

**Partnership Board for
Bedfordshire, Luton and Milton Keynes
Public Meeting
1 September 2021 - 2.30pm to 5pm
Via Microsoft Teams**

Item	Lead	Timings
Welcome	Chair	2.30pm
1. Apologies for absence To receive any apologies for absence.	Chair	
2. Declarations of Interest To receive any declarations of interest.	Chair	
3. Partnership Board meeting notes a. To approve the meeting notes of the Partnership Board on 14 th of July 2021– attached b. Action log - attached	Chair Paper 3a Paper 3b	
4. Public Questions To receive any questions by members of the public	Chair	2.35pm
5. Chair's update	Chair	2.45pm
6. Executive Lead's update ICS Establishment roles Publication of guidance ICS Performance ICS Strategic Priorities	Executive Lead	2.55pm
7. Outcomes Being Achieved for People With a Learning Disability	David Foord	3.10pm
8. Delivering Priority 1	Sarah Breton	3.40pm
9. MK Care Alliance Update	Joe Harrison	4.20pm
10. Finance	Dean Wescott	4.35pm
11. AOB Partnership Board forward plan attached	Chair	4.50pm

BLMK ICS Partnership Board Minutes - Part I Public SessionWednesday 14th July 2021

Time: 14:00hrs

Microsoft Teams

MEMBERS

Dr Rima Makarem (BLMK ICS Chair)	RM
Felicity Cox (BLMK ICS Executive Lead, Accountable Officer, BLMK CCGs)	FC
Alison Davis (Milton Keynes University Hospital, Chair)	AD
Cllr Louise Jackson (Bedford Borough Council, Portfolio holder for Health and Wellbeing)	LJ
Cllr Peter Marland (Milton Keynes Council, Leader)	PM
Cllr Tracey Stock (Central Bedfordshire Council, Executive Member Health Wellbeing & Communities)	TS
David Carter (Bedfordshire Hospitals, CEO)	DC
Dorothy Griffiths (Central & North West London Trust – CNWL, Chair)	DG
Dr Charles Esene (Luton PCN)	CE
Dr Sarah Whiteman (BLMK CCG, Clinical Chair)	SW
Helen Terry (BLMK Healthwatch representative)	HT
Joe Harrison (MKUH, CEO)	JH
Julie Ogley (Central Bedfordshire Council, Director of Social Care, Health & Housing)	JO
Kate Walker (Bedford Borough Council, Director of Adults' Services)	KW
Lena Samuels (South & Central Ambulance Service, Chair)	LS
Marcel Coiffait (Central Bedfordshire Council, CEO)	MC
Mary Elford (Cambridgeshire Community Services - CCS, Chair)	ME
Matthew Winn (Cambridgeshire Community Services - CCS, CEO)	MW
Mrunal Sisodia (East of England Ambulance Service, Non-Executive Director)	MS
Nicola Kay (BLMK ICS Programme Director)	NK
Paul Calaminus (East London Foundation Trust - ELFT, CEO)	PC
Ross Graves (CNWL, Executive Director)	RG
Simon Linnett (Bedfordshire Hospitals Chair)	SL
Simon Wood (NHS England & Improvement / NHS East of England Regional Director of Strategy & Transformation)	SW

APOLOGIES

Clare Murdoch (CNWL CEO)	
Dean Westcott (BLMG CCG, Chief Finance Officer, ICS Executive Finance Lead)	
Dr Jason Reddy (Bedford PCNs)	
Dr Tayo Kufeji (Milton Keynes PCN)	
Dr Tom Davis (Acting CEO East of England Ambulance)	
Laura Church (Luton Borough Council Deputy CEO & Corporate Director)	
Mark Lam (ELFT, Chair)	
Mark Stephens (Bedford Borough Council, Interim CEO)	
Maxine Taffetani (BLMK Healthwatch representative)	
Michael Bracey (Milton Keynes Council, CEO)	
Mike Murphy (SCAS, Executive Director of Strategy & Business Development)	
Robin Porter (Luton Borough Council CEO)	

ATTENDEES

Clare Steward (BLMK Population Health & Digital Programme Director)	CS
Clare Walton (Community Action Milton Keynes, CEO)	CW
Dr Manraj Barhey (Luton PCN)	MB
Ian Brown (BLMK Chief Officer for Public Health)	IB
Jacqueline Gray (Bedford Borough Council)	JG
Maria Wogan (BLMK CCGs ICS Establishment Programme Director)	MW _o
Martin Trinder (Community Voluntary Service Bedford, CEO)	MT
Michelle Evans-Riches (BLMK ICS, Programme Manager)	ME-R
Nicky Poulain (BLMK CCG, Director of Primary Care)	NP
Stephen Makin (BLMK CCG, Deputy Chief Finance Officer)	SM
Lorna Venters (BLMK ICS)	LV
One member of the public	

Item No.	Discussion	Action
	<p>Welcome and introductions The Chair welcomed everyone to the meeting.</p>	
1.	<p>Apologies for absence Apologies for absence were received as detailed above.</p>	
2.	<p>Declarations of Interest Paul Calaminus, ELFT's Chief Executive, declared an interest in agenda Item 7, Primary Care Network Maturity Assessment.</p>	
3	<p>Minutes & Actions</p> <p>a. <u>Minutes</u> The minutes of the Partnership Board, which took place on 9th of June 2021, were confirmed as a true record, subject to the following point of correction - include in the list of apologies, Mark Lam (ELFT, Chair)</p> <p>b. <u>Actions</u></p> <ul style="list-style-type: none"> • Actions 50 – clarity is still awaited about the proposed Children’s and Young People Board. • Action 60 – the offer to Primary Care Network (PCN) representatives to meet with the Chair to understand the work of the Partnership Board remains open. The action itself will be removed from the log. 	<p>Action 64 Lorna Venters</p>
4	<p>Public Questions None</p>	
5	<p>BLMK Chair Update</p> <p><u>Location and meeting pattern</u> The Chair sought the member's views on a suggestion to meet quarterly in the four system places, at partner sites on a rotating basis, after the COVID-19 restrictions are lifted. There was consensus that it would be useful to maintain the capability to engage online for meetings and ensure this flexibility is extended for on-site meetings.</p> <p>Agreed that the matter remains open for review.</p>	
6	<p>BLMK Executive Lead Update BLMK submitted its quarter one assessment to the region, which was well received. The Health and Care Bill had its first and second readings on 6 and 14 July 2021, respectively.</p> <p>On 13 July 2021, Integrated Care System (ICS) leaders met with Amanda Pritchard, NHS England’s Chief Operating Officer. The discussion included the implications of lifting Covid restrictions on 19 July 2021, maintaining the elective activity required to get to pre-COVID levels and finding innovative ways of working to address system pressures. Accelerators were thanked for the insight provided to other parts of the system.</p> <p>Guidance regarding provider collaboratives and operating at a place is expected to be published.</p> <p>Martha Roberts has been appointed as Organisational Development Director for the ICS and CCG. She takes up her appointment on 1 August.</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> – In the first three months of the year (April to June 2021), MKUH referrals increased by 81 %, approximately 9000 referrals. Waiting lists rose by 70% from the same period in 2019. It is difficult to predict patterns of activity in the emergency elective pathways because the way people are accessing primary 	

	<p>care is impacting those pathways. Therefore, there is an urgent need to think about solutions to alleviate system pressures.</p> <ul style="list-style-type: none"> - In addition to acute trusts elective waiting lists, other waiting lists which are not accounted for include areas such as specialist dentistry, mental health, and children's complex disability services, all of which have a huge interface with councils. There is a need to look beyond hospital waiting lists at a national and regional level. - Staff shortages are also a key concern. As the holiday season approaches, this will impact recovery. - A discussion on how the BLMK system might work differently to help alleviate pressures for individual organisations will take place at the Chief Executive's Group meeting on 15 July 2021. 	<p>Action 65 Executive lead</p>
<p>7</p>	<p>Primary Care Network Maturity Assessment</p> <p>The Primary Care Network matrix is a progression model co-designed with partners across the BLMK system. It is a developmental tool to help target support where it is needed. It is not a performance management tool. The matrix sets out the initial steps and actions that enable PCNs to deliver greater integrated care and population health for their neighbourhoods.</p> <p>The first PCN self-assessments were carried out by each of the 23 PCN clinical lead teams in BLMK in 2019 and the latest in June 2021. The self-assessments are made against five developmental themes:</p> <ul style="list-style-type: none"> • Leadership, planning and partnerships • Use of data and population health management • Integrating care • Managing resources • Working in partnership with people and communities <p>Each component is assessed and scored against the criterion for Foundation, Step 1, Step 2 or Step 3. The results of assessments show that PCNs are at different stages of development. For example, a 1(+) score indicates more maturity and 1(-) less.</p> <p>Some issues raised by PCNs include elements that are outside their control, such as estates. For example, in Milton Keynes, there is public estate available, making it easier when developing PCNs. In contrast, it is difficult for PCNs to find accommodation in Luton, the most constrained area.</p> <p>A big part of PCN development is additional role reimbursements. Therefore, BLMK needs to recruit, embed, and retain individuals who will provide additional capability and capacity to support PCNs. If BLMK does not recruit and retain the 23 full-time additional roles, BLMK will lose that funding.</p> <p>Place boards will be established for each place with the expectation that priorities and performance measures will be co-produced at that level.</p> <p>BLMK CCG supports member practices and works closely with NHSE and a supportive regional team. Where there are divergent views, such as PCNs becoming limited companies, the CCG facilitates that dialogue.</p> <p><u>Comments.</u></p> <ul style="list-style-type: none"> - The pandemic has accelerated PCN development considerably. The impact of investment fund is a good way of measuring how well PCNs are doing. It would be helpful to have an overall view of the 23 PCN assessments to understand how each measures success. - Regarding workforce skills, there are many development opportunities and resources in the primary care training hub. Clinical teams across the system are encouraged to engage in the whole process. Work is being done to 	

	<p>ensure that the workforce programme is linked into each place-based people board, on which there is wider system representation.</p> <ul style="list-style-type: none"> – There are capacity and capability issues in terms of the leadership of the BLMK system. Within the primary care training hub, two leadership programmes, Beyond Boundaries and the Care Programme, have been developed, the latter of which has had limited uptake. – There is a need for a wider multi-professional approach to see the benefit of working in leadership with other organisations, considering people and cultural, organisational development. 	
8	<p>ICS Strategic Priorities and Development of Place</p> <p><u>Update</u></p> <p>The BLMK ICS strategic priorities have been set, and the overarching vision across the priorities amended to ensure that it is clear that we are working with our population. It now reads <i>Our vision is to work with our population to optimise health and wellbeing, advance equality in our communities and make the best use of our resources.</i></p> <p>Agreed that the Partnership Board endorses the revised vision statement.</p> <p><u>Key focus areas:</u></p> <ol style="list-style-type: none"> 1. Streamlined reporting to avoid multiple reporting lines and duplication of work. Key indicators are being developed to assess the achievement of the priorities. There are five proposed key indicators: <ul style="list-style-type: none"> • An increase in employment levels • An increase in GDP • An increase in the number of years of healthy life expectancy • A reduction in premature mortality • A reduction in the healthy life expectancy gap (reduction in inequality) <p>Comments</p> <ul style="list-style-type: none"> – There is an opportunity to identify indicators linked to broader high-level indicators that are more easily and regularly measured. The indicators need to relate to the cyclical population health approach. – It would be useful to demonstrate that the ICS seeks high-level indicators that reflect the population's feedback. <p>The indicators should be overarching and cover the whole agenda. For example, Population Health Management (PHM) priorities reflect local authority emphasis on reducing poverty, from which many PHM outcomes flow. Frailty cuts across health and social care, as does mental health, children and young people. Further iterations of the strategy should show the impact on a particular part of the community, such as an area targeted to create better employment prospects. As the system evolves, we should limit metrics to avoid users being overwhelmed by additional information.</p> <ol style="list-style-type: none"> 2. Communication of our priorities by updating the ICS / CCG websites and using social media channels such as Twitter and Facebook to ensure a wider reach. 3. In terms of leadership and governance, Senior Responsible Officers are being appointed for each strategic priority, the details of which will be shared at a future date. Subject matter experts will be involved in the design and delivery of the priorities. External expertise, potentially from academia, will be brought in to advise on specific pieces of work when required. 4. Working with PCNs, places and care alliances to develop transformation plans <p>Agreed that Nicola Kay will work with partners to develop a set of high-level indicators for each priority, taking on board feedback from the group.</p>	<p>Action 66 Nicola Kay</p>

	<p><u>Development of Place-based plans</u> Work has started on developing plans at place. Existing plans are being mapped against the agreed strategic priorities to create a baseline and avoid duplication. Places will own their plans and have appropriate governance.</p> <p><u>Next Steps</u></p> <ul style="list-style-type: none"> • There will be deep dives on each place at future Chief Executive Group meetings to understand how plans are being developed. • There is an offer of peer support to BLMK places from the Local Government Association, NHS Providers, NHS Clinical Commissioners, NHS Confederation and the ICS Network. The offer is intended to support the development of place plans through a critical friend approach. <p><u>Comments</u></p> <p>Bedford Borough Work is underway to ensure that the Health and Wellbeing Board (HWB) is developed to match the expectations and outcomes of the new place-based board. It would be useful to review Bedford Borough's draft plan and discuss replacing the (HWB) with a place-based board.</p> <p>Central Bedfordshire The council's Officer Group that looks to the ICS and the HWB has been reconvened. Good progress is being made on the draft plan. Contributions and willingness of partners to understand the difference in the places is helpful.</p> <p>General</p> <ul style="list-style-type: none"> – Clarity of the term 'place-based' is needed because it means different things to councils and the ICS. There must be absolute clarity in our use of language to avoid confusing the general public about what we aim to achieve. – The local authority footprint is place. The focus should be on the places to set themselves up to start delivering on the priorities for local populations and identifying the action plans for delivery. – When the national guidance on the financial framework of the ICS is published, there will be opportunities to discuss the flow of NHS money. – A framework to help the system navigate decisions that can be agreed on easily and collectively should be developed. Work on ICS governance is underway, and there will be an opportunity for discussion. 	<p>Action 67 Nicola Kay</p>
<p>9</p>	<p>Finance M3 reporting The update relates to NHS organisations within the ICS and focuses on those hosted in BLMK. The system is collecting information from NHS partners who have their financial performance measured in other systems.</p> <p>The ICS submitted its final H1 financial plans and is expected to break even. The plans make an assumption to deliver efficiency targets of circa 2%. The set of financial risks identified will be contained within the system's allocation for the first half of the year.</p> <p>The financial position to plan reported £0.2m surplus year to date. All organisations are currently forecasting the delivery of their plans for the first half of the year. Importantly, there are no assumptions about margin or benefits associated with the elective recovery framework, which has been put in place to support elective recovery in the NHS. Instead, the income and expenditure are assumed to be aligned for the first six months.</p> <p>The capital position is reported at month 2. The plan was underspent by £5.5 million. The four key provider organisations are forecasting to spend their full</p>	

	<p>capital plan for the year. There is increasing scrutiny from NHS England, and BLMK will be focusing on plans to ensure that any slippage on plans is understood.</p>	
<p>10</p>	<p>Population Health Management Strategy</p> <p><u>Overview</u></p> <p>Population health is about using data and insight to drive the transformation of services by focusing on outcomes for residents and reducing health inequalities. The Population Health Management (PHM) Strategy builds on the work done as part of a Wave 2 system pilot for NHS England's development program. The BLMK strategy has been co-produced with a broad range of partners. It sets out the method and approach to analysing data from various sources and the elements required to enable that. The strategy will drive and support population health at all levels of the system.</p> <p>A data and information infrastructure is being developed to support PHM, bringing together analytical capacity from across the system, to turn the data into actionable intelligence. The financial models and governance frameworks will be properly incentivised for the achievement of improved health outcomes. The governance arrangements have been refined following discussion at the CEO Group meeting on 13 May 2021, and discussions with partners continue.</p> <p><u>Next steps</u></p> <p>Work is underway to increase the coverage of the population health data set, support PCN development planning, and consider how population health data and insights can support care alliance strategic priorities. In addition, there will be a skills audit to identify gaps in business intelligence capacity and capability to ensure that the ICS continues to build and improve its resources.</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> – The strategy is very technical and not easily communicable to service users. A narrative that resonates with the public should be included. This Board is a public meeting, and a way to ensure that the general public understands what the ICS is doing is to use case studies of patient journeys that are relatable. – We should be talking about people, not patients. Population health relates to the environment in which our population lives, not just the NHS. – As PHM and digital transformation evolve, we must not lose sight of innovative technology currently used across the system. – Reference should be made to coproduction and how population health data will be used. – It is a challenge for general practice to use the data because of the volume received and the difficulty accessing local authority social care information. The CCG / ICS is working with Arden and Gem, the incoming provider, to ensure that the different systems within BLMK can exchange and use information. PHM champions within the CCG will work with PCNs to validate the data and provide solutions to enable information sharing. A superuser group has been established to ensure that the end-users are testing new tools. As the group grows, its remit will expand to include local authority and other system partners. – Table 1 of the PHM draft strategy should include an additional column to indicate the type of information, e.g. digital. <p>The link between PHM and data strategy is key to BLMK potentially being a research ICS that will attract significant investment and have the desired impact on the population.</p>	

