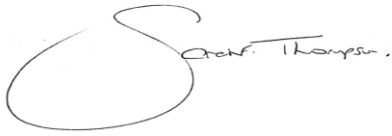


**Agenda Item: 7.0**

<h2 style="margin: 0;"><b>Governing Body</b></h2> <h3 style="margin: 0;"><i>held in public</i></h3>	<h2 style="margin: 0;"><b>Report</b></h2> <p style="margin: 10px 0 0 0;">Date of Meeting: 5 April 2018</p>
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<b>Report Title</b>	Accountable Officer's Report		
<b>Report Author</b>	<b>Presented By</b>	<b>Responsible Director</b>	
Sarah Thompson – Accountable Officer	Sarah Thompson – Accountable Officer	Sarah Thompson – Accountable Officer  <b>Signature:</b>  	
<b>Purpose for presenting report</b>	The purpose of this report is to provide Governing Body members with an understanding of the work of the Accountable Officer over and above those items included on the agenda of the governing body meeting		
<b>Action Required:</b>	The Governing Body is requested to NOTE the content of the report.		
<b>Approval Route:</b>	N/A		
<b>Further Assurance:</b>	N/A		
<b>Which Strategic Objectives does this report provide evidence for?</b>			<b>Please Tick /</b>
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			<input type="checkbox"/>
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			<input type="checkbox"/>
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			<input type="checkbox"/>
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			<input type="checkbox"/>
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			<input type="checkbox"/>
<b>Implications/Assessments</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Have any financial implications been signed off by the Chief Finance Officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any quality implications been signed off by the Director of Nursing & Quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any privacy implications been signed off by the Head of Information Governance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any conflicts of interest implications been signed off by the Corporate Office?			
Have any public engagement implications been signed off by the Head of Communications & Engagement?			
Has an Equality Impact Assessment been carried out?			
<b>Key Risks</b>	As set out in report		
<b>Executive Summary</b>	<p>This report covers a period from the 19<sup>th</sup> February to the 19 March 2018 for the submission of the Governing Body papers.</p> <p>Key areas covered in the report are as follows:</p> <ul style="list-style-type: none"> <li>• Financial Recovery</li> <li>• Meetings with Bedford Borough and Central Bedfordshire Councils</li> <li>• CCG Member Practice visits</li> <li>• Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP)</li> <li>• Meetings with Bedfordshire CCG Staff</li> <li>• Director changes</li> <li>• System Resilience over the winter period</li> </ul>		

## **Report of Accountable Officer to Bedfordshire CCG Governing Body 05 April 2018 Introduction**

The purpose of this report is to provide Governing Body members with an understanding of the work of the Accountable Officer over and above those items included on the agenda of the governing body meeting.

This report covers a period from the 19<sup>th</sup> February to the 19 March 2018 for the submission of the Governing Body papers.

### **Financial Recovery**

A video conference meeting with Dr Paul Watson, Regional Director NHS England, was held on 19 February that covered the following:

- The activity plan for 2018/19.
- Further refinement of budget lines.
- A plan and timetable for a QIPP programme to deliver £23.6million.
- A plan for the agreement of contractual terms in 2018/19.

Since this meeting the CCG has been working to a timetable set by NHS England for all commissioners that is being coordinated through the STP/ Integrated Care System with milestone dates of 26 February and 8 March that have been complied with. A national date of 30 April has been set for Governing Body approval of the single Operating Plan for the STP/Integrated Care System, and local arrangements for this will need to be agreed.

At the time of writing this paper there is a single issue that is subject to resolution relating to the allocation by Bedfordshire CCG of admission avoidance monies in 2018/19.

### **Meetings with Bedford Borough and Central Bedfordshire Councils**

The Accountable Officer and colleagues have attended the following meetings:

- Bedford Borough Social Care, Health & Housing Overview & Scrutiny Committee
- Central Bedfordshire Transformation Board
- Bedford Borough Council Health and Wellbeing Board
- Central Bedfordshire Health and Wellbeing Board Development Session

The CCG has presented at each of these meetings on a range of matters and clinical locality Governing Body members are asked to ensure that they attend all future meetings so as to provide a broader clinical contribution.

### **Meetings with Bedfordshire Members of Parliament (MP)**

No meetings have taken place during this period.

