

BEDFORD BOROUGH COUNCIL

Committee: Health Overview and Scrutiny Committee

Date of Meeting: Monday 4 November 2024

Time: 6.30pm

Venue: Committee Room 1, Borough Hall, Cauldwell Street, Bedford, MK42 9AP

AGENDA

Introduced by

- | | |
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| 1. Questions
<i>To consider any questions from members of the public and Members of the Council.</i> | Chair |
| 2. Apologies for absence
<i>To receive any apologies for absence.</i> | Chair |
| 3. Minutes
<i>To confirm the Minutes of the meeting of the Committee held on 7 October 2024 (copy enclosed).</i> | Chair |
| 4. Disclosure of Local and or Disclosable Pecuniary Interests
<i>Members are reminded that where they have a local and/or disclosable pecuniary interest in any business of the Council to be considered at this meeting they must disclose the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent, in accordance with the Council's Code of Conduct</i> | Chair |

OVERVIEW

5. Cancer Services across Bedford Borough

To receive an update regarding the delivery of cancer services for Bedford Borough residents and raise awareness of developments within BLMK ICB (copy enclosed).

Representatives
from BLMK ICB

6. East of England Ambulance Service Trust Overview and Performance

To receive a report from East of England Ambulance Service Trust and Bedfordshire Hospitals NHS Foundation Trust regarding ambulance performance times to get to patients; arrival at A&E; linked to ambulance performance and four-hour treatment window for stroke (copy enclosed).

Representatives
from EEAST and
Bedfordshire
Hospitals NHS
Foundation Trust

7. ELFT 2024/25 Financial Plan

To consider a briefing note in response to a motion that was submitted to the meeting of Full Council on 9 October 2024 opposing cuts to mental health services in Bedfordshire and Luton (copy enclosed).

Representative
from ELFT

SCRUTINY

8. Executive

Chair

(a) 'Call-ins' - To consider any 'call-ins'.

(b) Record of Decisions of the Executive from its meeting held on 16 October 2024

To consider a briefing note on the decision falling within the remit of the Committee (copy enclosed).

9. Post Decision Scrutiny - Individual Executive Decisions

Chair

To note that no decisions falling within the remit of the Committee have been made since the Committee's last meeting.

10. Notice of Forthcoming Decisions to be taken by the Executive

Chair

To note that no items included in the [Notice of Forthcoming Decisions](#) to be taken by the Executive for the four-month period from December 2024 to March 2025 fall within the remit of the Committee (copy to follow).

11. Committee Work Programme for 2024-2025

Chair

To consider suggestions for the Work Programme for 2024/2025 (copy enclosed).

L CHURCH
Chief Executive

To: Each Member of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
(Councillors Abood, Atiq (Chair), Crofts (Vice-Chair), Frost, Gambold, Gribble and White)
All other Members of the Council for information

Democratic Services Contact Officer: Lynn McKenna, Senior Democratic Services Officer
Tel: (01234) 228193
Email: lynn.mckenna@bedford.gov.uk
Date of Issue: 25 October 2024

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7 October 2024

AT A MEETING

of the

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 3

For publication

held on the 7th day of October 2024 at 6.30pm
in The Frank Branston Room, Borough Hall, Cauldwell Street, Bedford, MK42 9AP

PRESENT: Councillor Atiq (Chair)
Councillors Abood, Crofts (Vice-Chair), Frost, Gambold, Gribble and White

Officers in attendance: K Walker, Director of Adult Services; J Gray, Senior Officer and Policy Adviser; and L McKenna, Senior Democratic Services Officer.

An apology for absence was received from Harsha Kotecha, Healthwatch Bedford Borough

37. QUESTIONS FROM MEMBERS OF THE COUNCIL AND MEMBERS OF THE PUBLIC

Councillor Frost – Question

Concerns have been raised regarding the disbanding of the dedicated home birthing team to be replaced by lesser experienced Community Midwives instead. I acknowledge that a stakeholder statement¹ has been received from NHS Bedfordshire Hospitals NHS Foundation Trust which has been circulated to Members of this Committee earlier today, however I wondered if the Committee also wished to add it to their Work Programme to understand it further.