	<p>Agreed that the recommendations proposed in the paper be endorsed and that comments from the Partnership Board be considered when developing future strategy iterations.</p>	<p>Action 68 Clare Steward Ross Graves</p>
<p>11</p>	<p>VCSE Collaboration Claire Walton (Community Action MK) and Martin Trinder (Community Voluntary Service Bedford) provided an overview of the work of the voluntary sector within BLMK. The two organisations are local infrastructure organisations that support local voluntary and community groups. They provide a range of support, including governance advice, funding, training, and networking opportunities to enable the voluntary sector's voice to be heard.</p> <p>A structure is being developed to enable easier engagement between community and statutory organisations. To test this, a specific alliance, based on the Community Transformation Programme, is being developed to establish a collaboration of groups to work as an integrated team to find solutions for challenges within communities. The VCSE is helping to build the capacity of voluntary organisations to engage in discussions and influence strategy. In addition, the VCSE aims to replicate its experience of mutual learning and collaborative working with health sector colleagues to other ICS strategic priority areas.</p> <p>Volunteering in BLMK has increased significantly over the last eighteen months. There are approximately 2000 registered charities and a further 2000 voluntary community sector organisations and social enterprises. The challenge for the system is to find ways to engage with smaller organisations whose priorities tend to be focused on immediate activities.</p> <p>Comments</p> <ul style="list-style-type: none"> – The voluntary sector understands local populations in a way that is challenging for systems to do. For example, the sector has been instrumental in supporting a large cross-section of local communities at the height of the pandemic and continues to do so. – VCSE representation is needed at this forum. The challenge for the ICS is finding solutions to harness and enhance the engagement. The whole approach to working with the voluntary sector needs to be considered, including adjusting pathways to help train and upskill volunteers, which would help with workforce challenges in partner organisations. – The ICS can help strengthen the voluntary sector's service delivery across BLMK through various ways, including commissioning. However, smaller groups cannot demonstrate a governance structure that gives assurance of their service. Access to grants for smaller social enterprises would be a solution. 	
<p>12</p>	<p>Oxford / Cambridge Arc The Oxford-Cambridge Arc (the Arc) includes Oxfordshire, Bedfordshire, Buckinghamshire, Northamptonshire, and Cambridgeshire.</p> <p>The Arc leadership group, coordinated by the Ministry of Housing Communities and Local government (MHCLG), comprises local authorities and central government representatives. Local economic partnerships are also represented. The group is currently transitioning to a more formal structure, a 'Growth Body', and work is underway to develop a suitable model to ensure appropriate representation.</p> <p>The leadership group is working with the government to unlock the Arc's economic potential. Key areas of focus include:</p> <ul style="list-style-type: none"> • Unlocking innovation and investment 	

	<ul style="list-style-type: none"> • Environmental aspects such as maintaining the good things that are already in place and creating aspirational places where people want to live sustainably • Enhancing physical and digital connectivity by leveraging a more sustainable transport model and digital infrastructure while maintaining the current green infrastructure. • Accelerating prosperity for everyone by enabling communities and businesses to benefit from better paying jobs and providing access to a range of resources resulting in populations relying less on the public sector because they are more sustainable. <p>The government is developing a Spatial Framework to support better spatial planning, provide a blueprint for better targeted public investment, give investors and businesses greater long-term certainty growth plans, and allow communities to shape the long-term future of places across the region. To inform the development of the framework, a public consultation, Creating a vision for the Oxford-Cambridge Arc, has been published seeking views from the residents and organisations.</p> <p>After the public consultation, consideration will be given to where and how investment is targeted. It should be noted that alongside the Arc initiative, there are other discussions, for example, Oxford and Cambridge have separate growth deals with the government, in return for which they receive investment for specific projects. Specific investments beyond the Arc for the central area (Northamptonshire, Bedfordshire and Milton Keynes) are also discussed. The decision on the Comprehensive Spending Review (CSR) will provide clarity on available options.</p> <p>MHCLG, which leads the discussions, represents different parts of government. Identified need and growth in health infrastructure programmes should and can be discussed in that forum. We need to ensure that there is appropriate local representation and a common narrative that is fed into government forums. There is sufficient overlap in local authorities to reach an agreement around similar outcomes for our populations.</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> – Simon Wood and David Radbourne have been asked and agreed to join the Arc leadership to ensure that health priorities are represented and included in the spatial framework. – BLMK ICS’s Executive Lead will be meeting with colleagues from three ICSs (Buckinghamshire, Oxfordshire and Berkshire, Cambridge and Peterborough, and Northamptonshire) to consider how best to work collaboratively to ensure that specific local health matters are represented across various subgroups. – We need to ensure that we do not reinvent the wheel. For example, the Milton Keynes tariff helped fund the academic and cancer centres at the hospital and was instrumental in securing funds for the new Women’s Hospital. – It would be helpful for the ICS to feed into the longer-term freedoms and flexibilities available, such as the ability to sign contracts for GPs and sign off health centres. <p>Key documents will be circulated to the Partnership Board when they are published.</p>	
13	<p>Bedfordshire Care Alliance</p> <p>The paper was taken as read.</p> <p>Alison Blair, current Director of Transformation at BHR ICP (Barking and Dagenham, Havering and Redbridge, Integrated Care Partnership), has been</p>	

	<p>appointed as the Programme Director for the Bedfordshire Care Alliance and starts on the 2nd of August 2021. The role will focus on transition and transformation</p> <p>Luton Borough Council's transport strategy considers how to ensure roads and streets are dementia-friendly, create sample routes, improve wellbeing and reduce crime. These aspects are examples of the significant involvement and impact that local authorities have in delivering outcomes for the population.</p>	
14	<p>AOB</p> <p>a. Partnership Board work plan attached.</p>	

The Public Meeting closed at 16:40 hours

18 August 2021

Lorna Venters

BLMK Partnership Board Action Log							
Ref	Date	Item	Action	Responsible	Deadline	Status	Comments
50	07-Apr-21	BLMK Partnership strategic priorities – outcomes from workshops	To share paper making reference to a Children's and Young Person's Board	Anne Murray	Apr-21	Open	26.05.21-information on the Children's and Young Person's Board requirements will be shared once there is clarity
64	09-Jun-21	Recovery – actual against plan (Performance)	To ensure the report is comprehensive and include in future reports a wider set of metrics such as primary care, paediatric and mental health waits.	Richard Alsop	Sep-21	Open	Performance report, see agenda item 6 (01.09.21 meeting)
65	09-Jun-21	Milton Keynes Health and Care Alliance update	To report on the outcomes for each MKHCA priority at the Partnership Board in September 2021, in the next Milton Keynes Health and Care Alliance update.	Joe Harrison	Sep-21	Open	Update report, see agenda item 11 (01.09.21 meeting)
66	14-Jul-21	ICS Strategic Priorities and Development of place	To work with partners to develop a set of high-level indicators for each priority, taking on board feedback from the group	Nicola kay	Sep-21	Open	20.8.21 - Additional work has taken place to develop indicators for all strategic priorities and cross-cutting enablers. This has been discussed at the Performance and Delivery Group and feedback is being incorporated. A full update will be provided on the strategic priorities work at the October Partnership Board(NK) . <i>Included on forward plan</i>
60	09-Jun-21	BLMK Executive Lead Update	To meet with PCN representatives separately for briefings on the work of the Partnership Board if they would find that helpful.	Chair / PCN Leads	Jul-21	Closing	14.7.21 - the offer to Primary Care Network (PCN) representatives to meet with the Chair to understand the work of the Partnership Board remains open. The action itself will be removed from the log
64	14-Jul-21	Minutes and actions	To correct minutes: include in the list of apologies, Mark Lam (ELFT,Chair)	Lorna Venters	Jul-21	Closing	Completed 14.7.21
65	14-Jul-21	BLMK Executive Lead Update	To discuss at the CEO Group on 15.07.21 -- ways to differently to help alleviate pressures for individual	Executive Lead	Jul-21	Closing	Completed 15.7.21
67	14-Jul-21	ICS Strategic Priorities and Development of place	It would be useful to review Bedford Borough's draft plan and discuss replacing the (HWB) with a place-based board	Nicola kay	Aug-21	Closing	Completed. Meeting held on 19.8.21
68	14-Jul-21	Population Health Management Strategy	To take on board comments from the Partnership Board when developing future strategy iterations.	Clare Steward / Ross Graves	Aug-21	Closing	Completed

Meeting title	BLMK ICS Partnership Board	Date: 1 September 2021
Report title:	M4 Critical Issues and Performance Report	Agenda item: 6
SRO:	Name: Geraint Davies	Title: Director of Performance & Governance SIRO
Report Author:	Name: Neve Patel	Title: Head of Performance

Document summary	This summary report provides a high-level overview of M3 critical performance issues, risks and supporting progress within service areas, across the BLMK system.			
Link to Strategic Priorities or ICS Development plan	<i>This summary report contains information relating to ICS performance areas, detailing main issues, risks and mitigation.</i>			
How this work addresses inequalities	This summary report highlights areas of inequitable access to services			
Potential Risks and Issues	See summary report for high level overview			
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	For information and review only			
Document history	This summary is based on the M3 Critical Issues, Performance and Quality Report.			
Appendices	NA			

1. Summary

This report provides a high-level overview of M4 critical issues, risks and recovery progress within service areas, across the BLMK system.

Elective Recovery patients continue to be clinically prioritised, with GPs now accessing Advice and Guidance, freeing up local capacity. A Patient communication is to be agreed across BLMK for patients waiting, including where to find support if living with pain or wider social impact of their condition. Risks continue to include increased demand, supported by the MK Referral management service.

Cancer Care recovery data is showing that backlog trajectory was not met in July. There were known issues around staff absences and patient cancellations due to increase in COVID cases; recovery actions (additional staffing, additional clinics) are in place to recover position for August.

Primary Care demand is being supported by a “PC access task group” and a community pharmacy consultation scheme. The Covid-19 vaccination programme remains a risk due to demand on workforce and estates, with weekly sit reps monitored from all practices. 111 calls have increased in June to 37.5% above plan. CCGs/ICSs have been asked to consider how to fund 111 providers in H2 21/22 and recurrently with the expectation that demand levels will not reduce.

Community Services for 0–19-year-olds are anticipating backlogs due to increased complexity and safeguarding with appointments being clinically prioritised. Workforce remains a risk across services due to self-isolation and a reduction in applicant levels.

Adult Mental Health IAPT services are working with the CCG over July and August to mitigate the projected access target shortfall of 3.4%. Sign off of MH finances has increased the delivery risk of key targets. The CCG and services are developing mitigation. Section 117 Aftercare and specialist placement have a programme approach and a plan in place to achieve a savings target of £1.7m in this financial year, and reviews of high-cost weekly placements have begun. Workforce remains the biggest risk for MH services.

Learning Disability and Autism services are carrying out work with GP practices and Primary care to follow up on patients who have received an LD health check but are not on the QoF. The lowest performing GP surgeries have been identified and considered for additional support through a patient DNA appointment pilot study.

Emergency Care / Individualised Care and System Flow are working with system partners to deliver the 1st phase of the SHREWD project which will support with winter planning 2021/22. High demand across services continues within BLMK with the anticipation that this will be compounded by an additional 20% of activity. All 10 Ambulance services are currently at REAP4, a national Major Incident affecting all providers including EEAST and SCAS. EEAST internal and external organisation actions are in place which include recruitment of an additional 38 call handlers, upskilling staff, declaring a critical incident, and requesting support from NHSE/I. They also have a 24/7 Strategic Gold team on standby ready to be deployed. External EEAST actions include consideration of Military request for support, Fire, and Police service mutual aid, working with welfare trucks and increased communications with NHSE/I and the public.

Children, Young People and Maternity services, continue to face staffing challenges due to staff absences, this is supported with a bi-weekly system call to share mitigating actions. Eating disorders continues to face high demand and will be the focus area of the BLMK MH delivery group in August. Workforce remains a significant risk across all areas.

Quality and Safety teams continue to support the system following the lifting of Covid-19 restrictions in July. There is a process in place to manage any local outbreaks in healthcare settings including care homes, domiciliary care and supported living/LD. Support, leadership and monitoring has been given to services in relation to risk assessments of staff returning to work when have been asked to isolate following track and trace as well as IPC support given to local vaccination site.

The Covid Vaccination programme phase 2 delivery is underway and phase 3 will focus on increasing uptake in cohorts 11 and 12, extended to include those aged 12+ with specific underlying health conditions, those 12+ who are household contacts of persons (adults or



children) who are immunosuppressed, those within 3m of their 18th birthday and healthy 16–17-year-olds. Vaccinations continue to be offered through existing delivery points across BLMK including Vaccination Centres, PCNs & Community Pharmacies. Targeted approaches are also being utilised across specific BLMK geographies. BLMK have identified new vulnerable group: People with Sickle Cell Anaemia (2052 people in this group in BLMK (16+)). The CCG is working with NHSE/I Specialised commissioners to improve uptake. The Communications Team are developing a ‘teaser’ campaign to prepare the public for the forthcoming Phase 3 and Flu Programmes, with a different focus each week.

BLMK M3 Critical Performance Summary

August 2021



M4 Critical Issues and Performance



This report provides a high-level overview of M4 critical issues, risks and recovery progress within service areas, across the BLMK system. Further detail can be found within the M3 Critical Priorities Performance and Quality report and the M3 data pack on the NHS Futures website: <https://future.nhs.uk/BLMKCCGCOVID19/view?objectId=23631760>

Programme Area

Elective Recovery patients continue to be clinically prioritised, with GPs now accessing Advice and Guidance, freeing up local capacity. The community urgent eye service continues to reduce pressure on hospital services and some urgent A&E presentations. A Patient communication is to be agreed across BLMK for patients waiting, including where to find support if living with pain or wider social impact of their condition. Risks continue to include increased demand, supported by the MK Referral management service and A&G / Telederm uptake. Long waits continue to be managed through weekly reviews and independent sector capacity increase, alongside clinical prioritisation.

Cancer Care continues to see 2 week wait referrals rising well above pre-Covid-19 levels with Trusts continuing to clinically triage, utilise straight to test and one-stop models to address capacity issues. Recovery data is showing that backlog trajectory was not met in July. There were known issues around staff absences and patient cancellations due to increase in COVID cases. Additional recovery actions (additional staffing, additional clinics) are in place to recover position for August.

Primary Care demand is being supported by a “PC access task group” supporting the “call in ta 8am model” and a community pharmacy consultation scheme with 3 practices live, and a further 8 PCN expressions of interest. It is the intention to have 50% of practices on board by March 2022. The Covid-19 vaccination programme remains a risk due to demand on workforce and estates, with weekly sit reps monitored from all practices. 111 calls across Bedfordshire and Luton have increased in June to 37.5% above plan. This increase in call activity continues to be disproportionately in the In-hours period. NHSE/I funding has been released for call handling capacity improvements, and CCGs/ICSs have been asked to consider how to fund 111 providers in H2 21/22 and recurrently with the expectation that demand levels will not reduce.