### **CCG Member Practice visits**

The Accountable Officer has visited the following Practices in March: Caddington Surgery.

### **Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP)**

The most recent communication on the progress of the STP is attached. The term Accountable Care System has now been replaced nationally with Integrated Care System.

NHS England have established a Commissioning Capacity Programme that is a practical leadership programme for the Integrated Care system going forward across Bedfordshire, Luton and Milton Keynes CCGs. The Chair and substantive director post holders have been nominated for this programme that commences from April.

### **System Resilience over the winter period**

A&E Performance at Bedford Hospital Trust over the winter months has been escalated by NHS England and NHS improvement and the Chief Executive and Chief Operating Officer of Bedford Hospital Trust, and the Accountable Officer, met with Dr Paul Watson on this matter on 9th March.

A range of actions were requested as follows and a further meeting will be held on 6<sup>th</sup> April:

- Improvements to physical capacity in the Emergency Department and the patient flow through the department.
- Full utilisation of the available streaming to primary care capacity at Bedford Hospital Trust.
- Arrangements to reduce the number of ambulance conveyances.
- Agreement on a model for improving bed occupancy.
- Consideration of weekend working in relation to diagnostics and discharge.

All these actions were discussed at the Bedford A&E Delivery Board held on 15<sup>th</sup> March with one of the CCG clinical urgent care leads.

### **Meetings with Bedfordshire CCG Staff**

A staff meeting was held on the 8 March 2018 at the Village Hall, Silsoe. The next staff meeting will be on 10<sup>th</sup> April.

### **Director changes**

Caroline Kurzeja, Director of Strategy, Transformation and Commissioning, advised on the 9<sup>th</sup> March that she would be standing down with immediate effect due to family

circumstances. The Remuneration Committee have agreed revised Director level arrangements going forward in order to maintain business continuity.



## Bedfordshire, Luton and Milton Keynes

### Sustainability and Transformation Plan

#### Central Brief: February 2018

Issue date: February 2018

#### News



##### *Transforming care closer to home*

Our ambition is to build high quality, resilient, integrated primary, community and social care services across BLMK and in recent months significant steps have been made in turning this into reality.

This transformation will see primary care strengthened and more care delivered closer to home. This will include, in time, the creation of a single point of access for urgent care and the transformation of services for people with learning disabilities. Integrated physical and mental health services will also be remodelled.

In recent months BLMK STP has been working with the National Association of Primary Care (NAPC) to explore its Primary Care Home (PCH) model and its potential fit for the region.

Primary Care Home (PCH) is an innovative approach to strengthening and redesigning primary care (including community services, mental health, social care and the community and voluntary sector) around the needs of patients. Developed by the NAPC, the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community in populations of approximately 30 – 50,000. In the model, staff come together as multi-disciplinary teams – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.

There is strong national evidence that this form of integrated, multi-disciplinary proactive care delivery approach can result in improvements in patient experience, better outcomes, improved ability to recruit and retain primary care staff and reductions in demand for hospital services and rapid access to more appropriate health and care services.

Late last year, the decision was made to move forward with the PCH model and funding to deliver this model now been agreed. In the coming months the BLMK team will be working in partnership with NAPC, and local community, mental health and social care partners to roll out the model to all 18 localities/clusters/neighbourhoods. The structured programme will be tailored to suit local circumstances and will allow those parts of the system which are ready to move at pace and scale to do so. It will also enable those still emerging and developing their relationships to receive the appropriate support.



To support colleagues in primary care to prepare for PCH, we have also launched an investment scheme that allows groups of practices and clusters to receive funding for demonstrating that they are beginning to collaborate, share services, begin or enhance multi-disciplinary working for the benefit of patients. The funding received will then be reinvested in further local initiatives, for example in freeing up practices to undertake leadership or organisational development.

In total, approximately £1m will be invested in primary care during 2018 and into 2019.

### ***Creating the infrastructure for the future***

Creating the PCH model in BLMK has provided us with the opportunity of thinking differently about the existing workforce and estate. To support the transformation of the care model the BLMK team has been working with our 16 partners to consider how a multidisciplinary team approach will change the type of staff and roles required.

A new general practice workforce and development plan has been created which will see investment in a range of new roles such as clinical pharmacists, and in ways of working, recruitment and retention and education, training and development initiatives. The aim is to develop a team approach, across health and social care services providing more coordinated and joined up care and enhancing primary care services.