¹ A copy of the Stakeholder Statement is attached as an appendix to these minutes for information purposes.

Reply by the Chair

Thank you for your question, Councillor Frost which we will discuss under agenda item 10, the Committee's Work Programme.

38. MINUTES

RESOLVED:

That the Minutes of the Health Overview and Scrutiny Committees held on 9 September 2024, be approved.

39. DISCLOSURES OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of interests.

40. THE DENNY REVIEW UPDATE

The Chair welcomed the Reverend Lloyd Denny DL, Author and Pastor, and Michelle Summers, Associate Director for Communications and Engagement, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) who provided a summary of the Denny Review which had looked into health inequalities across Bedfordshire, Luton and Milton Keynes, and the impact of the review on services in Bedford Borough.

The Associate Director for Communications and Engagement advised that the Denny Review had been a four-year community led engagement programme which started during the Covid-19 pandemic in July 2020 to understand what health inequalities had been experienced in Bedfordshire, Luton and Milton Keynes, and why. The review had been commissioned following a call from the Descendants of Windrush in Bedford Borough, who had invited the then Bedfordshire Clinical Commissioning Group to a meeting to demand that action be taken to tackle health inequalities, given the disproportionate impact Covid-19 was having on their community. Therefore, the Reverend Lloyd Denny was invited to lead an independent, community-led review of inequalities across Bedfordshire, Luton and Milton Keynes. The Chief Executive of East London Foundation Trust took the role of Senior Responsible Officer for the BLMK Health and Care System, and the University of Sheffield was commissioned to lead an in-depth Literature Review of all reports relating to health inequalities in BLMK, and across the country. Over 2,000 people had taken part in the review which highlighted that the people most affected by health inequalities included: Gypsies; Roma people; Irish Travellers; people living in the region's 64 most deprived areas; people with learning or physical disabilities; migrant people; LGBTIQ+ people; and people who experienced homelessness.

The Review was published in September 2023 and reported to the BLMK ICB's Board on 8 December 2023, with the full report and its recommendations being unanimously supported with immediate steps being introduced changing how the ICB worked and how it was structured, including a new learning culture in terms of what had been learnt from the Denny Review.

The Reverend Denny advised that since the review's publication in September 2023, he had tried to keep the community involved and had kept a watchful eye over matters since it was published. All the partners had signed up to the recommendations within the review for the next three years, and to report on what they had achieved and what was yet to be achieved, which was recognised, could be challenging. By keeping a focus on the review with partners would also help the communities affected to keep a better track of what had been happening.

In response to Members' questions, the Author and Pastor, and Associate Director for Communications and Engagement, BLMK ICB provided the following answers:

- In terms of some of the factors driving health inequalities with only 20% relating to healthcare, it was reported that wider determinants also contributed to a person's health, for example socio-economic; physical environment; and health behaviours/lifestyle choices. Health care services would continue to be provided for those who needed them.
- Targeted investment work with the University of Bedfordshire had been created to engage with young people from disadvantaged backgrounds and encourage them to consider a career in health care. Employment pathways could be changed to provide young peoples' aspirations as part of the integrated care programme.
- Support provided by housing associations was beyond the brief of the review, however it was acknowledged that they did try and assist individuals as much as possible, as poor-quality housing often caused poor health. A Director of Housing was on the steering group and had helped to collate evidence which formed part of the findings of the report.
- In relation to the Equalities Act 2012 and the protected characteristics, BLMK ICB would be reviewing its training from a contractual basis in terms of the language currently used. Advice would also be distributed to all service providers to ensure that interpretation support was required. Some quality assurance work was also being undertaken to ensure that service providers were compliant with the law.
- BLMK ICB had initially changed its culture to help keep the momentum of the review's findings ongoing. A Learning Action Network and System Insight Network would also assist with the influence of strategies and service redesigns. It was also about a change in culture being adopted and what was required which was shared and supported by all the stakeholders involved with the review.
- It was acknowledged that projects had limited funding, however some could become pilots, or funded through Primary Care Networks, or influenced by national policy.
- BLMK ICB was committed to the next three years to provide an annual report regarding the progress that had been made since the Denny Review; it would also be keeping in touch with the Denny communities to keep listening to them and validate their experiences.