Community Services for 0-19 year olds are anticipating backlogs due to increased complexity and safeguarding with appointments being clinically prioritised. A service wide review and a joint system approach with LA's will be undertaken for these services. Workforce remains a risk across services due to self-isolation and a reduction in applicant levels, whilst redeployment is being looked at in MK, this is impacting improvement project timescales.



M4 Critical Issues and Performance



Programme Area

Adult Mental Health IAPT services are working with the CCG over July and August to mitigate the access target shortfall of 868 projected to March 2022 (3.4%). Sign off of MH finances was achieved end July 2021, which increased the delivery risk of key targets. This has had an adverse effect on waiting lists as the services were unable to recruit, the CCG and services are developing mitigation. Dementia diagnosis continues to underperform. A targeted awareness approach is being utilised in Central Bedfordshire (lowest performing area) to increase referrals and diagnosis rate, this will include education sessions for GPs and virtual patient sessions. Section 117 Aftercare and specialist placement have a programme approach and a plan in place to achieve a savings target of £1.7m in this financial year, and reviews on placements costing over £2k a week have begun with ELFT. Workforce remains the biggest risk for MH services with a current focus on IAPT services where funding has been agreed and recruitment has initiated and retention schemes in place.

Learning Disability and Autism services are carrying out work with GP practices and Primary care to follow up on patients who have previously received an LD health check but are not on the QoF. These patients will be reviewed and considered for inclusion on the QoF LD register. The lowest performing GP surgeries have been identified and considered for additional support through a patient DNA appointment pilot study.

Emergency Care / Individualised Care and System Flow are working with system partners to deliver the 1st phase of the SHREWD project which will support with winter planning 2021/22. Close working between Non- Emergency Patient Transport Services (NEPTS), discharge hubs and care homes to ensure details of any patients who may go past the cut off time are clearly communicated to support stay extensions to avoid acute bed blocking. High demand across services continues within BLMK with the anticipation that this will be further compounded by an additional 20% of activity. Winter planning has begun with meeting taking place in August. All 10 Ambulance services are currently at REAP4 so this is a national Major Incident affecting all and not limited to EEAST and SCAS. EEAST internal organisation actions to support include, recruitment of an additional 38 call handlers and upskilling staff. They have also declared a critical incident and have requested a support call with NHSE/I. They also have a 24/7 Strategic Gold team on stand by ready to be deployed as required. External EEAST actions include, consideration of Military request for support, Fire and police service mutual aid, working with welfare trucks and increased communications with NHSE.I and the public. Furthermore they have withdrawn all clinical staff from training and meetings to allow a return to front line services.



M4 Critical Issues and Performance

Programme Area

Children, Young People and Maternity services, the latter of the services continues to face staffing challenges due to staff absences, this is supported with a bi-weekly system call to share mitigating actions. Eating disorders continues to face high demand and will be the focus area of the BLMK MH delivery group in August. Workforce remains a significant risk across all areas, with a Regional diver policy in use and an OPEL framework being developed for Maternity services. There is a risk that pregnant women will not receive timely antenatal scanning due to sonographer capacity; both Trusts have reviewed pathways and put in place mitigating actions and are being supported by the region. Due to ongoing capacity issues in Luton within ultrasound, breaches with GROW scans have been reported while screening scans are prioritised.

Quality and Safety teams continue to support the system following the lifting of Covid-19 restrictions in July. There is a process in place to manage any local outbreaks in healthcare settings including care homes, domiciliary care and supported living/LD. Support, leadership and monitoring has been given to services in relation to risk assessments of staff returning to work when have been asked to isolate following track and trace as well as IPC support given to local vaccination site. June saw 31 serious incidents across BLMK and zero never events. Whilst it is too early to identify trends, M3 has seen an increase in reported self harm Covid-19 incidents originating from Hospitals.

The Covid Vaccination programme phase 2 delivery is underway with a focus on increasing uptake in cohorts 11 and 12. This has been extended to include young people aged 12 and over with specific underlying health conditions, those in this age group who are household contacts of persons (adults or children) who are immunosuppressed, those within 3m of their 18th birthday and healthy 16-17 year olds. Vaccinations continue to be offered through existing delivery points across BLMK including Vaccination Centres, PCNs & Community Pharmacies. Targeted approaches are also being utilised across specific BLMK geographies including Luton over 4 weekends from 28th August, Call back letters to unvaccinated under 30s in Bedfordshire and Milton Keynes and outreach work with large employers including Manga park and Vauxhall. The LBC 'Vaccine Taxi' scheme is progressing well, with good case studies. The Vaccine Reassurers have been gathering insight into why people are not coming forward for the vaccine including needle phobia. BLMK have identified new vulnerable group: People with Sickle Cell Anaemia (2052 people in this group in BLMK (16+)) . Working with NHSE Specialised commissioners to explore opportunities of consultant to patient conversations to improve uptake. The Communications Team are continuing to promote the 'Evergreen' model and Outreach programmes. The Team are developing a 'teaser' campaign to prepare the public for the forthcoming Phase 3 and Flu Programmes, with a different focus each week.



M4 Critical Issues and Performance



Covid-19 Vaccinations – as at 23/08/21

Dose 1 - Vaccine Delivered

Dose 1 - Cohorts 1-9 - Up to 23/8
354,221
90.15%

Dose 1 - Cohorts 1-12 - Up to 23/8
677,292
78.55%

Dose 1 Done - Cohorts 1-12
17th to 23rd August 2522 (2646)

Dose 2 - Vaccine Delivered

Dose 2 - Cohorts 1-9 - Up to 23/8
339,907
86.51%

Dose 2 - Cohorts 1-12 - Up to 23/8
590,408
68.47%

Dose 2 - Done Cohorts 1-12
17th to 23rd August 18141 (20974)

	GP Registered Population	Dose 1 Remain		Dose 1 Done	% 1st Done	1st Dose Gap to Ambition - 90%	Dose 2 Done	% 2nd Done	Dose 1	Dose 2
		excluding Declined	Declines						Number vaccinated in week ending 23/08/2021	Number vaccinated in week ending 23/08/2021
Cohort 1 Elderly Care Home Residents	4,027	158	0	3,869	96.1%		3794	94.2%	13	21
Cohort 2a - 80+ Years	39,441	813	877	37,751	95.7%		37402	94.8%	19	33
Cohort 2b - Health and Social Care Staff	36,234	5,321	0	30,913	85.3%	1698	23135	63.8%	113	138
Cohort 3 - 75-79 Years	30,293	586	562	29,145	96.2%		28901	95.4%	84	93
Cohort 4 - 70-74 Years	42,030	1546	767	39,717	94.5%		39333	93.6%	0	6
Cohort 5 - 65-69 Years	44,700	2802	794	41,104	92.0%		40516	90.6%	0	15
Cohort 6a - 16-17 Years - CEV/At Risk	1,679	672	61	946	56.3%	565	681	40.6%	106	5
Cohort 6b - LD/Other Care Homes Residents	660	19	0	641	97.1%		626	94.8%	1	0
Cohort 7 - 60-64 Years	55,324	4503	898	49,923	90.2%		48966	88.5%	58	95
Cohort 8 - 55-59 Years	67,031	7036	1037	58,958	88.0%	1370	57485	85.8%	55	136
Cohort 9 - 50-54 Years	71,494	9069	1171	61,254	85.7%	3091	59068	82.6%	31	138
Total Cohorts 1-9	392,913	32,525	6,167	354,221	90.15%	6,723	339,907	86.51%	480	680
Cohort 10 - 40-49 Years	151,288	32233	1271	117,784	77.9%	18375	108871	72.0%	278	1215
Cohort 11 - 30-39 Years	166,141	53915	1277	110,949	66.8%	38578	87260	52.5%	654	6304
Cohort 12 - 18-29 Years	151,923	56671	914	94,338	62.1%	42393	54370	35.8%	1110	9942
Cohort 13 - 16-17 Years excluding CEV/At Risk - single dose only	23,516	17832	22	5,662	24.1%	15502	325	1.4%	0	
Cohort 14 - 12-15 Years CEV and household contacts of immunosuppressed - 2 doses - not yet open	1,058	1023	3	32	3.0%	920	1	0.1%	0	0
Total Cohorts 1-12	862,265	175,344	9,629	677,292	78.55%	106,069	590,408	68.47%	2522	18141



Meeting Title:	BLMK ICS Partnership Board	Date: 1 September 2021
Report Title:	Outcomes Being Achieved for People With a Learning Disability	Agenda item: 7
SROs:	Richard Alsop (BLMK CCG)	Director of Commissioning and Contracting
	Richard Fradgley (ELFT)	Director of Integrated Care
Report Author:	Kaysie Conroy (On behalf of and in conjunction with BLMK Learning Disabilities Leads)	Principal Strategic Commissioning Officer (Central Bedfordshire Council)

Document Summary	<p>This paper is designed to set out the outcomes being achieved for children, young people and adults with learning disabilities across BLMK, that takes into consideration any identified gaps or issues and planned activity that aims to respond to these.</p> <p>This paper seeks to cover the whole system across health and social care, children and adult services.</p> <p>There is a lot of work happening both locally and nationally to improve the lives of people with learning disabilities and this paper aims to summarise the key areas.</p>
Link to Strategic Priorities or ICS Development Plan	<p>This area of work relates to ICS priorities 1, 2, 3 and 5 and enablers.</p> <ul style="list-style-type: none"> ▪ Every child has a strong healthy start in life ▪ People are supported to engage and manage their health and wellbeing ▪ People age well with proactive interventions to stay healthy, independent and active ▪ Everything we do promote equalities ▪ Enablers: data and digital, workforce, ways of working, estates, communications, finance, operational and clinical excellence.
How this work addresses inequalities	<p>Promoting equality and addressing inequalities is at the centre of this work. Throughout the development of any local project, policy or piece of work, partners have given due regard to the need to:</p> <ul style="list-style-type: none"> ▪ Eliminate discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a relevant protected

	<p>characteristic (as cited under the Equality Act 2010) and those who do not share it; and</p> <ul style="list-style-type: none"> Reduce inequalities between people in access to, and outcomes from health and care services, and to ensure services are provided in an integrated way where this might reduce inequalities. 								
Potential Risks and Issues	The group will identify and quantify any risks, and consider mitigations.								
Purpose <i>(tick one box only)</i>	<table border="1"> <tr> <td>Information</td> <td>Approval</td> <td>To note</td> <td>Decision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Information	Approval	To note	Decision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information	Approval	To note	Decision						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Recommendation	To note and comment on the report.								
Stakeholders Consulted / Involved in Development of the Paper	Partners from across BLMK (health, social care, children and adult services across two NHS Trusts) were consulted and contributed to the development of this paper.								
Document history	Not applicable.								
Appendices	Not applicable.								

1. Introduction

This paper has been coordinated with the support of organisations from across Bedfordshire, Luton and Milton Keynes (BLMK) health and social care, including children and adult services. The aim is to develop a position paper detailing the outcomes being achieved for people with a learning disability across the BLMK Integrated Care System (ICS), setting out gaps and issues and proposing plans that aim to respond to these going forward. This paper covers all ages and responds to the whole learning disability population across BLMK. People with autism who have no co-morbid conditions, are not in scope for the purpose of this paper. This area will now be reviewed in line with the National Autism Strategy that was published in July this year.

It is recognised that the system needs to work with people, families and communities to understand individual strengths, needs and aspirations to live a meaningful life. Involving people as equal partners will assure the system that we are responding to the needs of the local population and ensure people with learning disabilities and families have a voice that can influence change. As a system, we have continued to work with people, families and advocacy groups to keep the views and aspirations at the centre of our work. During the pandemic, care management teams and colleagues from across specialist healthcare teams continued to engage with people and their families whilst also utilising technology to a greater extent to minimise the impact of social distancing and infection control measures. People with learning disabilities and their families have told us:

- It has been good to use technology to see people, particularly when we were not allowed out due to lockdown and could do activities. However people would like a balance and still be able to go out and about and meet people in person.
- People have said that they struggled during lockdown to remain at home all the time and families have been under pressure to support their family members full time with limited access to respite support.
- People with a learning disability are keen to get back to their daily routine so that they can socialise with friends and peers as they did before the restrictions came into place.

This paper seeks to reflect the principles of co-production and associated values that ensure the language is respectful, inclusive, community driven and understood by the people we are here to support.

Local authorities, health and education have a statutory responsibility under the Special Educational Needs and Disability (SEND) code of practice 0-25 years. This sets out how organisations will work with and support children and young people who have special educational needs or disabilities. A child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability which requires special educational provision to be made. The definition of learning difficulty / disability between children and adult services may vary between services and organisations. The link below refers to the SEND code of practice.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

There are various definitions of learning disabilities – *A learning disability is a reduced intellectual ability and difficulty with everyday activities (Mencap)*. Learning disabilities are heterogeneous conditions, but are defined by three core criteria, *lower intellectual ability (usually defined as an IQ of less than 70), significant impairment of social or adaptive functioning and onset in childhood*.

The local authorities are lead commissioners for people with learning disabilities and have statutory responsibilities under the Care Act 2014 that requires each local authority to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults, and support for carers. This includes all adults in their area, beyond those who have an immediate need for care and support. The local authorities have a delegated function to provide care management responsibilities for most of the learning disability population. The link below refers to the care and support statutory guidance.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Commissioning arrangements vary across the BLMK footprint. Luton and Milton Keynes Councils host a pooled budget arrangement with BLMK Clinical Commissioning Group (CCG) for the provision of the Community Team for Adults with a learning disability. Central Bedfordshire and Bedford Borough Councils have separate budgets managed by the respective health and social care commissioner. However, if a person is assessed as having health, social care and / or education needs then joint packages will be agreed and commissioned collaboratively.

This paper will reflect on the last year as the pandemic has brought into sharp focus the health and social equalities faced by people with learning disabilities. It will prompt questions about parity of esteem for people and their families, and how much progress has really been made to prevent discrimination and ensure that the lives of people with learning disabilities are valued equally.

2. Forecast Populations

The population across BLMK is forecast to grow steadily over the next 20 years (see graph below). Between 2020 and 2040 it is predicted that there will be an additional 278 people with a learning disability in Central Bedfordshire, 124 people with a learning disability in Bedford Borough and 22 people in Milton Keynes. Luton is showing a predicted decrease between this period of 215 fewer people expected to have a learning disability between the age range of 18 – 64 years.

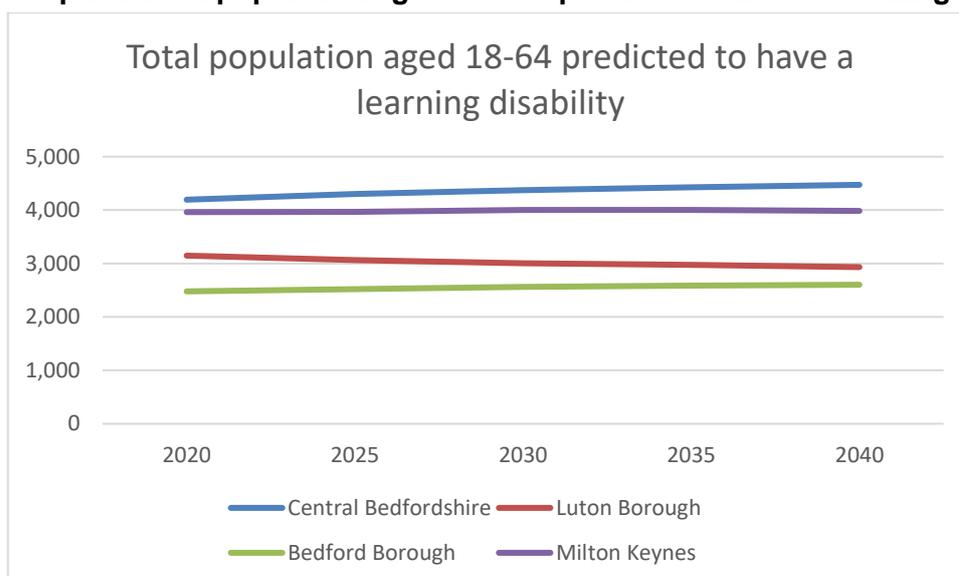
This represents an increase of around 1.5% over the 20-year period across BLMK, attributable to general population increase and increasing life expectancy.

