Luton

Item No:
2.1

Health and Social Care Review Group Meeting

Minutes
3 March 2021 at 6.00 pm

Present:

Councillor Agbley (Chair), Councillors Donelon, Pedersen, Petts, Roche and Underwood

Co-optees Present:

Pat Lattimer (Healthwatch- Luton)
Stephanie Power (Healthwatch Luton)

14. Apology for Absence (Ref: 1)

Resolved: An apology for absence from the meeting was received on behalf of Councillor Campbell.

15. Minutes (Ref 2.1)

That the minutes of the meetings of the committee held on 4 January 2021 and 14 January 2021 be taken as read, approved as correct records and signed by the Chair in due course.

16. Covid-19 Update Report (Ref: 7)

The Director of Public Health presented the report on Covid-19 update (Ref: 7). She advised that following the publication of the report, the position in Luton had noticeably improved, with case numbers declining to 174 per 100k of population. Positivity rate had also fallen to 6.5%, which was good, but still higher than wanted. The target figure was 3%.

She said that there was positive news from the government about the road map out of lockdown, showing the importance of testing and vaccination. Luton had been proactive supporting the testing with provisions of the PCR test centres and the rapid lateral flow test sites. Luton was also making a significant new offer to distribute and collect rapid tests to and from people's homes. Luton had also applied to provide more test places to monitor tests.

In terms of secondary schools, she said children would be offered three rapid tests before returning to schools and thereafter be offered two tests per week. Staff would also have access to home rapid tests.

Tests would be offered at testing centres or in the home twice a week for all people. The existing testing bus would also be kitted and deployed to provide a mobile capacity, an extra service, as part of the partnership effort.

She advised that CCG colleagues would speak on vaccination.

Dealing with members' questions and comments, the Director of Public Health provided further clarification and explanation, as set out below.

In relation to the number of cases and positivity rate, she said 174 per 100k of population was an improvement, but needed to come down further. She added that the message remained the same and people still needed to follow the existing guidance about washing their hands, not touching their faces and keeping their safe space from other people, even if vaccinated and after easing of the lockdown. Case numbers could easily go back up if not.

She further said that it was important that people get themselves tested and isolate if tested positive. The Council was looking at what further support could be provided to people to help with isolation and at taking on more responsibility to extend its successful contact-tracing offer. As case numbers go down, Luton Public Health could track and trace better that the national provision.

She re-iterated the main message about Hands-Face-Space and isolate to stop the lockdown.

On the question on the South African and Brazilian variants, she said that she was not aware of any cases in Luton, but if notified, the management plan would be refreshed to respond to it.

Responding to a question on why Luton was twentieth worse in the country for Covid-19 cases, she explained that it was due to Luton having many common factors, known as Covid disparities, as many of the areas with the highest level of Covid cases on the list. Examples of these factors included, e.g. jobs where people had to go out to do, people living in densely populated areas, many living in houses of multiple occupation/ multi-generational families, large number of people having underlying health conditions.

She added that Luton had many of those factors due to its demographics and the Public Health plan could not address many years of health inequalities over one year, as the root causes needed to be tackled.

She did not believe that playgrounds should be closed, as case numbers were coming down, but agreed that people needed to follow the rules. Police enforcement was difficult in relation to people in parks, as the rules had nuances, but people should not flout the rules. If case numbers were to rise again, the situation with parks might need looking at again.

On comparative rate of infections in BLMK area, she said the latest figures per 1000K of population were as follows:

- Luton – 174
- MK - 116
- Bedford – 111
- Central Beds - 79

She said that Luton was not doing anything wrong compared with Central Beds, which did not have the high level of disparities and structural inequalities that existed in Luton.

Dealing with a question on the situation in the hospital, the Bedfordshire Hospitals Chief Executive said there was a significant reduction in the number of Covid patients at the L&D hospital, from 100 the previous week to 44, with six in critical care. The number of deaths from Covid was also coming down, with none recorded in the previous 6 days. He had no information to hand on the ethnicity of Covid patients in hospital.