As well as investment in the BLMK workforce, a programme of work is in train to create new health and care hubs across BLMK.

In Dunstable, a new £21m Integrated Primary Health and Care Hub is proposed. Working collaboratively between Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group the hub will provide a focal point for proactive and preventative care, out of hospital services and care packages for people who are vulnerable or have complex care needs. This will include local access to a range of general, medical and nursing, therapy, specialist and social care services and supporting information and advice systems. It will provide a consolidated base for the locality's integrated multidisciplinary approach, with one team working across organisational boundaries. It is planned to open in 2020.

A similar hub is being planned in Biggleswade, to serve the Ivel Valley locality of Central Bedfordshire. The £15m development is also expected to open in 2020.

National capital funding has been requested to modernise an existing facility in Bedford, Gilbert Hitchcock House. A bid for £6m of investment has been submitted to NHS England to create the first Health and Care Hub within Bedford Borough. This facility will provide the lynchpin for delivering high quality, resilient and integrated health and care services at scale to the population of central and north Bedford. This facility also planned to open in 2020.

There is further planning work taking place across the whole of BLMK to create hub facilities. These hubs will provide much needed capacity to support the transformation of local services in line with the NAPC Primary Care Model which underpins the STP enhanced primary care.



As one of eight national pilot Accountable Care Systems (ACS), BLMK has the opportunity to work with and participate in, and influence, discussions at a national level on the future models of care. One area we have been actively participating in is primary care, with NHSE especially interested in the work we have been undertaking to develop our incentive scheme and the NAPC programme. In early January, a group of ACS primary care leaders were invited to meet the Prime Minister's health advisor. Our own Dr Nina Pearson, BLMK GP Clinical lead was part of the group that met at Downing Street earlier in the year.

#### ***New BLMK Finance Lead***

We are pleased to announce that Jonathan Dunk has joined BLMK Finance Lead. Jonathan will take over with immediate effect from Mike Keech.

Jonathan comes with a strong track record having been an NHS Provider Director of Finance, a CCG Director of Finance, and also an Interim CCG AO. He was heavily involved in the financial governance and development of an STP, and has the credibility and support of our key external stakeholders.

Richard Carr, SRO for BLMK, said: "We have recognised for some time that there was need for dedicated management for finance. Mike Keech has played a critical role in the initial period of our STP and I would like to thank him for all his hard work.

"Jonathan joins us at a critical time and his immediate focus will be on bringing the system together around an aligned plan, and to manage the interface between our system and key stakeholders is the next step on delivering the expectations contained within the Memorandum of Understanding (MOU) we have agreed when we secured our position as a Wave 1 Accountable Care System.

"I hope you will join me in welcoming Jonathan to the system."



***Information Governance and sharing information – what you need to know now.***

**When: Tuesday 27 February, 2018 10.00 am – 3.00 pm**

**Where: Rufus Centre, Lockyer Suite, Steppingley Road, Flitwick, Bedfordshire,**

The first workshop of 2018 will explore information governance and what this means for information sharing across BLMK. This is your opportunity to find what work has been done so far and discuss your concerns about the implications of sharing patient records.

During the day we will also be covering:

- How we are supporting practices with preparing for the implementation of the Data Protection Act 2018
- Launching STP-wide information sharing agreement and discussing the benefits of making the patient record available for the direct care pathway
- Discuss what the barriers are and how we can help overcome these
- Support available to the changes in S1 around information sharing.

Food and refreshments will be provided at the event. Places will be reserved on a first come, first served basis. A full agenda will follow in the coming weeks.

To book your place email [nicola.dowlen@mkh.nhs.uk](mailto:nicola.dowlen@mkh.nhs.uk).

***Clinical conversation***

Over 100 colleagues from across BLMK gathered together at the Rufus Centre in Flitwick for the first Clinical Conversation of 2018.



The evening was the first time the focus was on the health and wellbeing of young people and was chaired by Professor Chris Ham, Chief Executive of the Kings Fund. Professor Monica Lakhanpaul, Professor of Integrated Community Child Health at Great Ormond Street Hospital, gave the evening's key note presentation and used the event to share experiences around child centred care and support, providing flexible support and multi-agency working and exploring the reasons for parents presenting at A&E.