Table 1: Total population aged 18 – 64 predicted to have a learning disability

Local Authority	2020	2025	2030	2035	2040
Central Bedfordshire	4,195	4,303	4,371	4,427	4,473
Luton Borough	3,147	3,063	3,006	2,977	2,932
Bedford Borough	2,478	2,519	2,559	2,587	2,602
Milton Keynes	3,962	3,969	4,000	4,003	3,984

Data source: Projecting Adult Needs and Service Information (PANSI)

Graph 1: Total population aged 18 – 64 predicted to have a learning disability



In addition to the population driven increases in demand, there is emerging evidence that this will be compounded by an increase in care needs as people with learning disabilities get older.

Between 2020 and 2040 it is predicted that there will be an additional 522 people with a learning disability who are aged 65 and over in Central Bedfordshire, an additional 177 people in Luton, 309 people in Bedford and an additional 411 people with a learning disability in Milton Keynes. This represents an increase of around 45% over the 20-year period.

This evidence suggests that there is an ageing population, and more work is being done across the dementia pathways to improve and increase access for early diagnosis. People with a learning disability who have a diagnosis of Downs Syndrome are offered dementia screening from the age of 30 years. Milton Keynes is considering a research project around the use of Positive Behavioural Support (PBS) for individuals with a cognitive decline that would support people’s communication skills. Specialist Learning Disability Services (SPLD) are reviewing and continuing to develop the multidisciplinary pathway to ensure that a proactive multidisciplinary diagnostic pathway is in place. This sits within the Specialist Healthcare Team, whilst the Intensive Support Team (IST) would support with any behaviours that challenge.

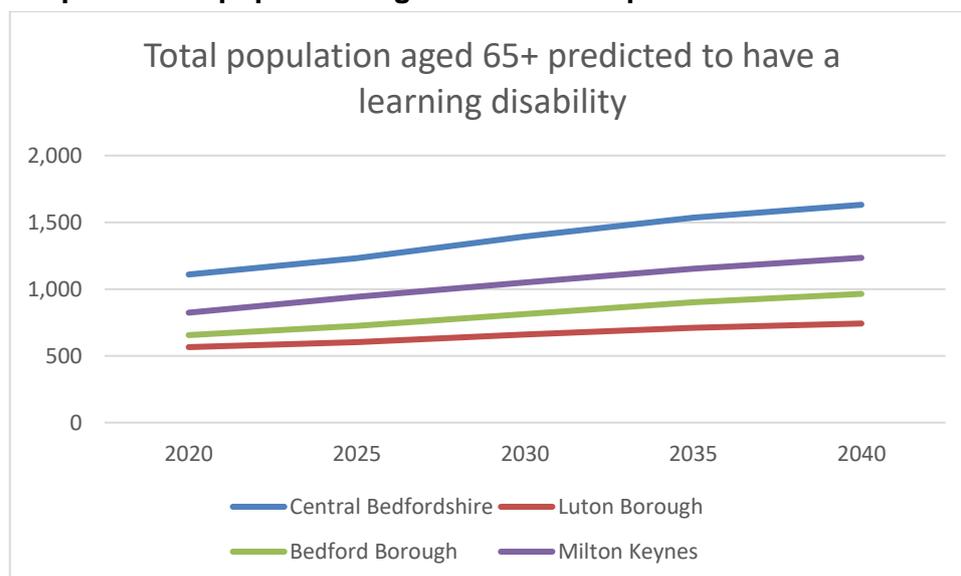
The table and graph below indicate an incline in the number of people predicted to have a learning disability over the age of 65 years, across BLMK.

Table 2: Total population aged 65 and over predicted to have a learning disability

Local Authority	2020	2025	2030	2035	2040
Central Bedfordshire	1,109	1,232	1,394	1,535	1,631
Luton Borough	565	602	660	710	742
Bedford Borough	655	725	812	902	964
Milton Keynes	823	941	1,050	1,153	1,234

Data source: Projecting Older People Population Information System (POPPI)

Graph 2: Total population aged 65 and over predicted to have a learning disability



At the other end of the age range are young people defined as those with Special Educational Needs and Disability (SEND) who will move from childhood to adulthood. Preparing for adulthood through good transition planning is particularly critical for this group of people. Services will work with young people from the age of 14 years to support with transition and to inform its commissioning priorities. Over the next two years there are approximately 66 young people with a learning disability in Luton who will be turning 18 years of age, 22 young people in Bedford and 52 in Central Bedfordshire. This does not mean that all young people will be eligible for or need adult services when they turn 18.

An Education, Health and Care Plan (EHCP) is for children and young people aged up to 25 years who need more support than is available through specialist educational needs support. EHCPs identify educational, health and social care needs and sets out the additional support needed to meet those needs. Young people aged 18-25 years across BLMK may still have an EHCP, below shows the number of young people between the age of 18 – 25 with an EHCP across the four local authority areas:

- Bedford Borough 324
- Central Bedfordshire 470
- Luton 456
- Milton Keynes 467.

The Joint Strategic Needs Assessment (JSNA) is how the local Health and Wellbeing Board understands and agrees the needs of the local population. It is the basis for developing local strategies that prioritise areas for joint action and informs commissioning decisions which in turn will be reflected in the services provided.

Each local authority area has a JSNA that covers the needs of children and young people with disabilities aged from birth to 25 years who have a special educational need or disability (SEND). The principles are designed to help with early identification of needs, greater choice and control, collaboration between education, health and social care services to enable support, and high quality provision to meet need.

One of the key objectives of the JSNA is to identify gaps and needs that are currently not being met and to determine priority areas for joint action. All areas are reporting an increase in the number of children and young people with SEND. Nationally and locally, the number of children with severe disabilities and complex needs has been increasing in line with higher survival rates of very premature babies and those with congenital abnormalities, trauma or illness. Therefore, the increased demand reported by services is likely to increase and should inform the longer-term planning and commissioning of services.

Bedford Borough local area has a dedicated SEND Chapter of the JSNA which is used to target resources and identify areas for development over the short medium and long term. The SEND JSNA highlights the aging population of SEND children and the need to focus on transition arrangements between children and adult services.

<https://bbcdevwebfiles.blob.core.windows.net/webfiles/Social%20Care%20Health%2>

[0and%20Community/Bedford%20JSNA/Bedford%20Borough%20SEND%20JSNA%202019.pdf](#)

Luton Borough SEND JSNA –

https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/SEND-needs-assessment-summary.pdf

Milton Keynes Council has continued to develop SEND services and the EHC Specialist Teaching Team is able to support young people with complex needs where additional support is needed between phases of education and with wider transition needs. This approach is crucial for young people returning to MK from residential placements and requiring a bespoke package of provision on return to MK.

Milton Keynes Council is currently refreshing its Additional Needs and Disability Strategy, which outlines a clear commitment to ensure an offer of ‘joined up’ transitions between changes in support and provision for children and young people of all ages, where different agencies / services work in partnership to provide a seamless and supportive experience to improve outcomes.

Milton Keynes’s is continuing to improve the SEND Local Offer with a dedicated working group supporting this work. Co-production remains a priority and supports the development of relationships with all partners.

Milton Keynes Council – <https://www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment/2016-2017-jsna-children/draft-16-17-jsna-vulnerable-groups/2016-17-jsna-children-with-disabilities>

Central Bedfordshire Council have just published the SEND JSNA - https://www.jsna.centralbedfordshire.gov.uk/jsna/info/4/developing_well/116/children_and_young_people_special_educational_needs_or_disability_send/4

There is a wide spectrum of need across the learning disability population, these can range from mild to very complex and profound that will require continual care and support. A person with learning disabilities may also have a secondary diagnosis which can include any combination of mental health, autism, physical disability, sensory needs, or other complex health conditions. For further local data and information please refer to the local authority Joint Strategic Needs Assessment (JSNA), links provided below.

Central Bedfordshire –

https://www.jsna.centralbedfordshire.gov.uk/jsna/info/7/vulnerable_groups/131/adults_with_learning_disabilities

Bedford Borough –

https://bbcdevwebfiles.blob.core.windows.net/webfiles/Files/Vulnerable_Groups_-_Adults_with_Learning_Disabilities.pdf

Luton Borough – <https://protect-eu.mimecast.com/s/hM9ICY5vockowX8C0ux5q?domain=m.luton.gov.uk>

Milton Keynes – <https://www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment/2016-2017-jsna-adults/2016-2017-jsna-adults-vulnerable-groups/2016-17-jsna-adults-with-learning-disability>

3. The Local Picture

The following section sets out relevant local strategies, policies and projects for each local authority area within BLMK.

Central Bedfordshire Council

The Executive at Central Bedfordshire Council (CBC) gave approval to consult on the draft **Accommodation Strategy for Adults with Care and Support Needs**. The consultation will run between September and November this year, incorporating feedback and comments from a wide range of stakeholders in preparation for the next Executive meeting.

In 2019, a **Stock Conditions Survey** project was launched, reviewing all accommodation provided in Central Bedfordshire offering residential care and supported living support services for adults with learning disabilities. The outcome of this survey informed the Accommodation Strategy on the buildings that need to be replaced over the next 5 – 10 years.

Typologies of supported living differ across the country; there is not one model that fits all. There are various models provided across Central Bedfordshire that respond to all age groups and needs, from individual home adaptations to large scale housing projects. It is recognised how important it is to develop inclusive design processes as well as getting the physical environment right for people for whom it is intended. The Council, with support from customers and stakeholders, has developed a **Design Specification for Adults with Care and Support Needs**. This document sets out design characteristics that should be considered and incorporated into any new development.

A **Learning Disabilities Commissioning Plan 2021/26** was developed by a group of people with a learning disability, facilitated through several voice groups across Central Bedfordshire that included young people. The plan sets out the local vision for people with a learning disability, reflecting on the current situation and future plan.

Like many other areas, the Council is reviewing its **day care services** and looking at models to transform the day care offer for people. The pandemic has pushed digitalisation to the forefront and encouraged people to try this approach in the absence of being able to come together as we did before. However, through recent engagement, the Council recognises that we need to offer a selection of choice, that responds to young adults as well as older adults and meets people's aspirations and ambitions to live a meaningful and fulfilling life.

There is a new **Local Offer website** being built that has been co-produced with children, young people and parents which is due to launch in September this year. The Council has employed a Local Offer engagement officer to work across Central Bedfordshire to raise awareness and ensure it reflects the needs of families with SEND.

Bedford Borough Council

Bedford Borough has published the **Learning Disabilities Accommodation Strategy 2017-2022** that sets out the Council's aims in meeting the accommodation needs of people with learning disabilities. A key aim in producing this document is to enable people who have a learning disability to have choice and control, to live as independently as possible as part of the community, to live in the right home for them with the right support, and to be healthy and safe. This Accommodation Strategy is supported by the **Joint Commissioning Strategy for People with Learning Disabilities 2013-2017** that was developed in partnership with the CCG and aims to help people have an independent and fulfilling life. Extensive consultation with user and care groups informed this strategy that underlined the commitment to provide services that promote health and wellbeing, social inclusion and choice for people with learning disabilities. Engagement will continue to be a priority when this strategy is refreshed.

Bedford Borough Council published the **Adult Services Market Position Statement** in October 2018 and one of the chapters focused on learning disabilities. The future for Bedford Borough involves using money differently to maximise the assets, skills, capacity and knowledge of individuals and the social capital of communities. The Council wants to shift spending away from targeted and specialist services, and towards combined or integrated services that take a whole person approach to meeting citizen's needs.

Bedford Borough Council also developed an advanced practitioner role within the adult learning disability service to work closely with partners and the Council's children's services to ensure SEND and preparing for adulthood remains at the top of the agenda, across this board. This has enabled the Council to further refine pathways and link to areas of good practice. Co-production has also been closely allied to all work which has in turn enabled the Council to further develop working relationship with groups such as the parent carer forums and people accessing services.

Further development of the transitions tracker, a database which tracks all those coming through the preparing for adulthood pathway, has enabled the Council to closely link provision to future need. Informing work with external providers and enabling development of internal services. As with other areas, the Covid-19 pandemic has pushed the digital agenda, and services across care sectors have reached out and provided services in new and innovative ways. The Council is keen to learn from those experiences and to make positive developments permanent, as it moves forward.

Ofsted and CQC undertook a SEND reinspection of Bedford Borough in 2020 to review progress towards their Written Statement of Action (their commitment to

address all areas of concern identified in the inspection report). It was deemed that sufficient progress was being made in all areas with Leaders' SEND joint strategic needs assessment and outcomes framework informing a strategic and systematic approach to joint commissioning. Leaders are proactive in seeking new opportunities to jointly commission services and provisions for children and young people with 'SEND' highlighted in the report.

Bedford Borough's [Local Offer](#) was relaunched in 2019 and has since had over 750,000 visits to its website. It is a dedicated resource to support children and young people with SEND, their families and those that support them to find resources, services and support.

Luton Borough Council

Luton Borough Council's Market Position Statement 2021 gives a view of the provision of Adult Social Care Services and support in Luton, an understanding of current need, as well as estimated future need. **8 priority areas across Adult Social Care** have been identified and these will be achieved through working closely with the market as well as other stakeholders including the Clinical Commissioning Group (CCG). In addition to these 8 priorities areas, the Council has set out for each service area, or group of people who receive adult social care, what direction and activities the Council is planning to take over the next three financial years to develop services in that area.

There are areas where the strategy is clearly defined, and implementation will be the focus. For example, to support people with learning disabilities and improving support for those transitioning from children to adult social care services. **Luton's SEND Strategy** includes a priority to improve transition and opportunities for 16-25 year olds with a Written Statement of Action for delivery. There are other areas where we will first need to co-produce a strategy; for example, for people with neurodiversity and carers and this will be the initial focus to agree and determine the most important next steps.

The Council wants to ensure that adult social care services and support serve the **Vision for Luton 2040**. The Council wants the strong and diverse community to be inclusive and accepting of all people, and for all adults, whatever their learning, physical or mental health needs, to reach their full potential. This includes having services that can support the range of personal needs of an individual, whether that relates to language, religious observances, or dietary requirements. It also includes people with the range of learning, physical and mental health needs we see in Luton as an integral part of our community. To deliver this Vision the Council will support communities to build capacity, resilience and networks that will help connect people with their own aspirations, local opportunities and resources.

A key example of how this will be achieved is in the way it commissions services and works with care and support providers to help deliver care and support for people. More specifically, the Adults' Commissioning Team will be leading on the development of an **Approved Provider List for Supported Living and Community Support Service** for adults with learning disabilities and autism in Luton to contribute towards achieving this.

Milton Keynes Council

Milton Keynes published a **Market Position Statement (MPS) 2019/22** that describes the current and expected future demand for adult social care services and outlines the models of provision that the Council wants to develop in the future. The MPS has been shaped by the following policy documents:

- Milton Keynes Health and Wellbeing Strategy 2018/28
- Milton Keynes Joint Strategic Needs Assessment
- Milton Keynes Better Care Fund Plan 2017/19
- Integration of Health and Social Care services.

The MPS is designed to contain information that will be useful to providers and will help shape services going forward.

The Council is in the process of tendering for a **framework for supported living provision** and has revised the service specification and financial model to support this. The Council is reviewing its **day opportunity offer**; the review will include the Council's own day services as well as the independent market. The review aims to increase choice for people and offer a range of services that will support progression, independence and employment / learning opportunities and support. This review will include people with complex behavioural needs. It has been temporarily paused due to the pandemic and aims to be restarted soon.

The Council is in the process of developing a **draft Supported Housing Strategy** that will soon be out for consultation. The strategy will set out demand for future need and will describe what is needed to meet predicted demand for the future.

Before the pandemic, Milton Keynes Council had an **active provider forum** that provided an opportunity for engagement with local providers, a mechanism for communication with the local market and the ability to work more collaboratively to support service transformation that will improve quality and outcomes for the people they support. It is the Council's ambition to reinstate this forum soon.

Providers

There are two mental health and learning disability Trusts operating across BLMK, commissioned by the CCG. The East London NHS Foundation Trust (ELFT) provides services across Bedford Borough, Central Bedfordshire and Luton supporting children, young people and adults with learning disabilities. The Central and North West London Trust (CNWL) provides the health staff who work as part of the Community Team for Adults with a Learning Disability Team in Milton Keynes Council.