He added that nationally, the proportion of Covid patients aged 65 and over in hospitals was going down, due to vaccination, but an increasing number of younger people were being admitted with Covid.

Proceeding with the report, the Director of Primary Care, BLMK CCGs, said that six sites were opened in Luton to provide vaccination. These were four Primary Care Network Centres at Kingsway, Bushmead, Medici and Leagrave Centre, and two community sites at Inspire and Redgrave. She gave the breakdown of vaccination so far as follows:

- For the over 80s, 86% had been vaccinated. Around 11% (285) from this cohort had declined to have the vaccine
- For the 75-80 age group, 87% had received the vaccine, with 10 decliners
- For the 70-74 age group, 84% had been vaccinated, with 13 decliners
- For the 65-69 age group, which started later, 72% had been vaccinated
- For the 60-64 age group, which had only just started, 35% had been vaccinated
- In elderly care, 715 (84%) residents in care homes had been vaccinated and had follow up dates for the second dose offered. In terms of staff in care homes, 967 (53%) had been vaccinated, compared with 86% of nurses at the L&D

Primary Care Services were working with Public Health team to reach homebound people and those hard to reach.

The 65+ had three telephone calls and a letter to invite them to get an appointment for the vaccine. Some letters were returned as not known at the address. Some were out of the country and some people actively refused to have the vaccine.

Responding to a question on vaccine hesitancy in relation to ethnicity, she said the information was available, but there was no capacity to retrieve it currently, but the matter was under discussion and being addressed.

The BLMK Director of Communication explained the different methods of communication and actions being taken to deal with vaccine hesitancy, including engagement with community and faith leaders and ‘community champions’, working with GPs, e.g. using videos to show what could be done to persuade people to have the vaccine and how the vaccine was saving lives. More details would be provided to the following meeting of the Board.

The Director of Public health said that there was vaccine hesitancy across all communities, hence why there was engagement with all communities to address the

problem. Vaccination of all people all was crucial to tackle Covid-19. Work was continuing to prepare people to book for appointments as soon as they received their vaccination offer.

In response to a question, she said that around 7000 people in the shielded group had been prioritised for vaccination.

The Director of Primary Care added that more detailed data on community vaccination would be available for the following meeting.

She advised that the Covid bus would need to be used for targeted work, but Luton was doing exceptionally well to encourage people to come forward. The rate of vaccination for staff in care homes and the L&D Hospital was being looked into, as it was not known if staff declined or not come forward yet.

On the issue of vaccine availability, she added that there had been limited supply, hence why some centres were only operation on two or three days a week, but for the week commencing on 15 March, supply was plentiful.

Responding to a question of staff sickness rate at the L&D hospital since vaccination, the Chief Executive said absences due to Covid were significant down to one or two per day, compared with 20-25 per day at the peak of the pandemic.

He added that vaccination for staff had been paused, but was re-starting for the second dose.

In terms of ethnicity breakdown, 80% of those who had the vaccine were white and 65% from a black, Asian or other minority ethnic (BAME) group, which was the same as for the general population. From the BAME group, black staff were less likely to have had the vaccine than Asian staff, for many reasons, including hesitancy, pregnancy. Many did not wish to give a reason. Every effort was being made to address this issue, using BAME leaders to promote the message through videos to encourage staff to take up the vaccine.

Dealing with a question from a Healthwatch Luton co-optee on vaccination for carers, the Director of Primary Care advised that there were some 5000 carers registered with their GPs in Luton. Any registered carer was allowed to request and be given an appointment for vaccination. Many carers were in the older age groups and qualified for the vaccine by age anyway. She agreed to deal with any specific issues directly with the co-optee outside the meeting if needed.

Responding to questions on the issue of vaccination centres, she said that at the beginning of vaccination, there were only a few sites and the national centre for Luton was at Stevenage. Some people chose to go there and would need to go there for their second dose. She said people should wait to be offered and then ring up to book an appointment. The national booking system was an issue, as they would offer booking slots in accordance with expected supply of the vaccine. If people could not see any slots, they should keep looking online, as the situation was changing on a daily basis depending on supplies.