The second half of the evening was used to open the discussion up to the audience who were asked to consider eight key areas – acute care pathways; mental health; prevention; vulnerable and looked after children; special education needs; participation, peer support and commissioning; family resilience and support and; risky behaviours.

The round table discussions resulted in some lively debates but provided a wealth feedback for the BLMK team to take forward. This included:

- Involving children, young people and families in care
- Use of technology for shared information between professionals, self-care app development, virtual clinic and peer support
- Shared care record with patient accessibility to manage own care
- Pooling resources especially with small services. Also integration with adult services for transition.

### *Call for Bedford residents to become new FT members*

When the merger between Luton & Dunstable Hospital (L&D) and Bedford Hospital is finalised a new Foundation Trust (FT) will be created. As a new FT, it will need a membership that reflects the population which the two hospitals serve. The L&D is already a FT with 16,000 members, however, there aren't enough members from Bedford Borough to fairly represent the population. A recruitment campaign was launched in November and although over 500 new members have registered, more are needed.

FT Members have a say in how the hospitals are run, how healthcare is provided to patients and can voice their concerns or make suggestions about future plans.

Initially people will be signed up to the L&D membership, however, at the point of merger, membership will be automatically transferred across to the new integrated Trust. This is the best opportunity for the people of Bedford to have a say in the future of the new FT. If you are able to promote this within your own organisations or circles, please email [merger@ldh.nhs.uk](mailto:merger@ldh.nhs.uk) or visit [www.bedfordhospital.nhs.uk](http://www.bedfordhospital.nhs.uk) and click on the 'Proposed Merger and FT Membership' box on the home page.

Ongoing communications with stakeholders and staff will continue as plans progress. Information about the proposed merger can be found on both hospital websites [www.ldh.nhs.uk](http://www.ldh.nhs.uk) and [www.bedfordhospital.nhs.uk](http://www.bedfordhospital.nhs.uk) or email [merger@ldh.nhs.uk](mailto:merger@ldh.nhs.uk).

## **Finance**



### *BLMK STP Cancer Transformation funds secured*

BLMK STP has been awarded £1.2 million by the East of England Cancer Alliance to transform cancer services across the region.

The funding will be used across BLMK to establish new ways of collaborative working which will sustain performance, implement best practice cancer pathways and new models of care.

As part of the work a new cancer transformation delivery team will be established to initially undertake baseline studies and understand the current state of play. Using best practice



cancer pathways the new team will be focussing on – using new methods for bowel screening in primary care; prostate cancer pathway redesign and; lung cancer pathway.

### *Care homes digitisation funding agreed*

Improving services for care home residents is a key priority for BLMK STP and this month took a step forward with the announcement of £995,000 funding to build on work already started in Luton and Central Bedfordshire.

The funding will be utilised to enable every care home in BLMK to have a robust Broadband Wi-Fi available for staff and residents together with secure NHS Mail access and suitable information governance training.

The provision of a NHS Mail will mean care homes can receive documentation directly from the hospital, community health service or other care settings, enabling them to receive up-to-date information to help them deliver better patient care and outcomes. Furthermore, Wi-Fi access will provide visiting staff, with a cheaper and more efficient service and allowing them to link with other initiatives to utilise technology for monitoring and alerting change.

If appropriate, residents will also be able to make use of technology such as Skype to keep in touch with family and friends.

This initial investment will also provide the basis for the future provision of a shared care record which will play an integral part in delivering an integrated care system.

### **Secondary care**



Milton Keynes Hospital has launched the SystemOne Viewer in the Emergency Department. This gives clinicians the ability to access a 'read-only' view of GP records for patients whose GP uses SystemOne and who have consented to share out their information.

As SystemOne is the main GP record system in use across Milton Keynes, this means most of the patients visiting the Emergency Department can now benefit from significantly improved assessments of their condition.

Emergency Department clinicians no longer have to spend time trying to contact GP surgeries for information, delaying sometimes critical clinical decisions regarding treatment, leading to a much better patient experience and outcome from their hospital visit.

For patients who are not registered with a GP using SystemOne and those who have not consented to share their information, there is still the ability to quickly launch the Summary Care Record. Access to the system is via NHS SmartCards and takes just a few seconds to find a patient's record, record consent and then open it.

Dr Shindo Francis, Clinical Lead for the department, said: "This has had a significant impact on early assessment of patients in ED and has been well received in the department."