ELFT provides the Specialist Healthcare Team, the community based multidisciplinary team providing specialist health services to people with a learning disability when they are unable to access mainstream services. This includes psychology, speech and language therapy, arts therapies, acute liaison, health facilitation, sensory impairment services, psychiatric service, occupational therapy, and physiotherapy via a service level agreement with Bedford Hospital. The team also provides an integrated Intensive

Support Team (IST) with the mental health crisis team. The Trust has recently recruited a People Participation Lead (PPL) enhancing the voice of people with learning disabilities across the Trust. ELFT seeks to provide and / or enable reasonable adjustments to support people with learning disabilities to access mainstream mental and physical health services that include inpatient provision. The community learning disability nurse function is provided by the three Local Authorities; that includes the responsibility of care coordination.

The ELFT crisis service for children and young people under the age of 18 is split in two, North Bedfordshire and South Bedfordshire teams. An element of these teams provides crisis support via the neurodevelopmental pathway and is an integrated response with mental health.

CNWL provides specialist staff who provide community support for people with learning disabilities that is integrated within the Community Team for Adults with a Learning Disability (CTALD) in Adult Social Care within Milton Keynes Council. The team supports people with learning disabilities to access mainstream local services and also supports with reasonable adjustments where necessary. The team includes Psychiatrists, Psychologist, Speech and Language Therapist, Occupational Therapist and nursing staff. Within CTALD, the Council employs two Positive Behaviour Support (PBS) leads who offer support, training and functional analysis around behaviours that will support local providers to meet the needs of people with complex behaviours as well as social care staff.

BLMK hosts a strong network of Voluntary and Community Sector providers offering arrange of support to children, young people and adults with learning disabilities, including supported living, community equipment, day opportunities and employment support. There are various commissioning arrangements across BLMK, these include grant funding, formal contract arrangements and individual spot purchased arrangements. BLMK recognise the importance of the VCS and are keen to continue to promote and work collaboratively to ensure this remains a sustainable market in the future.

4. Strategic Priorities

National & Local Strategic Priorities

Local Government Association (LGA) Supporting adults with learning disabilities to have better lives – Improvement Framework

The improvement framework aims to help directors of adult social care work with partners to identify how they can improve and support adults with learning disabilities and be assured that the care and support in their area is of a high quality.

The framework was formed in 2019 to lead developments to improve how adults with learning disabilities are supported. The vision – “*Support and value adults with a learning disability and / or autism, and their families/carers, to live safe, well and fulfilled lives in communities*”. There are six elements, these are listed below.

Inclusion – Support people to have good lives in their communities and to be treated with dignity and respect.

Equal access – To opportunities and services e.g., contributing to community life, social and leisure opportunities, housing, banking, jobs, health, and transport.

Person centred planning and support – Involve people, families, and carers in solutions that respond to the individual strengths and needs.

Safeguarding – Be safe in communities and free from the risk of discrimination, hate crime and abuse.

Sustainable models of support – A commitment to focus on developing these.

Progression – Recognising that people with disabilities (including the most complex) have the potential to progress and develop.

The framework is principally aimed at addressing services for adults and young people in transition from children to adult services. For more information, please refer to the link below.

<https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/autistic-and-learning-disabilities/learning-disabilities/better-lives>

The effects of the pandemic have been significant for children, young people and adults with learning disabilities, and this is still an emerging picture. The recent wave has significantly impacted school attendance and there has been a disproportionate effect on vulnerable families and increased inequalities. A surge in mental health and wellbeing concerns has been evident across BLMK, especially for children and young people with other conditions and vulnerabilities.

In March 2021 a report was commissioned by Directors of Adult Social Care (ADASS) to reflect and build on the work taking place across the region in supporting people living with learning disabilities and / or autism, and their carers during the Covid pandemic.

The report considered the impact on people with learning disabilities and / or autism, and informal family carers as most day and short break provision was stood down and then reintroduced at a lower capacity level, estimated at 30–40% or less than usual. Areas offered alternatives that typically included a virtual offer, 1:1 outreach support and check in calls.

All interviewees commented that seeing the impact of Covid on day services and short break models had focused their thinking on the limitations and resilience pre-pandemic. The need for a more mixed local offer, including digitalisation and offering meaningful activity and opportunity within local communities is seen as a positive step forward. There are seven recommendations:

- Challenging inequalities
- Co-producing better support
- Strategic re-alignment from buildings and services to opportunity and community
- Supporting independence
- Sector led improvement, promoting new ways of working.

For more information, please refer to the link below:

https://www.adass.org.uk/media/8647/adass-rapid-learning-review_ld-autism_may-2021_recs_v9.pdf

This is further supported by a report that has been coordinated by an Action Group for people with learning disabilities and autism in June 2021. This group supports the government to understand how Covid has affected people with learning disabilities and autism.

The group identified three important areas that need further work. These are:

- Action on accessible information
- Action on day support and other services which have stopped
- Action on loneliness and being left out.

The Adult Social Care Outcomes Framework – performance indicators

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

Local authorities are measured on two performance indicators that relate specially to learning disabilities:

1. Number of people with a learning disability in paid employment
2. Number of people with a learning disability in settled accommodation.

Performance across BLMK over the last two years are outlined in the table below.

Table 3: sets out the ASCOF performance indicators across BLMK

Total number of people with a learning disability in paid employment				
Local Authority	2019/20 Target	Performance	2020/21 Target	Performance
Central Bedfordshire	10%	7.2%	10%	7.5%
Bedford Borough		10.8%		9.1%
Luton Borough		10.5%		10.0%
Milton Keynes		11.4%		7.4%
Total number of people with a learning disability in settled accommodation				
Central Bedfordshire	78% (MK has a locally agreed performance target of 80%)	71.2%	78% (MK has a locally agreed performance target of 80%)	71.7%
Bedford Borough		72.9%		80%
Luton Borough		77.7%		78.8%
Milton Keynes		84.8%		81.3%

Reporting was suspended due to the pandemic, and it is likely that this will affect the performance, particularly around the number of people with a learning disability in paid employment.

Transforming Care Programme (TCP)

The Transforming Care Programme was instigated as a response to the abuse that occurred at Winterbourne View Hospital. The government pledged to move into a community setting all people with a learning disability and / or autism who were inappropriately placed in a hospital setting.

People with a learning disability and / or autism who display behaviour that challenges are a highly heterogeneous group. Some people will have a mental health problem which may result in people displaying behaviour that challenges. Some, often with severe learning disabilities, will display self-injurious or aggressive behaviour unrelated to any mental health condition. Some will display behaviour which can lead to contact with the criminal justice system. Some people will have been in hospital for many years, not having been discharged when NHS campuses or long stay hospitals were closed. People in hospital are case managed through NHS England's Specialist Commissioning team. The CCG has commissioning responsibility for people supported in community settings, with bespoke packages of care.

Performance data for BLMK is reported monthly against the trajectory set for that year. The table below shows that July reporting is slightly above trajectory for CCG commissioned adult inpatient beds.

Table 4: shows BLMK in-patient data between May – July 2021

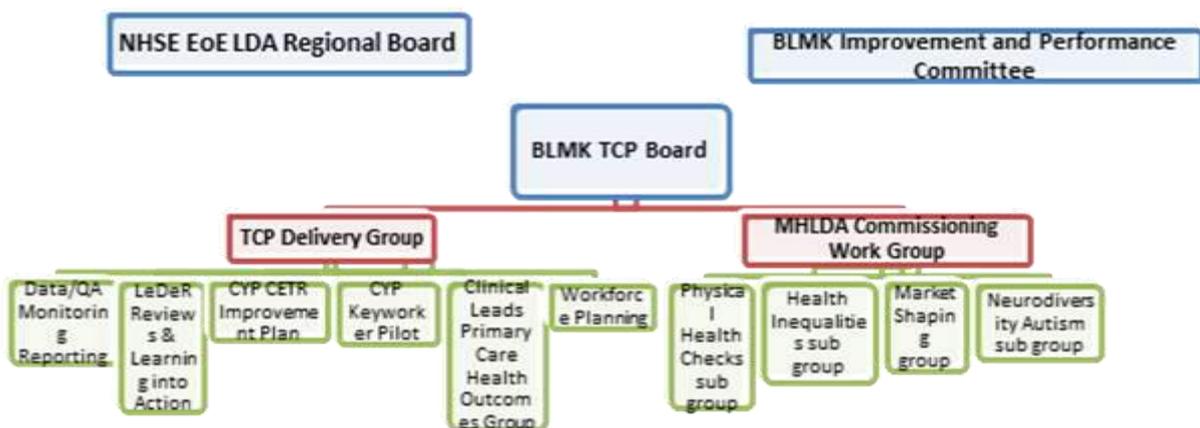
Transforming Care Adults and CYP inpatients						
Breakdown	July		June		May	
	Performance	Trajectory	Performance	Trajectory	Performance	Trajectory
Adult inpatient						
BLMK total	28	26	27	26	24	26
CCG beds total	15	13	14	13	10	13
NHSE beds total	13	13	13	13	14	13
Bedfordshire CCG	10	7	7	7	4	7
Bedfordshire NHSE	7	7	7	7	8	7
Luton CCG	2	3	2	3	2	3
Luton NHSE	3	3	3	3	3	3
Milton Keynes CCG	3	3	5	3	4	3
Milton Keynes NHSE	3	3	3	3	3	3
Children & Young People (C&YP)						
C&YP inpatient total	6	3	5	3	3	3
Bedfordshire	3	-	1	-	0	-
Luton	1	-	1	-	1	-
Milton Keynes	2	-	3	-	2	-

Market Shaping

Market shaping is an important part in reducing inpatient admission and length of stay. Stimulating and shaping the local market to provide a diverse range of high-quality services that offer creative solutions within a community setting that achieves good value for money will offer people and their families choice and control as to how their needs are met with their local community, supported by local specialist health care services.

Transforming Care Governance

The Transforming Care Programme across BLMK is managed through the CCG, and has a TCP Board that has a wide representation from across children and adult services, health and social care. The Board is chaired by Anne Murray, Director of Nursing at the CCG. The governance structure below sets out the reporting structure and supporting groups that inform the TCP board.



Care and Treatment Reviews (CTRs)

Care and Treatment Reviews (CTRs) were developed as part of the NHS England's commitment to improving care of people with learning disabilities and autism with the aim of reducing admissions and unnecessarily lengthy stays in hospitals, as well as reducing health inequalities. CTRs are focused on those people who either have been, or may be about to be admitted to a specialist mental health / learning disability hospital, either in the NHS or in the independent sector.

Care, Education and Treatment Reviews (CETRs)

Care, Education and Treatment Reviews (CETR) are reviews carried out for children and young people and reflect the significant role that education plays in children and young people's lives.

The aim of the CTR and CETR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the

person and their families are met, and that barriers to progress are challenged and overcome.

Local Emergency Area Protocol (LEAP) is put into place when admission is being sought in an urgent and unplanned way, a LEAP meeting must be undertaken to avoid unnecessary admissions.

There is a requirement for CCGs to develop and maintain registers known as the **Dynamic Support Register (DSR)** to identify people with a learning disability and / or autism who display or are at risk of developing behaviour that challenges or mental health conditions and who are most likely to be at risk of admission. By understanding people's needs and recognising early signs that might lead to a crisis it means that extra support can be put in place quickly, so the person does not go into hospital unnecessarily. BLMK has a strengthened DSR risk stratification process in each of the local areas for children, young people and adults that takes a multi-agency approach.

STOMP and STAMP

Children and young people with a learning disability, autism or both are more likely to be given medication, including psychotropic medication, than other children and young people.

STOMP aims to **stop the overuse of psychotropic medications** for children and young people with a learning disability and / or autism. It is about helping children and young people to stay well and have a good quality of life.

STAMP stands for **Supporting Treatment and Appropriate Medication in Paediatrics** and aims to make sure that children and families can access other treatment and support when children display behaviours that challenge. Sometimes when children and young people do need medication, it can be difficult to make sure they are always able to get it when they need it. STAMP is about making sure that, where medication will help children and young people to have a good life, barriers are removed.

Annual Health Checks

Annual health checks are for adults and young people aged 14 or over with a learning disability. The aim is to help people stay well by talking about their health and finding any problems early, so that people can access the right care. There is a vast amount of work happening locally to improve the registers and recording of data and uptake of annual health checks.

During 2020/21 GP practices were encouraged to deliver 'One Stop Clinics' that aim to dedicate appropriate time for people with a learning disability. Health Facilitation teams will assist practices to improve uptake by providing support with any reasonable adjustments that may be necessary to help people to access the practice. In addition to this, training will be offered to primary care nurses that will help to capture data accurately and consistently across GP practices so that people can be offered an annual health check. It has been recognised that there is a disparity across data

systems; time has been invested to cleanse the data to ensure there is no duplication and that the data is reflected accurately. The data is also being cross referenced with local data sources across health and social care to ensure accuracy, as well as with the Calculating Quality Reporting System (CQRS) data provided by NHS Digital.

Raising awareness is a local priority that will aim to improve the uptake of annual health checks. Primary Care and Health Facilitation teams will engage with practices that report low numbers so that any issues or barriers can be understood, and support can be put in place to improve communication with GPs, care homes and other care settings to raise awareness of the importance of annual health checks. Health Facilitation also work with people with learning disabilities, families and carers to understand the reasons why people do not attend their appointments. The Health Facilitation team want to support with building confidence and understanding of the importance of annual health checks and to highlight reasonable adjustments that can be made so that people are encouraged to attend appointments.

The table below shows the total number of annual health checks carried out in 2020/21 across three age ranges for Bedfordshire (Central Bedfordshire and Bedford Borough), Luton and Milton Keynes. The total percentage of patients known to be on the register who had received an annual health check within the reporting period is included. This is 'live' data taken from SystmOne at the end of March 2021, and was moderated with CQRS data in June 2021.

Table 5: shows Annual Health Checks, end of year data for 2020/21

CCG	Quarter 4 2020.21 LDAHC Register aged 14+				Total LDAHC's Delivered to patients aged 14+ on LD Register Quarters 1-4 2020.21				% of patients on LDAHC Register aged 14+ receiving an LDAHC within financial year			
	Aged 14-24	Aged 24-49	Aged 50+	Total Patients	Aged 14-24	Aged 24-49	Aged 50+	Total Patients	Aged 14-24	Aged 24-49	Aged 50+	Total Patients
Bedford	511	974	658	2143	245	600	489	1334	47.95%	61.60%	74.32%	62.25%
Luton	359	471	236	1066	249	314	151	714	69.36%	66.67%	63.98%	66.98%
Milton Keynes	327	586	309	1222	172	370	213	755	52.60%	63.14%	68.93%	61.78%
BLMK Combined	1197	2031	1203	4431	666	1284	853	2803	55.64%	63.22%	70.91%	63.26%

The NHS national target for completing annual health checks is set at 75% for each CCG. However, in 2020/21 this target was lowered from 75% to 67% with due consideration to the impact of the pandemic. The 2021/22 target has been re-set at 70%. BLMK has seen a marked improvement in performance from previous years, achieving 40% in 2018/19 and 48% in 2019/20.

Learning Disability Mortality Review Programme (LeDeR) – moving forward with the new Policy Learning from Lives and Deaths

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care support services. Too many people with a learning disability are dying earlier than they should, many from things which could have been treated or prevented. The average age of death for people with a learning disability in BLMK is 56 years old. According to the most recent LeDeR Annual Report for England, this is 23 years younger than the national average for men and 27 for women.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what changes can be made locally and nationally to improve the health of people with a learning disability and reduce health inequalities.

The programme requires all people with a diagnosis of a learning disability from the age of 4 years, to have a review into the circumstances of their death. Since LeDeR was launched in October 2017, health and social care partners across BLMK have been working hard to ensure its successful implementation.

In line with the NHS Long Term Plan commitment, partners across BLMK will address health inequalities and improve health outcomes for people with learning disabilities. The LeDeR programme has identified many examples of good and excellent person-centred care. However, it has also highlighted several areas where improvements are required. With the completion of this year's reviews, most of these improvements fall under the broad emerging themes of:

- Impact of Covid-19
- Annual health checks
- Speech and language therapy, assessment and practice
- Epilepsy pathways and care
- Falls and dementia screening, risk assessments and referrals
- DNCPR (do not attempt CPR), advance care planning and end of life care.

