an essential part of the intro-operability systems;
- Information Executive Groups were already in place and concerns regarding all systems being able to talk to each other were being considered;
- A Social Prescribing review and next steps needed to be an integrated service with Local Authorities;
- In terms of the JHOSC Timeline (as attached at Appendix B to these notes) the following update was provided; and

Enhanced Primary Care	Update
Development to NHSE Maturity model	This could be considered by the JHOSC should Members wish to do so.
Organisational development across primary care	This was considered to be a significant piece of care work.
Complex Care evaluation of Luton model	This model was currently live in Luton.
Impact of Care Home initiatives	This item could be considered by the JHOSC should Members wish to do so. The impact analysis was considered to be quite challenging, and BLMK would continue to work with Care Homes.
System Children's work plan	This was considered to be a significant piece of work.
Out of area placement review for children	A number of out of area placements for children were still in place.
Estates	Update
Capital Strategy – decision on bids	Schemes were currently being developed, including a £250 million bid to support Luton and Dunstable Hospital Trust.

- The ten year plan had not been completed yet therefore the timescale and scope of some activities may be subject to change.

With reference to the reports Members had requested for future meetings of the JHOSC, Emma Goddard advised that she would liaise with the most appropriate specialist officer(s) (which may not necessarily be high level STP Officers) who may be better placed to report on the subject matter.

The Chair thanked Emma Goddard[1] for her comprehensive report and attendance at the meeting.

AGREED:

That the following agenda items be considered at the future meetings of the JHOSC:

10 December 2018

- Local Maternity Services - including the significant risks to the delivery ambitions (45 minutes);
- Mental Health - Implementation of the five year forward view priorities (45 minutes)
- Workforce - GP position statement, recruitment and retention, Primary care network development (update from previous presentation to the JHOSC). (30 minutes); and
- Capital Strategy Update Bid (if available).

12 February 2019

- Digital Ambition (single care record etc);
- Workforce Planning - Auxiliary Care staff (Nursing, Residential and Domiciliary Care); and
- System, Place and Neighbourhood Planning (Defining ambition, 19/20 and longer term approach and SOP refresh).

4. DATES FOR FUTURE MEETINGS

Members considered the dates for future meetings and noted that purdah may apply if they wished to hold an additional meeting in April 2019.

In terms of dates for 2019/2020, Members concurred to set provisional dates which would be circulated to them accordingly.

AGREED:

i) That the following dates for future JHOSC Meetings for 2018/19 be noted:

- Monday 10 December 2018 at Luton Borough Council; and
- Tuesday 12 February 2019 at Milton Keynes Council.

[1] *Emma Goddard left the meeting at 5.30pm.*

A pre-meeting of JHOSC Members will be held at 3.00pm with the main meeting commencing at 4pm.

ii) That the following dates for future JHOSC Chairs' Meetings for 2018/19 be noted:

- Wednesday 9 January 2019; and
- Wednesday 13 March 2019.

Meeting will commence at 4.00pm and be held in the Frank Branston Room, Borough Hall, Bedford.

iii) That future JHOSC Meeting dates for 2019/20 be considered and confirmed with Members accordingly.

5. ANY OTHER BUSINESS

There were no other items of business.

The meeting closed at 5.35pm.