

REPORT TO THE TRUST BOARD: PUBLIC
25 March 2021

Title	Strategic Activity Update
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Purpose of the report

The aim of this report is to provide the Trust Board with an update on key areas of the Trust’s strategic decision-making, planning and management. It is structured to provide information on key national policy developments and our partnership working in local integrated care systems.

Summary of key issues

The Trust is working closely with Integrated Care System partners to progress planning with regards to the proposals laid out in NHS England Integrated Care Next Steps and the Department of Health & Social Care White Paper.

The Trust is working closely with BLMKCCG and other partners to progress the Modernising Inpatient Mental Health Services in Bedfordshire & Luton programme.

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	This paper covers the Trust’s strategic planning process and strategy development, and therefore supports all of the Trust’s strategic priorities.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	This report is routinely submitted to the Executive Service Delivery Board

Implications

Equality Analysis	The Trust strategy has specific goals to address health inequalities, and this will be a focus of both our population health and equalities workstreams.
Risk and Assurance	The developments in this report provide assurance that the Trust is effectively engaging with external partners, developing services to improve patient care and outcomes, and maintaining value for money.
Service User/Carer/ Staff	The service developments in this report should have a direct beneficial impact on service users and carers.
Financial	The acquisition of additional income has positive financial benefits for the Trust.
Quality	Service developments are specifically designed to improve quality.

Supporting documents and research material

N/A

Glossary

CCG	Clinical Commissioning Group
STP	Sustainability & Transformation Partnership
ELHCP	East London Health & Care Partnership
NELCA	North East London Commissioning Alliance
BLMK	Bedfordshire, Luton & Milton Keynes
5YFV	Five Year Forward View
CQC	Care Quality Commission
INEL STB	Inner North East London System Transformation Board
FYFVMH	Five Year Forward View Mental Health
IHI	Institute for Healthcare Improvement
ICS	Integrated Care System
PCN	Primary Care Network
WEL	Waltham Forest & East London, i.e. the boroughs of Newham, Tower Hamlets, and Waltham Forest
Place based system	The Trust works with seven place-based systems: BLMK: Bedford Borough, Central Bedfordshire, Luton ELHCP: City & Hackney, Newham, Tower Hamlets South West London: Richmond

1.0 Background/Introduction

- 1.1 The Trust operates in a complex and diverse health and social care environment due to changing population needs and expectations and the move towards more collaboration across organisations, in line with the NHS Long Term Plan and the newly published NHS White Paper.
- 1.2 The Trust is part of two Integrated Care System (ICS) footprints: East London Health & Care Partnership (ELHCP, the North East London Integrated Care System); and Bedfordshire, Luton & Milton Keynes. The partnerships are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), and Local Authorities.

2.0 National policy update

NHS White Paper: Integration and Innovation

- 2.1 The Department of Health & Social Care has published the White Paper, *Integration and Innovation: working together to improve health and social care for all*¹.
- 2.2 The White Paper lays out proposals to form the basis of legislation intended to pass through parliament during the course of 2021/22, in anticipation that it become law as from 1/4/22. The House of Commons Health and Social Care Committee is currently examining the proposals².

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

² <https://committees.parliament.uk/work/1068/departments-white-paper-on-health-and-social-care/publications/>

2.3 The proposals are consistent with the direction of travel laid out in the NHS Long Term Plan, and the NHS Five Year Forward View before it, and in particular with NHS England (2019) *The NHS's recommendations to Government and Parliament for an NHS Bill* and the NHS England (2020) consultation *Integrating care: Next steps to building strong and effective integrated care systems across England*, to which the Trust responded.

2.4 The proposals include:

- **Establishing statutory Integrated Care Systems NHS Bodies**, with a Board made up of NHS and local government organisations, and specific duties with regards to the NHS, for example to develop plans to meet the health needs of the population, including capital planning, and to secure services to meet the identified needs of the population
- **The new proposal to develop a separate ICS Health and Care Partnership**, with a Board made up of NHS and local government and partners and responsibilities to support health and social care integration and develop a plan to address health, public health and social care needs
- **The abolition of Clinical Commissioning Groups and the incorporation of their functions into Integrated Care Systems**, with the allocative functions of CCGs being brought into the ICS NHS body, such that it will sit alongside the ICS strategic planning duties.
- **Removal of some of the requirements on the NHS to procure services**, the requirement on commissioners to procure health services competitively enshrined in the Health & Social Care Act 2012 requirement for commissioners to comply with the Public Contract Regulations will be removed, and replaced with a new provider selection regime, which will give ICSs more flexibility in how services are secured
- **Foundation Trusts have new duties to collaborate and to deliver the “triple aim”**. Previous limits to the ability of providers to form joint committees with other NHS bodies will be removed; more effective data sharing will be legislated for, and there will be a new power to impose capital spending limits on Foundation Trusts
- **Changes to regulatory landscape**: to legislate to bring NHS England and Improvement into a single organization, whilst more responsibility also moves to ICSs; to introduce a new duty on the Care Quality Commission to assess local authorities delivery of adult social care
- **New powers for the Secretary of State for Health and Social Care**: including powers to intervene with respect to relevant functions of NHS England, to set a more flexible mandate for NHS England, the ability to change or transfer functions

between arms lengths bodies, and to intervene in local service reconfiguration changes when required.

- 2.5 The White Paper also signals changes to the national tariff to allow reimbursement to work more flexibly within system approaches and a significant role for provider collaboratives functioning at scale to tackle variation and improve outcomes, allowing for ICS bodies to determine locally how to provide for a significant delegation to place and to provider collaboratives. The White Paper also signals the potential for ICSs to apply to the Secretary of State for Health & Social Care to create new integrated care Trusts.
- 2.6 The White Paper does not include any proposals for legislation with regards to place within ICSs, but emphasises throughout the importance of place in planning and delivery of healthcare, and in particular the importance of Health & Wellbeing Boards in driving place based integration.
- 2.7 The White Paper also lays out proposals for a number of public health and other measures.