- Further data regarding differences in life expectancy between men and women, and the 14 most deprived wards in Bedford Borough could be found on BLMK ICB's website.
- BLMK ICB were able to provide baseline data for cardio-vascular health.
- There were different economies of scale regarding the costs of interpreting services, and it was acknowledged that this needed to be reviewed across the board.

Members welcomed the report and concurred that it was a good review which had looked into health inequalities that were being experienced within the Borough. The Committee therefore wished to recommend that The Denny Review becomes an annual agenda item for them to review the annual progress update from the review's partners and System Transformation team.

On behalf of the Committee, the Chair thanked the Author and Pastor, and Associate Director for Communications and Engagement, BLMK ICB for their report, attendance and for diligently answering the Committee's questions.

RESOLVED:

- i) That the Committee notes the findings of The Denny Review and the progress that had been made by the BLMK Health and Care Partnership to date in responding to the findings of the report.
- ii) That the Committee adds The Denny Review to its Work Programme as an annual agenda item to review the progress update from the review's partners and BLMK ICB's System Transformation team.

41. UPDATE ON MEASLES AND MMR UPTAKE IN BEDFORD BOROUGH

The Chair welcomed Jo Freedman, Chief Officer for Public Health – Health Protection; and Craig Lister, Associate Director – Primary Care Transformation Prevention Lead, BLMK ICB who provided an update on the local position regarding Measles and Measles, Mumps and Rubella (MMR) vaccination rates in Bedford Borough.

The Chief Officer for Public Health – Health Protection introduced the report and advised that the national measles outbreak started in October 2023 and was continuing. As of September 2024, there had been 2,465 confirmed cases in England, however there had been a decrease in activity in the last four weeks which was positive. There had been less than ten cases reported in Bedford and no outbreaks, which was low compared to other areas; the majority of cases had been recorded in London.

Outbreaks were more likely to occur when coverage of two doses of measles, mumps and rubella (MMR) vaccine in the population, for herd immunity, was below 95%. Coverage of two doses of MMR at aged 5 years in Bedford Borough was 87.5% in 2023/24. Coverage of MMR vaccine varied across the Borough, whereby in January to March 2024 it ranged between 71.4% and 100% across the 16 GP practices; 7 GP practices were above the 95% target. Variations in vaccines uptake were not attributed to more deprived areas, therefore public health outreach teams were targeting hotspot areas and communities with lower coverage to identify barriers and promote vaccine uptake and community clinics. Vaccination programmes were promoted by the local authority and Public Health outreach groups, whereby some groups were making positive moves forward in uptake levels.

The Associate Director – Primary Care Transformation Prevention Lead, BLMK ICB explained that an outbreak in cases was the result of two or more individuals contracting the virus from the same source. The Public Health Team continued to work with ICS partners in the NHS; UK Health Security Agency; and community and educational settings to respond quickly to any outbreaks. He also provided an update regarding the school vaccination programme provider which had changed on 1 September 2024 and was improving uptake rates which was encouraging. It was noted that GP surgeries would be contacted to question their vaccination uptake rates if they were particularly low; however, this often improved after a follow up call had been made.

In response to Members' questions, the Chief Officer for Public Health – Health Protection and Associate Director – Primary Care Transformation Prevention Lead, BLMK ICB provided the following answers:

- As the number of measles cases were currently low in Bedford, Place Teams were in position to provide granular information in terms of identifying barriers and reasons why some people chose not to receive the vaccination(s), and to understand different communities better. BLMK ICB was also working with schools to offer vaccinations at weekends.
- Discussions were being held with Public Health colleagues in terms of early childcare places as there were some sensitivities regarding the safety of the vaccinations.
- Some community groups had a distrust in government and/or national advice, therefore more work was required to make immunisations part of general conversations.
- Work was ongoing to print information regarding vaccinations and other Public Health advice in different languages and different colours.
- Single vaccinations were an option, however there were cost implications.
- A declining rate in most vaccinations since 2012 could be attributed to larger populations living in denser areas in poorer housing. There may be an increase in uptake now that a new school vaccination provider was in place, however there was no budget for a national advertising campaign. Paper targeting and face-to-face communications were the best ways of providing information to the public.