After booking an appointment, if someone could not make it, they were allowed to cancel and re-book another slot by ringing 119.

Vaccination centres did not have a choice on the type of vaccine there were supplied with. She advised that people should not be seeking one or other of the vaccine, as they were equally effective. However, some clinically vulnerable 16-18 year olds and people with known allergies were advised to have the Astra Zeneca vaccine.

The Chair thanked the officers for the excellent reports and answers to members' probing questions.

Resolved: (i) That the update on the impact of Covid-19 on Luton be noted

(ii) That the committee's thanks to all Officers for the excellent report and their updates in response to members' questions be noted.

17. BLMK Integrated Care System (ICS) Update (Ref: 8)

The Director of Primary Care, BLMK CCGs gave a presentation (Ref: 8), updating the committee on the BLMK Integrated Care System (ICS), focusing on the following keys areas:

- Covid Pandemic
- BLMK Strategic Priorities
- White Paper: Integration & Innovation: 'working together to improve health & care'

In terms of Covid pandemic, she stated that the BLMK ICS focus had been on testing and the roll out of the vaccination programme. She added that there had been increases in demand for certain services, such as critical care and mental health to provide support for residents and health and care staff. ICS had also been myth busting that services, e.g. GPs, had been open and working as far as practically possible.

She said that the BLMK Strategic priorities were being developed to build on NHS Long Term Plan objectives to deal with changes brought about by Covid-19. Discussions had taken place with partner organisations, including with councils leaders, chairs of Health and Wellbeing Boards and Chief Executives

She added that workshops, involving all partners and stakeholders, would be taking place during March to develop priorities for BLMK framed around population health outcomes and health inequalities. The strategic priorities would be subject of Stakeholder, public and staff engagement in due course.

She informed members that the emerging strategic priorities under consideration included, in summary, as follows:

i. That every child had a strong, healthy start in life
ii. That people are supported to take responsibility and enabled to manage their own health and wellbeing
iii. That people age well, with proactive interventions to stay healthy, independent and active as long as possible
iv. That we work together to build the economy and support sustainable growth

She added that a fifth priority was under consideration around reducing health inequalities or explicitly threading it through the four priorities set out above to ensure inequalities were not entrenched in them and more vulnerable groups were targeted and supported in areas of less positive outcomes.

The outcomes of workshops would be reported to the NHS Boards and Health and Wellbeing Boards of BLMK partner organisations.

In relation to the Health and Care White Paper recently published, she said that the implications on working in collaboration and the governance of the ICS would be discussed with partners. She proceeded to provide an overview of the proposed purpose, responsibilities and accountabilities of the NHS in England highlighting key points from the slide as follows:

- Health and Wellbeing Boards would remain responsible for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS)
- New proposal would give the Secretary of State the power to direct NHS England, and intervene in service reconfigurations at any stage and remove Local Authority referral power
- ICS would be an NHS Body,
    - With clear purpose to improve population health and healthcare, tackling unequal outcomes and access, enhancing productivity and value for money and helping the NHS to support broader social and economic development.
    - The CEO would be the Accounting Officer responsible for the day to day running of the ICS and NHS planning and allocation decisions and for developing a plan to address the health needs of the population, setting out the strategic direction for the system and the plans for both capital and revenue spending for the NHS bodies in the system and securing the provision of health services to meet the needs of the population
    - Powers and duties would include:
        - the duty to meet the system financial objectives and deliver financial balance
        - reciprocal duty to collaborate placed on NHS bodies and local authorities
        - Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
        - Power to create joint committees with NHS providers and include other parties
        - Power to apply to the Secretary of State to create new NHS Trusts
    - ICS's must have regard for Joint Strategic Needs Assessments and Joint Health and Wellbeing strategies
    - Some flexibility to develop processes and structures which work most effectively
    - ICSs to delegate significantly to place level and to provider collaboratives
- The proposals would formalising the merger of the past few years, but details were awaited
- Each ICS should set up a Partnership and invite participants, but membership and what, if any, functions would delegated to the ICS Health and Care Partnership would be a matter for local decision. Their responsibilities would include:
    - promoting partnership arrangements and