There have been five thematic workshops across BLMK to put learning into action, working with partners and stakeholders on the emerging themes. Sadly, a total of 31 notifications of Covid-19 related deaths were recorded across BLMK for people with a learning disability and learning from these deaths continues to be addressed. Governance and processes are in place to support the quality assurances of LeDeR reviews. The Quality Assurance Panel will agree recommendations for learning, these are reported to the BLMK LeDeR Steering Group and into the Transforming Care Partnership Board.

In 2020/21 a total of 43 reviews were completed for BLMK, achieving the trajectory target for this period. Of these, 14 were for Bedfordshire CCG covering Central Bedfordshire and Bedford Borough, 16 were for Luton and 13 for Milton Keynes.

Table 6: shows the breakdown of all notifications received to date for BLMK

Total notifications received (all ages)	ALL NOTIFICATIONS TO DATE (including child deaths and reviews 'on hold')						
	Total	Unallocated	In progress	Completed	Unallocated	In progress	Completed
	No.	No.	No.	No.	%	%	%
Bedford, Luton and Milton Keynes (combined)	153	13	20	120	8%	13%	78%
NHS BEDFORDSHIRE CCG	56	7	6	43	13%	11%	77%
NHS LUTON CCG	48	1	6	41	2%	13%	85%
NHS MILTON KEYNES CCG	49	5	8	36	10%	16%	73%
England total	12078	703	1389	9986	6%	12%	83%
EAST OF ENGLAND	1388	143	223	1022	10%	16%	74%

	Covid related deaths				1st wave Mar-Sept	2nd wave Dec-Mar	Total No.	%
	Total notifications to date:	In progress	Completed	Completed				
	No.	No.	No.	%				
Bedford, Luton and Milton Keynes (combined)	31	18	13	42%	15	47%	16	53%
NHS BEDFORDSHIRE CCG	12	7	5	42%	7	58%	5	42%
NHS LUTON CCG	10	5	5	50%	5	50%	5	50%
NHS MILTON KEYNES CCG	9	6	3	33%	3	33%	6	67%

The LeDeR policy was reviewed and updated in March 2021 and aims to set out for the first time for the NHS, the core aims and values of the programme and the expectations placed on different parts of the health and social care system in delivering the programme from June this year. The policy now includes people with a primary diagnosis of autism.

NHS Long Term Plan – Learning Disabilities and Autism

More people with complex needs will be supported to live fulfilling lives at home rather than in hospital, while thousands of people will be offered a personal health budget, giving people choice over the type of support they need to live the life they choose.

The NHS Long Term Plan (LTP) aims to improve people’s health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support people with learning disabilities.

The NHS recognises it has a crucial role to play in helping people with a learning disability lead long, happy and healthy lives. The LTP sets out to achieve this by:

Improve community-based support so that people can lead lives of their choosing in homes not hospitals, further reducing our reliance on specialist hospitals, and strengthening our focus on children and young people.

Develop a **clearer and more widespread focus on the needs of autistic people and their families**, starting with autistic children with the most complex needs.

Make sure that all NHS commissioned services are providing **good quality health, care and treatment** to people with a learning disability and autistic people and their families. NHS staff will be supported to make the changes needed (reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment.

Reduce health inequalities, improving uptake of annual health checks, reducing over-medication through the Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) programmes and taking action to prevent avoidable deaths through learning from deaths reviews (LeDeR).

Continue to **champion the insight and strengths of people with lived experience and their families** in all our work and become a model employer of people with a learning disability and of autistic people.

Make sure that the whole NHS has an **awareness of the needs of people with a learning disability and autistic people**, working together to improve the way it cares, supports, listens to, works with and improves the health and wellbeing of people and their families.

The link below refers to the learning disability and autism NHS LTP.

<https://www.longtermplan.nhs.uk/areas-of-work/learning-disability-autism/>

Unwarranted variations in care and the poorer outcomes sometimes experienced by people with learning disabilities and / or autism mean trusts need to sustainably improve many of their services. The learning disability improvement standards for NHS trusts was introduced in 2018 to provide a benchmark to measure performance in delivering services to people to drive quality improvement.

https://www.england.nhs.uk/wp-content/uploads/2020/08/v1.17_Improvement_Standards_added_note.pdf

5. Gaps and Issues

Partners across BLMK share an aim, to ensure all providers supporting people with learning disabilities deliver high quality and creative support that enables people to experience positive outcomes, live a meaningful life, achieve ambitions, and live in their local community close to families and friends.

The focus of the Market Shaping group is to work with providers, developers and stakeholders across BLMK to shape the local market for children, young people and adults with learning disabilities and / or autism by describing the demand, supply and gaps in service provision. The Market Shaping group is defining strategic priorities for improvement and further investment in support and services for the short, medium and long term to meet the needs of current inpatients and those at current risk of admission to hospital, as well as those transitioning from children to adult services and those who may need support in the future.

Working collaboratively with service users, their carers and families, and engaging with providers, the market shaping group will consider opportunities for additional capital grant funding, to support, for example, better, more accessible respite services and also specialist, accessible, purpose-built accommodation.

The Market Shaping Group, with the support of people with learning disabilities, families and carers, is developing a Strategy that will set out the priorities across BLMK. Engagement events are being planned and are likely to take place towards the end of this financial year.

BLMK is seeing a high number of people presenting with complex needs and, without the local resource, the system / CCG is paying for high-cost placements, often out of area, that do not necessarily provide good outcomes for the person. Supporting people with learning disabilities and / or autism who have complex behaviour support

needs, or who may have forensic support needs, including people who may be at risk of offending, and those with a complex physical healthcare need have been identified as a gap across BLMK. Whilst this cohort of people represent a small proportion of the overall learning disability population, an opportunity to work collaboratively across BLMK will offer economies of scale that will be attractive to the market and provide reassurance for demand of this type of provision, that will create a competitive market, offering people more choice and control as to how their needs can be met locally.

BLMK is a relatively small area and there are challenges with recruitment, given the proximity to Hertfordshire where workers are entitled to Outer London Weighting. The learning disability workforce in general is mature across services. Considering the recent pandemic, the teams are now experiencing colleagues choosing to take early retirement, without a steady flow of new recruits. Recruitment of learning disability nurses was low prior to the pandemic.

Local providers reported an increase in staff recruitment at the beginning of the pandemic, however they are now seeing the impact of the restrictions easing and people returning to other employment options as businesses open. Providers are working closely with Councils and Recruitment agencies to promote vacancies and encourage people to consider a career in care.

ELFT are using Values Based Recruitment to increase the depth and breadth of applicants and to get the right person in the right job. This has included adapted application forms, using Panel Profiles to let applicants know who is interviewing them, and sending applicants the questions prior to interview. The Trust has also been involved in the validation process for a Learning Disability Nursing Apprenticeship with the University of Hertfordshire and is currently exploring relationships with other Higher Education Institutions to develop the nursing apprenticeship offer, partnering with other NHS organisations to make training cohorts of viable sizes. This will support services to grow their own staff and offer a career pathway. A new Recruitment and Retention Strategy Group has begun to consider place based and targeted recruitment, recognising that one size does not fit all.

Through the pandemic there has been an increased demand for CAMHS Tier 4 services, and this has resulted in national bed shortages. There is a medium-term funding plan for additional capital investment that will provide additional beds for BLMK. Our Intensive Home Treatment Team will be integral to the development of crisis services in BLMK, including those with a primary learning disability need and the inpatient team will be outward facing and proactive in working with the community services to avoid admission and to facilitate early discharge. Demand has risen significantly during the pandemic with crisis referrals across Bedfordshire increasing by 79% during 2020 and 176% in Luton. Milton Keynes has seen higher levels of activity for crisis support since 2019.

6. Implementation and Planned Commissioning Activity

Market Shaping	
LGA Improvement Framework	<ul style="list-style-type: none"> - Inclusion support people to have good lives in their communities and to be treated with dignity and respect. - Equal Access to opportunities and services - Progression recognising that people with disabilities have the potential to progress and develop.
NHS Long Term Plan	<ul style="list-style-type: none"> - Improve community-based support - Continue to champion the insight and strengths of people with lived experience and their families

In recent decades UK policy has encouraged a shift away from institutionalised settings for people with a learning disability and / or autism towards housing models that enhance independence and choice, and support people in their local community through a strengths-based approach.

Strengths-based practice is a collaborative process between the person being supported and those supporting, working together to determine an outcome that draws on strengths and abilities.

Each local authority takes an individual approach to shaping the market that considers current provision and demand whilst responding to local aspirations, and gaps in service provision. Accessible and purpose-built accommodation has been identified as a gap across BLMK, providing bespoke care and support for people with complex needs. Collaborative working would provide economies of scale, creating a sustainable market for providers that encourages investment to the local area and promotes a competitive marketplace, creating more choice for people accessing these services.

Partners across BLMK are keen to work collaboratively with providers to strengthen the skill set and ability to successfully support people with complex needs in the community, recognising the importance of Positive Behaviour Support (PBS) training, partnership working and providing a skilled workforce that understands the needs of people who present with complex behaviours or physical health care needs.

ADASS has asked the Market Shaping and Commissioning Network to develop priorities for care market development across the Eastern region. Evidence has been reviewed on what is working well and areas for improvement which have informed the vision and principles that are being proposed to support future care market development and priorities.

Several listening events are being planned between July and September this year to engage with stakeholders and continue to develop this area of work that will support market development across the region.

National investment 3 year expenditure plan 2021/24 – BLMK	
LGA Improvement Framework	<ul style="list-style-type: none"> - Inclusion support people to have good lives in their communities and to be treated with dignity and respect. - Equal Access to opportunities and services - Person centred planning and support - Sustainable models of support
NHS Long Term Plan	<ul style="list-style-type: none"> - Improve community-based support - Develop a clearer and more widespread focus on the needs of autistic people - Providing good quality health, care and treatment to people with a learning disability - Reduce health inequalities - Continue to champion the insight and strengths of people with lived experience and their families

A system wide approach was taken to identify the priorities across BLMK for the three-year NHS England Transforming Care Programme investment plan, supporting children, young people and adults with complex needs in the community. The table below sets out the national allocation and BLMK allocation across three domains:

1. Community and Care Education and Treatment Reviews (C(E)TRs)
2. Learning Disability Mortality Review (LeDeR)
3. Children and Young People Keyworker Pilot.

This increase in investment will be responding to identified gaps across BLMK that includes strengthening the autism pathway and post diagnostic support, community forensic support for people with a primary learning disability and / or autism diagnosis and the expansion of the Intensive Support Team (IST) for children and young people.

There is a national and local commitment to continue to fund the Learning Disability Mortality Review Programme (LeDeR) that aims to improve the outcomes for people with learning disabilities and autism and reduce the health inequalities that people experience.

Table 6: shows the breakdown of allocations across each initiative

National Allocation Community & C(E)TR			
21/22	22/23*	23/24*	TOTAL
£26,700,000	£41,600,000	£80,000,000	£148,300,000
BLMK Allocation Community & C(E)TRs			
£449,500	£700,495	£1,347,050	£2,497,045
1. BLMK CYP IST Pilot £383,695 2. BLMK Adults Autism Support Pilot £65,805	1. BLMK CYP IST pilot wider expansion £577,995 2. Adult Autism Enablement and Navigation Service Pilot £60,000 3. Adult Forensic LD/ ASD Pilot £62,500	1. Adult Autism Enablement and Navigation Service Pilot £513,851 2. Adult Forensic LD/ ASD Pilot £614,283 3. BLMK CYP ASD and forensic support Pilot £218,916	

National Allocation LeDeR			
21/22	22/23*	23/24*	TOTAL
£2,000,000	£1,900,000	£1,000,000	£4,900,000
BLMK Allocation LeDeR			
£33,640	£32,045	£16,820	£82,505
*Ad hoc Independent Reviewer *Learning Workshops *Initiatives to address health inequalities	*Ad hoc Independent Reviewer *Learning Workshops *Initiatives to address health inequalities	*Ad hoc Independent Reviewer *Learning Workshops *Initiatives to address health inequalities	
National Allocation CYP Keyworker Pilot			
21/22	22/23*	23/24*	TOTAL
£14,000,000	£28,500,000	£42,900,000	£85,400,400
BLMK CYP Keyworker Pilot			
£495,000	tbc	tbc	tbc
3 Keyworkers and Project Support workers	3 Keyworkers and Project Support workers	3 Keyworkers and Project Support workers	

Approval has been given to recruit an independent reviewer to support the LeDeR review process. DNACPR (do not attempt cardiopulmonary resuscitation) advance care and end of life planning workshop took place in July with further workshops being planned for the autumn. Five thematic workshops have been commissioned and held, following the outcome and learning of the BLMK learning disability mortality reviews. These workshops are open to partners across the system covering children and adult services and have been shared with local providers to increase awareness and adopt any learning.

The IST Central Bedfordshire pilot ended in June, the evaluation to determine the new BLMK model has now been completed with recruitment and mobilisation being finalised. This service is integral to the integration with CAMHS Tier 4 crisis planning. The pilot and expansion of this service is funded in year one and two as detailed in the expenditure plan.

The keyworker scheme has recently mobilised across BLMK supporting children and young people in inpatient provision and initially children and young people who have been flagged as red on the dynamic support registers (DSR).

Positive Behaviour Support (PBS) training will offer up to 240 level 1 training places and will then develop 80 colleagues to level 3 practitioner. There will be a focus on SEND colleagues across health, social care and education, third sector providers, keyworkers and commissioners to support integrated care planning.

An initiative to provide clinical champions has received investment of £21,000 that will provide a nurse therapist to work with the ICS and provider collaborative to look

at planning and consider how universal services are accommodating the needs of people with a learning disability. This will increase an awareness and improve practice for reasonable adjustments and equitable access to screening and diagnosis services.

A total of £57,000 is going to support community respite for children and young people offering a range of services that includes short breaks, and innovative day opportunities for hobbies, homework, social activities and access to local amenities to provide care and support on a short term basis that supports admission avoidance. Information and intelligence will inform the market shaping group to identify gaps and preferred models of short breaks supporting young people.

Annual Health Checks	
LGA Improvement Framework	<ul style="list-style-type: none"> - Equal Access to opportunities and services - Person centred planning and support
NHS Long Term Plan	<ul style="list-style-type: none"> - Providing good quality health, care and treatment to people with a learning disability - NHS commissioned services are providing good quality health, care and treatment to people with a learning disability - Reduce health inequalities - Make sure that the whole NHS has an awareness of the needs of people with a learning disability

There has been a drive across BLMK to improve uptake of annual health checks and to cleanse the data to ensure accurate reporting. Some practices participated in the initiative to set up 'One Stop Clinics' designed to dedicate more time for people with learning disabilities and offer:

- Flu vaccinations
- Blood pressure checks
- Blood tests
- Height and weight checks
- Completion and submission of the Arden template following a full health check.

Health Facilitation Teams continue to offer support around making reasonable adjustments that enables people with a learning disability to access health care services. The team is leading a pilot project to understand the reasons people do not attend appointments so that work can be done to increase attendance and ensure people have access to their annual health checks.

Covid-19 Pandemic	
LGA Improvement Framework	<ul style="list-style-type: none"> - Equal Access to opportunities and services - Person centred planning and support
NHS Long Term Plan	<ul style="list-style-type: none"> - Providing good quality health, care and treatment to people with a learning disability - Reduce health inequalities - Make sure that the whole NHS has an awareness of the needs of people with a learning disability

People who have learning disabilities have been disproportionately affected by Covid-19, with high mortality rates (six times more likely to die from a Covid-19 related illness). Services supporting people who have a learning disability have proactively partnered with Primary Care, BEDOC and the CCG to not only support conversations around the vaccine, providing information, considering benefits and options, but also to actively administer vaccines, either in people's own homes or in adapted clinics, ensuring high levels of reasonable adjustments to bring protection to a group at high risk. Moving forward, consideration of Covid-19 booster vaccines and the annual Flu vaccine roll out will be integral to considering the physical health in this population. This has been supported by a wide range of accessible and easy read information developed to support people to make informed choices around the vaccine and to support people to understand the importance of having the vaccine and risks around Covid-19.