NHS England Consultation: NHS Provider Selection Regime

- 2.8 NHS England has published *NHS Provider Selection Regime: Consultation on Proposals*³, with a deadline for responses of 7/4/21.
- 2.9 The consultation includes proposals for how ICS bodies as commissioners may secure healthcare services either through continuation of existing arrangements, or identifying a most suitable provider where this is necessary through assessment against a set of key criteria without conducting a tendering process or through competitive procurement.
- 2.10 The Trust will consider the Provider Selection Regime consultation with a view to responding.

3.0 Integrated Care System Update

Bedford, Luton and Milton Keynes ICSP (BLMK)

- 3.1 The BLMK ICS Partnership Board met in February 2021⁴, and considered the in particular the continuing COVID response, the modernising inpatient mental health

³ <https://www.england.nhs.uk/wp-content/uploads/2021/02/B0135-provider-selection-regime-consultation.pdf>

⁴ <https://www.blmkpartnership.co.uk/wp-content/uploads/2021/01/Partnership-Board-3-February-2020-combined.pdf>

services in Bedfordshire & Luton programme and work to develop a health inequalities programme within the ICS.

- 3.2 The Trust is working closely with ICS partners to develop ICS priorities for 2021/22 and beyond, and to consider opportunities brought about by Integrating Care Next Steps and the White Paper to provide further momentum to the delivery of the priorities.
- 3.3 The BLMK ICS Mental Health Programme Board has been successful in securing new funding for:
 - Community mental health service transformation for adults, commencing 1/4/21
 - Suicide prevention schemes, commencing 1/4/21
 - Crisis alternatives, commencing 1/4/21.

East London Health & Care Partnership (North East London ICS)

- 3.4 The Trust is working closely with North East London FT to build on our successful collaboration as part of our COVID-19 response, and to plan for the further development of our provider collaborative.
- 3.5 The Trust is working closely with ICS partners to develop ICS priorities for 2021/22 and beyond, and to consider opportunities brought about by Integrating Care Next Steps and the White Paper to provide further momentum to the delivery of the priorities.
- 3.6 The NEL ICS Mental Health Programme Board has been successful in securing new funding for:
 - Community mental health service transformation for adults, commencing 1/4/21
 - Suicide prevention schemes, commencing 1/4/21
 - Crisis alternatives, commencing 1/4/21.

4.0 Modernising Inpatient Mental Health Services in Bedfordshire & Luton Programme Update

- 4.1 The Trust is working closely with Bedfordshire, Luton & Milton Keynes Clinical Commissioning Group (BLMKCCG) and other partners to stand up and progress the Modernising Inpatient Mental Services in Bedfordshire & Luton programme.
- 4.2 The Trust and BLMKCCG are committed to developing modern, state-of-the-art mental health services for people with mental health problems in Bedfordshire and Luton.
- 4.3 The Bedfordshire, Luton & Milton Keynes Integrated Care System (ICS) response to the NHS Long Term Plan will bring new investment of circa £37m to mental health across the ICS between 2019/20 and 2023/24, with substantial development and improvement of

mental health services for pregnant women and new mothers, children & young people, adults with common mental health problems and adults with serious mental illness, including crisis and community services.

- 4.4 As part of our whole system approach to improving mental health services, the Trust is committed to improving inpatient mental health services, and to return inpatient mental health services to Bedford following the closure of Weller Wing at Bedford Hospital in 2017.
- 4.5 The Trust has explored a number of site options in Bedford and has now identified a preferred site at Shires House, Bedford Health Village. The Trust is in the final stages of securing a long-term lease for the site.
- 4.6 Our vision is to develop a new inpatient mental health service at Bedford Health Village, built in line with current clinical and architectural best practice, with sufficient capacity to meet the current and future needs of our populations, and strong links into the communities we serve; and to further improve the quality of our established inpatient services at the Luton Centre for Mental Health adjacent to the Luton & Dunstable Hospital. Our Bedford and Luton centres for inpatient mental health services would form part of our comprehensive mental health offer, and be supported by, and complement, community mental health services across Bedford Borough, Central Bedfordshire and Luton.
- 4.7 We also believe this is a significant opportunity to create new, local, inpatient facilities for children and young people with mental health problems - at present, there are no beds for children and young people in Bedfordshire, Luton or Milton Keynes, and as a result children and young people requiring inpatient admission are placed in out of area beds, which can sometimes be far from home.
- 4.8 The Trust and BLMKCCG are now working together to develop a case for change document, which will form the basis of broader CCG-led engagement with stakeholders, including residents and communities, in line with the requirements of *NHSE (2018) Planning, assuring and delivering service change for patients*. This will build on the engagement to date with service users, carers and staff within the Trust. The Trust anticipates this will take up to five to six months, given the existing support for the proposal, and taking into account the impact of the pandemic.
- 4.9 The Trust and BLMKCCG have presented an update to Bedford and Central Bedfordshire and Luton Health Overview & Scrutiny Committees (on 18/1/21 and 25/1/21 and 3/3/21 respectively). The three Committees have indicated that they believe the proposal will constitute significant service change, which will therefore require formal public consultation. The Trust is in discussion with NHS England & Improvement East of England and London to determine formal next steps with regards to the development of this process, including the development of a pre-consultation business case and capital planning, including Capital Departmental Expenditure Limit, requirements.

5.0 Action being requested

- 5.1 The Board is asked to **RECEIVE** and **NOTE** the report.