    - developing a plan to addresses the wider health, public health, and social care needs of the system
- NHS ICS body and Local Authorities would have to have regard to the plan when making decisions
- Members of the Partnership could include:
    - Health and Wellbeing Boards
    - Healthwatch
    - Voluntary and independent sector partners
    - Social care providers
    - organisations with a wider interest in local priorities (such as housing and leisure providers)
- There would some flexibility to develop processes and structures which work most effectively for them
- Health and Wellbeing Boards would continue to be responsible for developing Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS)
- NHS provider organisations powers and duties would include:
    - Duty to have regard to the system financial objectives
    - Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
    - Reciprocal duty to collaborate on NHS bodies and local authorities
    - Power to create joint committees with ICS and with other NHS providers and include other parties
- ICS Board, as a minimum would include:
    - A chair
    - CEO
    - Representatives from NHS Trusts
    - Representatives from General Practice
    - Representatives from Local Government
    - Others determined locally
- The ICS Board would be required to ensure appropriate clinical advice when making decisions.
- There would be no legislative provision about place-based arrangements between local authorities, the NHS and between providers of health and care services, leaving these to local organisations to arrange.
- In terms of structure, an ICS NHS body would be responsible for the day to day running of the ICS, with membership including NHS Trusts, General Practice and Local Authorities

- A ‘separate’ ICS Health and Care Partnership would bring together systems to support integration and develop a plan for the systems health, public health and social care needs
- In terms of implications for partners, local authorities would retain the power, as integral partners, statutory members of the partnership board and key in place-based committees, which would lead local decision
- NHS would be a key partner in economic and social regeneration, developing new Assurance Framework for social care
- The Voluntary Sector would also be a key strategic partner, as provider of services and community advocate, with representatives invited at NHS ICS Board. Further guidance was expected later in 2021
- In terms of the timeline, proposals set out in the White Paper would play an important role in meeting longer-term health and social care challenges. Legislation would be brought forward to ensure every part of England was covered by an ICS, established on a statutory footing, to include representatives from local authorities and an ICS health and care partnership. ICSs would be accountable for the health outcomes of the population. The process would include public engagement and consultation, leading to the start of the passage of the bill through the Parliamentary process from the early summer 2021 and implementation of the reform from April 2022
- The procurement process would be a partnership matter, using methods which would help and not be disruptive to the partnership work

From members’ comments and questions, further information and clarification were provided, with key points recorded as set out in the below:

- The Chair requested an update in June 2021
- The ICS would be co-terminus with the current BLMK CCGs and in line with the current process, the integrated ICS structure would start from April 2021. It was not sure who would provide future updates to HSCRG
- Local authority representatives would be part of the local committee meetings within the ICS. It was important to note that ‘Place’ would be key and not subject of change
- The Corporate Director, Population Wellbeing commented that quite important changes were proposed, but no details yet available. She agreed that an update with more details on how the ‘Place’ element would work should be brought back to the committee in June 2021
- In terms of impact on the hospital, the Chief Executive commented that ‘Place’ was important, as the L&D hospital served three local authority areas responsible for the wider determinants of health and was already integrated with Bedford Hospital. He added it was important that current partnership arrangements were not lost and that there would be no risk to the concept of collaboration in place between the Luton and Bedfordshire system
- A member commented that he looked forward to the details of the proposals, particularly how they would tackle health inequalities and support people to look after their own health and wellbeing, as we come out of the Covid-19 pandemic and people started to get back together.
- The issue of software for the NHS IT system was yet to be determined.

Resolved: (i) That the presentation of the Director of primary Care, BLMK CCGs be noted

(ii) That Corporate Director, Population Wellbeing be requested to coordinate a further update to its June meeting, once further details were published on the implications of the government's White Paper, 'Integration and Innovation: working together to improve health & care'.