Care, Education & Treatment Reviews (CETRs) & Dynamic Support Register (DSR)	
LGA Improvement Framework	<ul style="list-style-type: none"> - Inclusion support people to have good lives in their communities and to be treated with dignity and respect. - Equal Access to opportunities and services - Safeguarding
NHS Long Term Plan	<ul style="list-style-type: none"> - Improve community-based support - Continue to champion the insight and strengths of people with lived experience and their families - NHS commissioned services are providing good quality health, care and treatment to people with a learning disability

There continues to be a high number of CETRs mainly for children and young people during this year that has resulted in hospital avoidance. In July there was a total of 8 hospital admissions avoided where a total of 6 CTRs and 5 CETRs were held and 4 Local Emergency Area Protocol (LEAP) meetings.

Additional training is being offered to support the role of the chair for CETR and CTR meetings during September.

Work is currently underway to standardise the DSR process and allow direct access to the information for keyworkers. A standard template is being developed across BLMK with an ambition to also standardise the DSR that will create consistency and support to further reduce unnecessary hospital admissions for children, young people and adults with learning disabilities.

Stop over medication of people with a learning disability / autism (STOMP) & Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)	
LGA Improvement Framework	<ul style="list-style-type: none"> - Person centred planning and support - Safeguarding
NHS Long Term Plan	<ul style="list-style-type: none"> - Reduce health inequalities - Make sure that the whole NHS has an awareness of the needs of people with a learning disability

As a result of the pandemic there has been an increase of medication, either introduced as a new medication or an increase in dosage of existing medication. BLMK has seen progress in reducing medication before crisis situations and there will be a refocus on STOMP/STAMP as we move forward. In Bedfordshire, data is being collected via SystemOne on usage of anti-psychotics that will be reviewed and feed into this area of work. Partners from BLMK also attended the National STOMP/STAMP project session that will inform local strategic direction.

7. Summary

Partners across BLMK have been working collaboratively since the Transforming Care Programme was established in 2012 following the national response to the abuse seen at Winterbourne View Hospital in 2011. Initially, the Transforming Care Programme was solely focused on discharging people from hospital who were inappropriately placed within hospital settings. Since then, the programme has evolved and there is a broader focus on admission avoidance, including children and young people, and consideration of suitable and bespoke community provision, supporting people with complex needs in their own homes within the local community.

This paper sets out the work happening across BLMK to improve the outcomes for people with learning disabilities with additional investment to support service transformation. Partners across BLMK continue to work in partnership to identify gaps in service provision and consider how the system responds to these. A summary of identified gaps is listed below:

- More supply of purpose built, accessible accommodation designed to meet the accommodation needs of people with complex behaviours and autism across BLMK
- Providers delivering specialist care and support in the community that can meet the needs of people with complex and / or risky behaviours and complex physical health care needs within BLMK
- Crisis support for adults with a learning disability in Milton Keynes (adults IST does not cover Milton Keynes)
- Care management arrangements for people who are fully health funded through Continuing Health Care (CHC)
- Employment opportunities for people with a learning disability particularly given the challenges with regards to the pandemic across recruitment opportunities for the wider population.

There is a vast amount of work happening at place across each of the four local authority areas and collaboratively across BLMK health, social care, children and adult services. Each local authority will vary in their approach and priorities, responding to its local population, market and any identified gaps.

Service user engagement and co-production are integral to all areas of work taking place with a firm ambition across all partner organisations to continue to grow and strengthen this with people and their families / carers.

Outcomes Being Achieved for People With a Learning Disability

David Foord

Associate Director, Quality Programmes



What people with a Learning Disability have told us

- Partners across BLMK recognise the importance of co-production and will ensure the voice of people with learning disabilities and families are central to any service transformation.
- People with learning disabilities and their families have felt the effects of Covid-19, particularly on people's physical and mental wellbeing.
- People have said they felt lonely and isolated during lockdown, especially for people living alone.
- Families have been close to or reached a crisis point, with little time to prepare, especially for families of people who largely accessed day care or respite provision.
- The effects of the pandemic are still being seen, areas include established supported employment and opportunities have reduced for people with a learning disability.



What people with a Learning Disability have told us (Continued)

- Quality of easy read and accessible information can be poor when they are not co-produced and often difficult to find.
- There is a concern that some services may not return, although people acknowledge that some need to be improved. People with a learning disability have said they want to be involved from the beginning if services are being transformed.
- Rapid shifts in guidance that have resulted in sudden changes to service provision has been difficult for people with a learning disability to adapt.
- Some people have enjoyed using technology; however, it has also been a challenge for some people to equally take part in activities. People with a learning disability and families would like to have a mix of options for support and social interaction.



Our Journey

- Joint (all ages) health and social care review of outcomes for people with a learning disability (LD), via a Task and Finish Group
- Understanding the different commissioning arrangements across BLMK
- Recognition of the effects (positive and negative) of the pandemic
- LD population forecasts (steady growth over the next 20 years, c. 45%)



Our Journey (Continued)

- 6 strategic priorities (national and local)
 - Inclusion
 - Equal access
 - Person-centred planning and support
 - Safeguarding
 - Sustainable models of support
 - Progression



Gaps and Issues



Identified gaps include:

1. Insufficient availability of suitable and accessible accommodation for people with complex behaviours and autism (BLMK-wide)
2. Lack of providers to deliver the community specialist care and support necessary to meet the needs of people with complex and / or risky behaviours, and complex physical health care needs (BLMK-wide)
3. Unavailability of crisis support for adults with a learning disability (Milton Keynes)
4. No care management arrangements for people fully health funded through Continuing Health Care (CHC) (BLMK-wide)
5. Requirement to increase employment opportunities for people with a learning disability, set against the overall reduction in the availability of jobs generally, as a result of the Covid-19 pandemic (BLMK-wide)



Ongoing Work and Plans

With reference to,

- Service users, families and carers
- Place based commissioning activity
- Special Educational Needs and Disability (SEND)
- NHS Long Term Plan
- Local Government Area (LGA) Improvement Framework
- Provider intelligence



Ongoing Work and Plans (Continued)

- BLMK Market Shaping Group work
 - BLMK Market Shaping Strategy
- Providers' initiatives
 - Values Based Recruitment
 - LD Nursing Apprenticeships
 - Recruitment and Retention Strategy Group
 - More CAMHS Tier 4 beds
 - Increase crisis services for C&YP (including Intensive Home Treatment Team)
- Learning Disability Mortality Review (LeDeR)
 - Thematic workshops



Future Workstreams

- BLMK Market shaping
- National investment 3 year expenditure plan 2021/24:
 - BLMK Community and CETRs
 - BLMK LeDeR
 - BLMK CYP keyworker pilot
- Annual Health Checks
- Covid-19 pandemic
- Care, Education & Treatment Reviews (CETRs) and Dynamic Support Register (DSR)
- Stop over medication of people with a learning disability / autism (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)



Summary

- Service user engagement and co-production will continue to be at the centre of all service transformation across BLMK.
- Ongoing collaborative approach to support service transformation that is system-wide and includes children and adult services, providers and the Voluntary and Community Sector.
- Continue to monitor the effects of Covid-19 and the impact on people with a learning disability.
- Challenges around workforce recruitment and retention, and the requirement for some staff to have the vaccine.



Questions



Meeting title	BLMK ICS Partnership Board	Date: 1 September 2021
Report title:	Delivering Priority 1	Agenda item: 8
SRO:	Name: Michael Bracey	Title: Chief Executive Milton Keynes Council
Report Authors:	Name: Anne Murray	Title: Chief Nurse BLMK CCG
	Name: Sarah Breton	Title: Associate Director, Children and Maternity Commissioning BLMK CCG

Document summary	<p>This report summarises the leadership, governance and proposed priorities for the delivery of the Board's Priority 1. The plan is to establish a new BLMK Children's Transformation Board under the leadership of the BLMK Chief Nurse (SRO). In addition, the existing BLMK Local Maternity and Neonatal System Board (LMNS) already has a strong history of working across the BLMK system to improve outcomes during pregnancy and birth and will drive delivery of the priorities for this area.</p>			
Link to Strategic Priorities or ICS Development plan	Priority 1			
How this work addresses inequalities	Each work programme within this priority is responsible for Equality Impact Assessments and plans.			
Potential Risks and Issues	None			
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	<p>It is recommended that the Board approves:</p> <ul style="list-style-type: none"> the existing BLMK LMNS Board and the new BLMK Children's Transformation Board as accountable to the ICS Partnership Board for delivery of Priority 1. The <u>draft</u> priorities for the new BLMK Children's Transformation Board. <p>The Board is also asked to note and comment on the priorities for the BLMK LMNS Board.</p>			
Document history	Final version			
Appendices	None			

1. Proposal

The BLMK Local Maternity and Neonatal Maternity System Board (LMNS)

This has been working across the system for the past three years to provide a joined-up system response to the challenges set out in the NHS Long Term Plan (LTP) and more recently the Ockenden Report (2020). Supported by strong local user engagement in the form of three Maternity Voices Partnerships (MVPs) and a clear vision and leadership this Board is responsible for delivery of the priorities for maternity and neonatal services, both a place and at system level. The priorities, driven by national metrics, are:

- Improving the safety and quality of maternity and neonatal services across BLMK.
- Increasing the number of women who can access continuity of care year on year.
- Ensuring all women can access personalised care, including transforming the digital offer.
- Addressing, at pace, inequalities for women from vulnerable groups, based on national evidence of best practice.

The Board is flexible and able to respond rapidly to emerging priorities as was recently demonstrated with a BLMK wide approach to COVID vaccinations for pregnant women. There is an existing robust programme plan and programme management resource and it is proposed that the governance of this Board is now to the BLMK ICS Partnership Board, with responsibility for all aspects of improving outcomes for pregnant women and their babies.

The BLMK Children's Transformation Board (CTB)

There are currently a number of strategic boards/partnerships working at place, to coordinate the multi-agency response to improving outcomes for children and young people across a number of joint priority areas such as Special Educational Needs, Looked After Children, Autism and Learning Disability and Emotional Health and Wellbeing. Each of the four places also has a strategic safeguarding partnership. More recently there has been place based planning in relation to understanding the impact of COVID on children and families and local planning to support children through restoration, with specific work around return to school, emotional resilience and the impact of increased domestic abuse.

It is proposed that a new BLMK Children's Transformation Board is established with funding devolved from NHS England and Improvement to provide whole system planning while using place-based plans as the foundation for developing an outcomes framework. This outcomes framework will provide metrics for the short, medium and long term to assure BLMK ICS Partnership Board of improvement in children's health and wellbeing. The draft high level priorities on which to build the outcomes framework and local metrics, for discussion at the first meeting of the new BLMK CTB will include:

- Improving health outcomes in the early years and improving children's readiness for school.
- Integrating services to provide care closer to home for unwell children, reducing attendances at A&E and hospital admissions.
- Improving access to emotional wellbeing and mental health support to improve child and family resilience and prevent the need for more specialist CAMHS services.

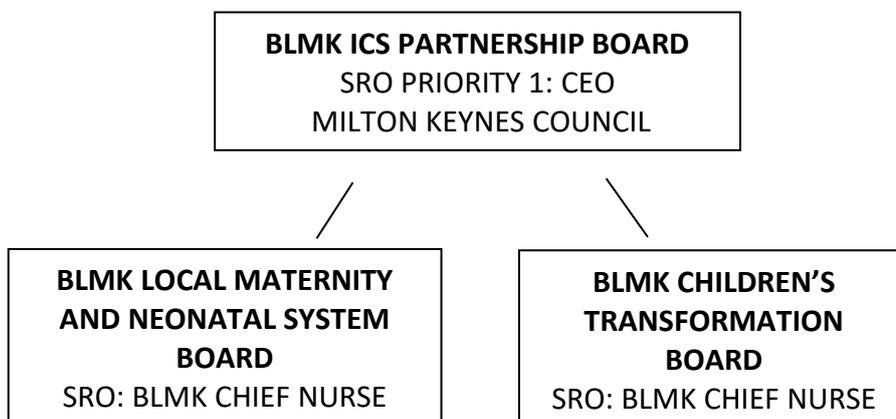
- Targeting prevention and early intervention approaches to the most vulnerable groups including children from Black, Asian and Minority Ethnic communities, children who are looked after, young people leaving care.
- Improving outcomes for SEND children through integrated working and a focus on early intervention, support and assessment.
- Integrating services for children with long-term and/or complex conditions and developing 0-25 year services, where it makes sense.

Much of what impacts on outcomes for children and families will happen at place, through education settings, primary care and local communities, therefore place based planning led by local authorities, involving NHS providers, schools, primary care networks, the voluntary and community sector, the Police and local communities will form the building blocks of the BLMK Children’s Transformation Board’s delivery priorities. The Board will build on what we know about children’s outcomes using local Joint Strategic Needs Assessment(s) to address inequalities and protect the most vulnerable. The safeguarding partnerships will continue to be led at place. Work will be undertaken to map existing engagement forums such as Parent Carer Forums, Children in Care Council’s and Patient Participation Groups, across BLMK so that plans are co-produced with local communities. Identified gaps will be addressed.

In order to deliver the NHS LTP priorities there will be work at BLMK system level, especially where specialist services are involved or where planning should happen at system level with delivery at place. Examples include strengthening the response to children with eating disorders and capacity planning for specialist CAMHS inpatient provision (with the new provider collaborative). The work at BLMK system level will ensure a consistent approach in terms of quality and access regardless of where a child lives across the system. A current example is the work being undertaken across BLMK to plan for paediatric services resilience across the winter period; being planned at system level but with delivery at place. The new BLMK Children’s Board will provide strategic oversight, system monitoring and overall assurance that the BLMK ICS is able to deliver the LTP and local priorities.

Governance.

It is proposed that the existing BLMK LMNS Board and the new BLMK CTB are accountable for the delivery of Priority 1 as detailed below. Leadership at ICS level is provided by the Chief Executive, Milton Keynes Council. It is proposed that the SRO at both LMNS and CTB is the Chief Nurse, BLMK CCG. See below.



Meeting title	ICS Partnership Board	Date: September 2021
Report title:	Milton Keynes Health and Care Alliance update	Agenda item: 9
SRO:	Name: Joe Harrison	Title: MKUH CEO
Report Author:	Name: Jill Wilkinson	Title: Programme Director

Document summary	<p>The attached presentation gives a summary of the progress that the MK Health and Care Alliance partners continue to make.</p> <p>It highlights some of the workstreams and activities that the Alliance partners are leading to develop and improve services and models of care.</p>			
Link to Strategic Priorities or ICS Development plan	All the workstreams and priorities that partners are working on together can demonstrate that they support the delivery of the ICS development plan and link closely to the system strategic priorities			
How this work addresses inequalities	<p>Our aim in all our work is to ensure inequalities are not further exaggerated.</p> <p>All the areas of focus for the MK Health and Care Alliance partners, aim to reduce the impact of inequalities in outcomes experienced by people.</p>			
Potential Risks and Issues				
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	That the Partnership board note the progress of the MK Health and Care Alliance			
Document history	None			
Appendices	None			

Milton Keynes Health and Care Alliance update

September 2021



MK Health and Care Alliance (MK HCA) progress

- Consistent and engaged attendance at the Milton Keynes Health and Care Alliance (MK HCA) meetings is excellent from all partners leading to deeper and more trusting relationships between leaders from all sectors. This is an essential element of further development of the MK HCA.
- Agreement with Healthwatch about how they are able to support the development and delivery of the MK Place aims and ambitions, and will work with the Alliance as a key transformation partner.
- Outline plans in place for the delivery of the expected outcomes from our 3 key objectives for 2021-2023 focussing on -
 1. Adults waiting for 3 or more acute medical interventions who also frequently use urgent and emergency care services - Dr Ian Reckless, MKUH
 2. Children's and young people's mental health – Jane Hannon, CNWL
 3. Exploring the potential of area-based, concentrated action to improve health outcomes – Michael Bracey, MKC



3 key priorities for 2021-2023

- The MK HCA have agreed 3 key priority areas to focus joint effort and resource on during 2020-2023. All 3 will support the delivery of the strategic aims of the MK Health and Wellbeing Board and the BLMK ICS strategies.
- All are expected to support the core purpose of an ICS to improve outcomes, tackle inequalities in outcomes, enhance productivity and support social and economic development
- We are embracing the principles of working with people and communities as described in the Integrated Care Systems; design framework, for example we are gathering intelligence about the experiences and aspirations of people who use our services in the knowledge that decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes.
- The MK Population Health Management Group is supporting the development and progression of the priorities – key focus currently is triangulating system data and identifying how financial spend can be accurately quantified for each person and health condition



MK Health and Care Alliance (MK HCA) progress

All Alliance partners continue to work together in several areas that will be of benefit to MK residents and the wider population across the ICS.