7 October 2024

- Leaders of ethnic communities were continually approached and were particularly helpful in promoting public health services, including careful translations.

A Member of the Committee suggested that it would be helpful to receive a further update, including an update from the new school vaccination service provider, in six months-time to provide a progress report regarding the measles and MMR uptake in Bedford Borough.

RESOLVED:

- i) That the briefing note, be received.
- ii) That a further update, including an update from the new school vaccination service provider, regarding the measles and MMR uptake in Bedford Borough, be submitted to the Committee in six months-time.

42. EXECUTIVE

(a) Call-ins

The Committee noted that there were no “*call-ins*” to consider.

(b) Record of Decisions of the Executive

RESOLVED:

That it be noted that no meetings of the Executive had taken place since the Committee’s last meeting.

43. POST DECISION SCRUTINY - INDIVIDUAL EXECUTIVE DECISIONS

RESOLVED:

That it be noted that no decisions falling within the remit of the Committee had been made since its last meeting.

44. NOTICE OF FORTHCOMING DECISIONS TO BE TAKEN BY THE EXECUTIVE

Members noted the one item included in the Notice of Forthcoming Decisions for the period October 2024 to January 2025 which came within the Committee's purview and referred to Improving the Health Care Estate: Business Cases for Wixams, Wootton and Great Barford GP Surgeries.

RESOLVED:

That the decision regarding Improving the Health Care Estate: Business Cases for Wixams, Wootton and Great Barford GP Surgeries, be noted.

45. WORK PROGRAMME 2024/2025

The Committee considered its Work Programme 2024/2025 and noted the following items that had been scheduled for its November and December meetings respectively:

- **November 2024:**
 - Cancer pathways for Bedford Borough residents
 - East of England Ambulance Trust - Ambulance response times and stroke turnaround times
- **December 2024 (Workshop):**
 - Continuation of the Committee's scrutiny review into GP/Primary Care Access.

Further to Minute 37 above, the Senior Officer and Policy Adviser referred to the Home Births Stakeholder statement which advised that their review of the homebirth service would be completed by December 2024; therefore, Members may wish to invite representatives from Bedfordshire Hospitals NHS Foundation Trust to provide an update, including an action plan at either their November 2024 or February 2025 meeting.

The Committee also noted that a motion had been submitted to the next meeting of Full Council on 9 October 2024 opposing cuts to mental health services in Bedfordshire and Luton, which Members may also wish to add to their Work Programme.

7 October 2024

Members also requested that an update regarding Bedford Hospital's renal unit services be provided at their next meeting in November 2024.

RESOLVED:

That the Work Programme 2024/2025, be agreed and amended to include the following:

- Annual report on The Denny Review
- An update on Measles/MMR (early 2025)
- Bedford Hospital Maternity Services (including update regarding Home Births team) (February 2025)
- ELFT cuts to mental health services in BLMK (depending on the outcome of the motion at Full Council on 9 October 2024)
- Renal Unit update

The meeting ended at 7.40pm.



STAKEHOLDER STATEMENT

Important update about Bedford Hospital's Homebirth Service

Our Blossom Team provide the Homebirth service at Bedford Hospital and is an important part of our maternity services. However, due to staffing challenges, we are required to review how the current service operates.

A comprehensive review of the homebirth service is being conducted to ensure a sustainable way of delivering safe, effective and responsive home birth services, equity in services offered to all our women and birthing people and the wellbeing of our staff

This review will be undertaken in collaboration with our Bedford Maternity and Neonatal Voices Partnership (MNVP) and with our midwifery colleagues to gain essential stakeholder feedback. We will then use the feedback received to inform how the homebirth service will operate moving forward.