18. EEAST Report to Luton Health & Social Care Review Group (Ref: 9)

The Head of Operations, East of England Ambulance Service Trust (EEAST) presented EEAST's report (Ref: 9), updating HSCRG on the performance of the service in Luton in the preceding year, including the impact of Covid-19 and on progress against the CQC most recent inspection of the Trust.

He directed members to Appendix A, page 26 of the agenda pack, where an overview of the performance South Beds, which included Luton and was provided in the tables. He added that performance were mostly on target, shown as 'green', with some shown as 'red' on which he was happy to take questions, if any.

He further directed members to page 35 of the pack, where the impact of Covid-19 was summarised.

He pointed members to section 3 at page 32 of the pack, about a joint initiative between EEAST and Bedfordshire Fire and Rescue service to strengthen partnership working to support patient care in rural areas of Bedfordshire.

The Fire Service was also supporting EEAST in a range of other collaborative projects, such as providing frontline Covid-19 drivers on secondment, working alongside EEAST clinicians. This support had been vital to increase capacity and allow deployment of additional ambulances during peak periods of demand and staff sickness.

The Head of Operations also directed members to Section 6 from page 37 onwards where details of the CQC inspection and EEAST response and progress to support staff was provided.

Appendix B provided details of how calls to the ambulance service were categorised.

He said that Appendix C provided a summary of key aspects of EEAST's improvement plan.

Dealing with members' comments and questions, further information and clarification were provided, with key points recorded as set out in the below paragraphs.

Concerns raised by staff to the CQC about sexual harassment, bullying and other inappropriate behaviour had been recognised by the Trust, which conducted its own survey. EEAST accepted the challenge and had put in place a range of measures to instigate a cculture change, summarised at paragraph 6.10, page 38 of the agenda pack to support

- veys being taken to check staff views on progress regularly

A full time staff member was in place at Luton to provide a drop-in facility for staff to speak to and raise any concerns.

In terms of complaints, each case was reviewed every month by a consistency panel to ensure progress and decisions made at key points. Speed and consistency were of the essence, as cases took too long to be dealt with previously.

The support process sat alongside existing processes to ensure there were the resources and oversight to move cases on and implement system to manage concerns at more speedily than before.

On the issue of staffing levels and the availability of personal protection equipment (PPE), members were informed that Luton and South Beds were fully staffed and there was no shortage of PPE.

In May 2020 due to Covid-19, EEAST had a 10% sickness rate and took the opportunity to collaborate with the Fire Service in using their drivers on secondment. Sickness level had improved and was running at 1% at the time of reporting.

With the success of student paramedic scheme and flexible workforce, EEAST was prepared for core peak demand during the winter months, which was in fact lower than expected for this time of the year.

Take up of Covid-19 vaccination was running at around 90%, with focus on vulnerable staff from black, Asians and other minority ethnic groups. Staff had also been given their appointments for their second dose of the vaccine.

To protect against Covid-19, there was an increased cleaning regime implemented. Staff wore facemasks in the cabs. On station, social distancing was not an issue, as staff worked mostly outside.

The Chair thanked the Head of Operations and requested an update on progress with their improvement plan in 6 months, which was agreed.

Resolved: (i) That the presentation on the performance of the East of England Ambulance Service Trust (EEAST) on progress achieved in the previous year and on actions taken to address issues identified in the CQC inspection (Ref: 9) be noted

(ii) That the Head of Operations, EEAST be requested to provide HSCRG an update on progress with their improvement plan in 6 months (timing to be arranged by the DSO outside the meeting)

(iii) That the thanks of the committee to Simon King, the EEAST Head of Operations for his report and for the information provided is response to members' questions be noted.

19. Modernising inpatient mental health services in Bedfordshire and Luton (Ref: 10)

The Director of Integrated Care, ELFT presented the report (Ref:10), informing HSCRG on proposals to modernise inpatient mental health services in Bedfordshire and Luton and seeking comments on the approach to the next steps.