For example

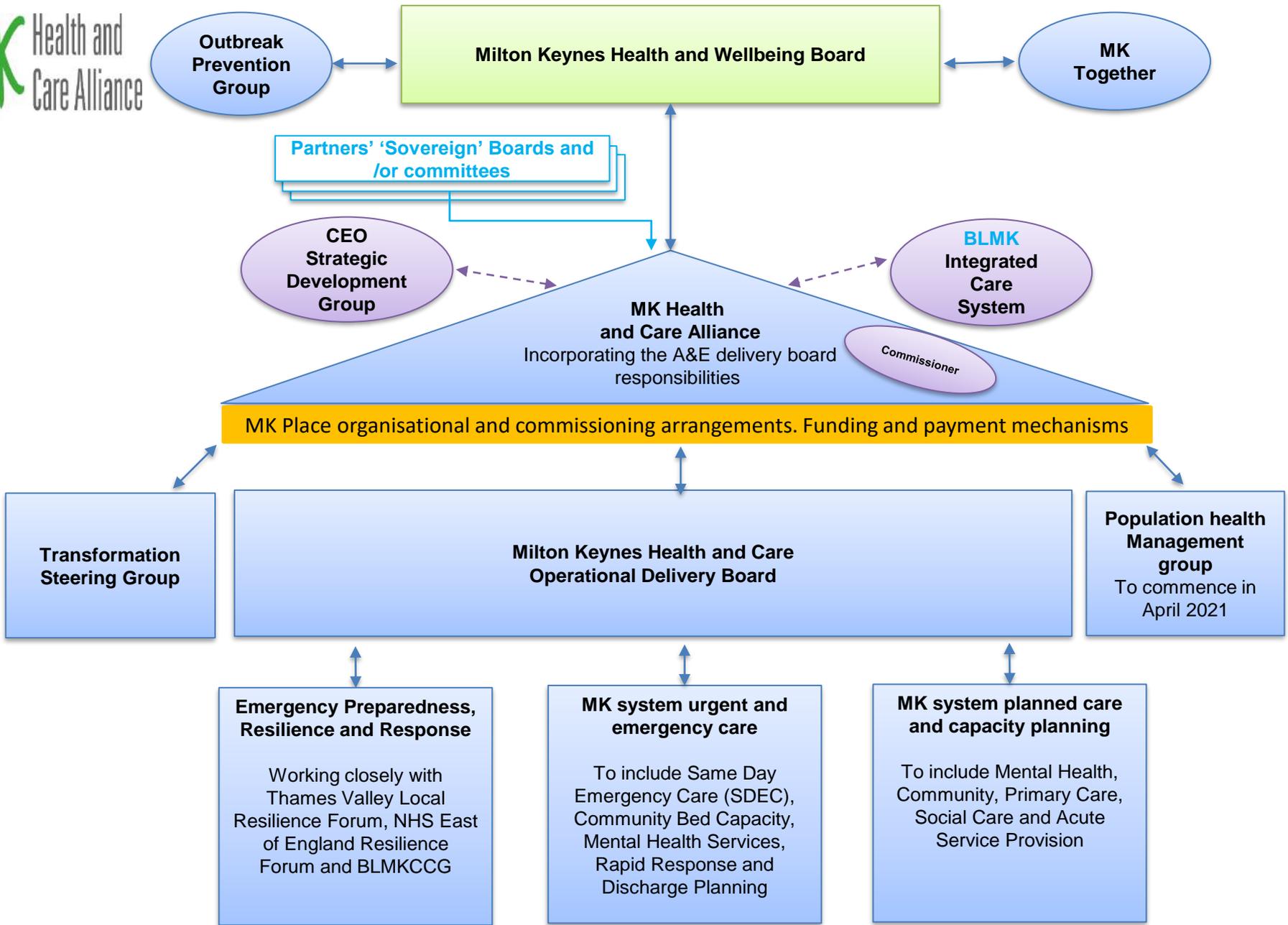
- Mapping a large number of workstreams and activity that teams (including PCN's, residents, social care, acute and community care colleagues) are working on together to develop and improve models of care. The workstreams have been mapped against the ICS priorities demonstrating that they all contribute to the wider system ambitions.
- Clinicians supporting the development and planning of a Milton Keynes based radiotherapy service. The unit will be hosted by MKUH with Oxford University Hospital providing the specialist clinical management of patients.
- Developing plans and processes to ensure that all MK system partners are able to understand and contribute to the ICS planning requirements and specifically the elective care recovery



Milton Keynes Health and Care Alliance -Next steps

- To build on our existing arrangements and be actively involved with wider ICS partners to develop new agreements and approaches in preparation for the publication of the statutory framework
- To work with citizens and partners to further refine the detailed plans and resource requirements for the delivery of our 3 key objectives
- To progress and refine the reporting of relevant measures that the MK HCA will receive to enable them to
 - a) understand the status of the local system and mobilise any required interventions and
 - b) to support appropriate strategic planning at Place and across the wider ICS.





Meeting title	BLMK ICS Partnership Board	Date: 01 September 2021
Report title:	Finance Update – Month 3	Agenda item: 10
SRO:	Name: Felicity Cox	Title: Accountable Officer BLMK CCG's and Executive Lead BLMK ICS
Report Author:	Name: Dean Westcott	Title: Chief Finance Officer

Document summary	<p>This paper sets out a Month 3 financial update for BLMK ICS.</p> <p>At Month 3 (June-2021) the BLMK ICS is reporting a year-to-date (YTD) £0.2m I&E surplus, which is £2.6m worse than plan. All organisations are currently forecasting delivery of their plan for H1.</p> <p>As at Month 3, the system capital programme is showing a £8.4m YTD underspend against the phased plan. However, the capital forecast is expected to be in line with the annual plan.</p>			
Ask of the Partnership Board	To note the financial results for Month 3 (June 2021) and forecast position for revenue and capital.			
Potential Risks and Issues	Insufficient revenue funding in the BLMK system could lead to inadequate monies to fund essential services - leading to issues with service quality and patient safety.			
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note the financial position of the ICS at Month 3 2021/22			
Document history	N/A			
Appendices	None			

Financial Update – Month 3



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NHS Financial Regime in H1 2021-22

In response to Covid-19, a temporary financial regime remains in place to cover the period April to September 2021.

In the first half of the year (H1) the ICS has been given fixed funding envelopes. The ICS will be expected to break-even within these allocations.

Individual organisations within a system can deliver surpluses or deficits by mutual agreement with other NHS organisations in the system, but overall the system should seek to achieve financial balance.

Summary of BLMK ICS NHS Financial Performance at Month 3

At Month 3 (June-2021) the ICS is reporting a year-to-date (YTD) £0.2m Income & Expenditure (I&E) surplus, which is £2.6m worse than planned. All organisations are currently forecasting delivery of their plan for H1.

NHS Capital Programme

- As at Month 3 the capital programme is showing a £8.4m YTD under spend against the phased plan.
- Capital expenditure by programme is forecast to be in line with the annual plan.

Financial Reporting Changes

- The ICS has introduced a new consolidated financial reporting format for NHS organisations; this will include information for ICS partners whose financial performance targets are hosted in other systems.
- Additional content will be provided at future Partnership Boards.



Month 3 Financial Performance



The reported position at Month 3 is a **£2.6m adverse** variance to plan.

Financial Position Overview								
Surplus / (Deficit)	Year-to-date				Forecast Outturn (H1 Only)			
	Plan £m	Actual £m	Under/(over) spend £m	%	Plan £m	FOT £m	Under/(over) spend £m	%
Bedfordshire Hospital NHS FT	0.3	0.3	0.0	0%	0.6	0.6	0.0	0%
Milton Keynes NHS FT	2.2	(0.4)	(2.6)	(118%)	(1.1)	(1.1)	0.0	0%
BLMK CCG	0.3	0.3	0.0	0%	0.6	0.6	0.0	0%
Intra ICS Organisations	2.8	0.2	(2.6)	(93%)	0.1	0.1	0.0	0%

- The impact of the Elective Recovery Framework is reported as net neutral – with expenditure and income aligned and no margin assumed.
- The adverse variance reported in Milton Keynes University NHS Foundation Trust reflects a plan profiling issue which the Trust is in contact with NHSEI to amend.
- The CCG has assumed that year-to-date Scheme 3 Hospital Discharge Programme (HDP) costs are fully supported by retrospective allocation.
- Organisations are forecasting in line with H1 plan.



Dashboard – Key Financial Metrics For ICS NHS Organisations at Month 3



The ICS has introduced a revised consolidated financial reporting format for NHS organisations; this will include information for ICS partners whose financial performance targets are hosted in other systems. Additional content will be provided at future Partnership Boards.

Key Indicators					
ICS Indicators (Intra-BLMK Only)	Plan	Actual	Variance		Change
	£m	£m	£m	%	
Year to date surplus / (deficit)	2.8	0.2	(2.6)	(92.9%)	⇒
Forecast surplus / (deficit) in H1	0.1	0.1	0.0	0.0%	⇒
Total CCG reported Net Risk					⇒
CCG efficiencies (FOT)	3.0	3.0	0.0		⇒
Provider efficiencies (FOT)	11.5	9.2	(2.3)		⇒
CCG YTD Admin spend	4.1	4.1	0.0		⇒

Financial Position Overview								
Surplus / (Deficit)	Year-to-date				Forecast Outturn (H1 Only)			
	Plan	Actual	Under/(over) spend		Plan	FOT	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%
Bedfordshire Hospital NHS FT	0.3	0.3	0.0	0%	0.6	0.6	0.0	0%
Milton Keynes NHS FT	2.2	(0.4)	(2.6)	(118%)	(1.1)	(1.1)	0.0	0%
BLMK CCG	0.3	0.3	0.0	0%	0.6	0.6	0.0	0%
Intra ICS Organisations	2.8	0.2	(2.6)	(93%)	0.1	0.1	0.0	0%
CNWL	0.0	0.1	0.1	0%	0.0	0.0	0.0	0%
ELFT	0.0	(2.4)	(2.4)	(7%)	0.0	(4.8)	(4.8)	(7%)
CCS	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
Inter ICS Providers	0.0	(2.3)	(2.3)	0%	0.0	(4.8)	(4.8)	0%

Financial Risk Analysis			
	Risk	Mitigation	Net Risk
	£m	£m	£m
Bedfordshire Hospital NHS FT			
Milton Keynes NHS FT			
BLMK CCG			
Intra ICS Providers			
CNWL			
ELFT			
CCS			
Intra ICS Organisations			

Efficiencies								
	Year-to-date				Forecast Outturn (H1 Only)			
	Plan	Actual	Variance		Plan	FOT	Variance	
	£m	£m	£m	%	£m	£m	£m	%
Bedfordshire Hospital NHS FT		2.3			8.0	5.7	(2.3)	(29%)
Milton Keynes NHS FT	1.7	1.7	0.0	0%	3.5	3.5	0.0	0%
BLMK CCG	1.5	1.5	0.0	0%	3.0	3.0	0.0	0%
Intra ICS Organisations	3.2	5.5	0.0	0%	14.5	12.2	(2.3)	
CNWL	4.5	1.8	(2.8)	61%	18.0	12.0	(6.0)	33.3%
ELFT	0.7	0.1	(0.6)	(88%)	2.6	2.6	0.0	0.0%
CCS	0.9	0.9	0.0	0%	2.0	2.0	0.0	0.0%
Inter ICS Organisations	6.1	2.7	(3.3)	(55%)	22.6	16.6	(6.0)	(27%)

Other Information				
	Covid Expenditure		ERF Income	
	YTD	Forecast	YTD	Forecast
	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	3.8	9.0	7.1	21.7
Milton Keynes NHS FT	0.0	0.0	3.8	12.1
BLMK CCG	4.2	8.4	0.0	0.0
Intra ICS Organisations	8.0	17.4	10.9	33.8
CNWL				
ELFT				
CCS				
Intra ICS Organisations				

Capital Expenditure								
	Year-to-date				Forecast Outturn			
	Plan	Actual	Variance		Plan	FOT	Variance	
	£m	£m	£m	%	£m	£m	£m	%
Bedfordshire Hospital NHS FT	16.7	10.4	6.4	38.3%	76.7	76.7	0.0	0.0%
Milton Keynes NHS FT	2.8	0.8	2.0	71.4%	50.8	50.8	0.0	0.0%
BLMK CCG	0.0	0.0	0.0	0.0%	1.6	1.6	0.0	0.0%
Intra ICS Organisations	19.5	11.2	8.4	43.1%	129.1	129.1	0.0	0.0%
CNWL	2.8	1.2	1.6	57.1%	15.1	15.1	0.0	0.0%
ELFT				0.0%				0.0%
CCS	0.5	0.0	(0.5)	(100.0%)	3.2	3.2	0.0	0.0%
Inter ICS Organisations	3.3	1.2	1.1	31.4%	18.3	18.3	0.0	0.0%

Capital Summary



- At Month 3 the capital programme is showing a £8.4m YTD underspend against the phased plan.
- Capital expenditure by programme is forecast to be in line with the annual plan.
- NHS England East Region are strengthening their oversight of capital to ensure the region optimises its spend against allocation. This will involve closer working with organisations and systems during the year to ensure more frequent updates to understand the variances to plan and the detailed narrative on the impact of profiling and forecast out-turn (FOT).

Capital scheme - By Programme	BHFT						MKFT					
	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Plan Annual £'000	Actual Forecast £'000	Variance Forecast £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Plan Annual £'000	Actual Forecast £'000	Variance Forecast £'000
UEC 2021/22	4,266	910	3,356	12,796	11,396	1,400	0	0	0	0	0	0
STP wave 4	0	0	0	0	0	0	2,256	0	2,256	8,280	8,280	0
Non central programme	11,851	9,134	2,717	39,415	40,815	(1,400)	360	780	(420)	14,519	14,369	150
STP wave 4b	624	334	290	24,500	24,500	0	0	0	0	0	0	0
HIP2	0	0	0	0	0	0	168	0	168	28,000	28,000	0
Diagnostic Screening	0	0	0	0	0	0	0	0	0	0	150	(150)
Gross capital expenditure	16,741	10,379	6,362	76,711	76,711	0	2,784	780	2,004	50,799	50,799	0
Expenditure as a % of Plan			62%			100%			28%			100%



BLMK ICS Partnership Board Forward Plan 2021

	1 September 2021	6 October 2021	3 November 2021	8 December 2021	12 January 2022
Strategy					
1	ICS Establishment	ICS Establishment	ICS Establishment	ICS Establishment	ICS Establishment
2	ICS Strategic priority 1	ICS Strategic priority 2	ICS Strategic priority 3	ICS Strategic priority 4	
3	Learning disabilities - mental health support	Health and Care Innovation – AHSN Presentation	Workshop	ICS Estates Strategy Refresh 2021 (tbc)	
4		ICS Strategy / strategic priorities			
5		Data Strategy			
6		System Oversight and NHSE delegation of responsibilities (NHSE/I) tbc			
		Clinical Leadership Strategy tbc			
7.		Public Health presentation tbc			
UPDATES					
	Update from Chair/Executive Lead	Update from Chair/Executive Lead	Update from Chair/Executive Lead	Update from Chair/Executive Lead	Update from Chair/Executive Lead
	MK Care Alliance update	BCA Update	MK Care Alliance update	BCA Update	MK Care Alliance update
	Finance	Finance	Finance	Finance	Finance