Before he proceeded, the Chair commented on a press article and asked if it was correct that two mental health centres in Luton were closing. If so, he asked the Officers to note that in future if significant changes were proposed to services in Luton, that they be discussed with the HSCRG first before going to the press.

The Director of Integrated Care said that he had shared the plan and addressed concerns in the report. He went on to introduce the ELF Medical Director, the ELFT Director of Mental and Wellbeing for Luton and Beds and the BLMK CCGs Mental Health Lead, who were in attendance to provide support with members' questions.

He added that the plan was an ambitious one to improve mental health services in Luton and Bedfordshire for adults, children and young people over the next few years in line with the NHS long-term plan and as part of the Integrated Care System (ICS). It was also in line with the commitment to return mental health patients back to Bedford following the closure of Weller Wing in 2017. Residents of Luton would in the future be admitted to the Luton Centre for Mental Health.

ELFT was in the final stages of securing a long-term lease for the preferred site at Shires House at the Bedford Health Village.

ELFT was developing the business case to take the proposal forward. The next step was to develop the case for change to provide context and the rationale for the proposals, including the expected benefits, risks and the equality impact.

He said that the proposals met the five critical tests set by NHS England for service change and were actively going up for users' and carers' challenge and support, before going out for engagement.

As part of the case for change, there was a need to assess and understand the details of which residents would be admitted to which unit, the impact of population growth and the growth in mental health demand due to Covid-19.

ELFT was also looking at the travel impact on the population likely to re-locate from Townsend Court, Oakley Court and the L&D site to the new unit.

The proposal would reduce the four current sites in Bedfordshire and Luton at Bedford Health Village, Townsend Court (Houghton Regis), Oakley Court (Leagrave) and the Luton Centre for Mental Health, to two sites, at Bedford Health Village and the Luton Centre for Mental Health.

Bedford Borough and Central Beds Health Overview and Scrutiny Committees had been briefed and decided that the proposals amounted to significant change in services and would be looking for ELFT to go through the process of formal public consultation. EFLT was hence seeking HSCRG advice on the same question.

The Director said that Townsend Court and Oakley Court were currently mainly used for Bedford and Central Beds patients. Luton and South Beds patients would to be treated at an improved facility at the Luton Centre for Mental Health adjacent to the L&D Hospital.

The proposed new facility at Bedford Health Village would provide the opportunity to create new local inpatient mental health facilities for children and young people across

Bedford, Central Beds and Luton, who currently had to be placed in out of area beds, which can sometimes be far from home.

Currently ELFT are working with NHS England & Improvement to confirm the consultation and capital business case requirements, including capital departmental expenditure limit cover. The process was likely to take about 12-18 months, subject to NHS England and NHS Improvements' approval. Planning and consultation would likely take in the region of 12 – 18 months, and construction would take 2 years.

The Clinical Director commented on the clinical case for change and said that the proposal was a significant investment in mental Health inpatient services. He added that staff, patients and carers were excited about the proposed development and had been involved on the journey from the beginning. The development would be an advantage for Bedford and Central Beds.

He added that Oakley Court, which contained both male and female wards, had different responsibilities after Covid-19. Its location in the middle of a residential estate was not an ideal location, due to noise and disruption caused residents, which ELFT had been trying to resolve for 2 years. Access to community facilities was limited. He said that, in the long term re-location was the only answer.

He added that both Oakley Court and Townsend Court were of dated designs, with little outside space, limited line of sight and the fabric and locations were problematic.

Townsend Court, which catered for female and older adult Luton patients, struggled to build a critical mass of staff. The intention was to relocate the psychiatric intensive care unit currently at Calnwood Court to Bedford, to ensure the Trust is able to provide the highest possible quality environment for people who are very unwell.. However, he said Calnwood Court was a small unit of 9 intensive care beds, with a small therapeutic area doing the best to get up to standard. The intention was to build a larger unit for Luton and Bedfordshire.

He re-iterated the benefits of the Bedford facility for children and young people, which would avoid them being placed out of area. It would also provide a Section 136 suite in Bedford, which would cut down on travel time for the Police and improve the effectiveness and efficiency across the system.

The Medical Director acknowledged the anxiety caused with the closure of services and reinforced the positive benefits of the proposed developments for Luton, Bedfordshire and MK, in terms of services for children and young people.

From members' comments and questions, further information and clarifications were provided, as set out below.

Under the proposed change, Luton patients would not be affected, as they would continue to be admitted to the Luton Centre for Mental Health, adjacent to the L&D Hospital.

Townsend Court and Oakley Court mainly took patients from Bedford and Central Beds following closure of Weller Wing in Bedford. The newspapers did not present the situation correctly.

AS part of our programme of work, the Trust would also be looking to improve the quality of the estate at the Luton Centre for Mental Health.
Consultation on the proposed changes would cover Luton, Bedford and Central local authority areas. The proposals were co-produced by a collaboration of people and organisations to meet local needs.

The 're-imagining mental health' development would seek the three outcomes of choice, control and empowerment and build on the strength of the service to ensure people stay well at home.

The development represented a major investment on mental health services over 3 years.

Engagement and co-production had taken place despite the challenge Covid-19, due to help from the active group of service users and carers, using technology and other mechanism creatively over the last 12 to 18 months. Face to face engagement might be possible, as people get vaccinated against Covid-19. The case for change and pre-construction business case would be subject of public consultation.

In terms of demand and supply, ELFT was working with Public Health and their information analysts to determine the number bed that would be needed over the next 15-20 years to ensure the development was future proof. The initial thinking was that the Bedford unit would provide around 88 beds, but more work was needed based on expected population growth over the next 20 years.

Members were re-assured that there would be full public consultation before any action was taken on proposed closures of the units at Townsend Court and Oakley Court.

The Chair welcome the proposal to consult the public and the committee. He thanked the officers for the report and answers to members' questions and requested that an update on the next steps be reported to HSCRG in June 2021, which was agreed.

Resolved: (i) That the report on proposals to modernise inpatient mental health services in Bedfordshire and Luton be noted

(ii) That members' concerns and comments on the proposals be taken into consideration in developing the next steps of the programme

(iii) That the Director of Integrated Care, ELFT, be requested to provide an update on the next steps of the programme at the HSCRG's meeting in June 2021

(iv) That HSCRG's thanks to the Officers for their report and answers to members' questions be recorded.

20. Draft Work Programme 2021-22 (Ref: 11)

Members considered the work programme and agreed the additional item listed below, as discussed at Minutes 17, 18 and 19 above:

(i) Update on the implications of the government's White Paper, 'Integration and Innovation: working together to improve health & care' – Laura Church, Corporate Director, Population Wellbeing and Nicky Poulain, Director of Primary Care, BLMK CCGs (tbc) (June 2021)

(ii) Progress on the implementation of EEAST's improvement plan – Simon King, Head of Operations, EEAST (timing to be arranged by the DSO outside the meeting)

(iii) Next steps of the programme to modernise inpatient mental health services in Bedfordshire and Luton – Richard Fradgley, Director of Integrated Care, ELFT (June 2021)

Resolved: That the Democracy and Scrutiny Officer (DSO) be authorised to update and amend the work programme, adding the items as set out below and reviewing items for each meeting in consultation with the Chair of the committee:

(i) Update on the implications of the government's White Paper, 'Integration and Innovation: working together to improve health & care' – Laura Church, Corporate Director, Population Wellbeing and Nicky Poulain, Director of Primary Care, BLMK CCGs (tbc) (June 2021)

(ii) Progress on the implementation of EEAST's improvement plan – Simon King, Head of Operations, EEAST (timing to be arranged by the DSO outside the meeting)

(iii) Next steps of the programme to modernise inpatient mental health services in Bedfordshire and Luton – Richard Fradgley, Director of Integrated Care, ELFT (June 2021)

(Note: The meeting ended at 8.31 pm)