The review is estimated to take until December 2024. Following the completion of the review, we will communicate any proposed changes to our stakeholders and service users.

We are aware of how much the local community values our homebirth service and therefore it is important to clarify that no decisions have yet been made. Whilst the review takes place, care will not be compromised as pregnant women / birthing people currently under the care of the Homebirth team will be supported by community midwives that are experienced in providing labour care within a home environment.

Report Title: Cancer Services across Bedford Borough

Executive Lead (ICB): Ian Reckless, Chief Medical Officer

Report Author: Helen Watt, Cancer Programme Manager

Report To: Bedford Overview and Scrutiny Committee

Reason for the report to the committee:

To inform and bring members up to date with the delivery of cancer services for Bedford Borough residents and raise awareness of developments within BLMK ICB.

Executive Summary

Approximately 4,500 residents of BLMK are diagnosed with cancer each year. Research indicates that this number will increase. BLMK ICB has an established cancer programme focusing on the delivery of cancer care including performance, earlier and faster diagnosis, innovations, living with and beyond cancer and reducing inequalities.

The secondary care providers within BLMK have established links into tertiary providers for delivery of specialist care, including radiotherapy. Bedford Hospital has established links into Cambridge Cancer Centre for radiotherapy and specialist surgery, there are no plans to alter this, however some of Bedford Residents may be impacted by developments elsewhere in the system.

2.0 Report

Context

1 in 2 people will get cancer in their lifetime. Across Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes (BLMK) approximately 4,500 people are diagnosed with cancer each year and approximately 40% of those diagnoses will lead to death.

Research is telling us that cancer incidence will increase across all tumour sites, we are working to understand what this means for BLMK and the residents within our localities.

Access to cancer pathways

There are 4 main pathway routes to diagnosis of a cancer.

1. Referral into secondary care after presenting to GP with signs and symptoms of cancer – known as an urgent suspected cancer referral.
2. Referral on a screening pathway; these currently exist for Breast, Bowel, Cervical and emerging for Lung via the Lung Health Checks.
3. Presentation through Accident and Emergency with cancer diagnosed through investigations while under the care of the A&E Service.
4. Incidental findings / other GP referral – when cancer was not originally suspected, but on investigation cancer was diagnosed. Patients are normally on a routine pathway.

The below graph shows the numbers of cancers diagnosed for Bedford Borough residents through the various routes. The grey column represents the ICB average, and the purple line is the Bedford Borough performance. We can see from the chart that most cancers are identified from GP referrals into secondary

care with a suspicion of cancer; followed by findings under routine GP referrals and then Screening pathways.

Bedford Borough performs better than the ICB average in most areas including the number of cancers diagnosed via emergency presentations.

Bedford Borough participation in screening programmes is lower than it could be:

- Breast 58.4% uptake
- Cervical 68.2% uptake
- Bowel 65.3% uptake

Within BLMK we have two acute providers that can diagnose and treat cancers. Trends suggest that most residents will attend their local acute hospital with Bedford

residents largely attending Bedford Hospital for diagnosis and treatment. However, there can be some variation based on patient choice.

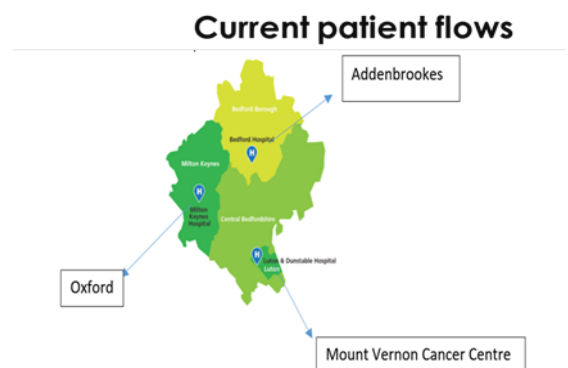
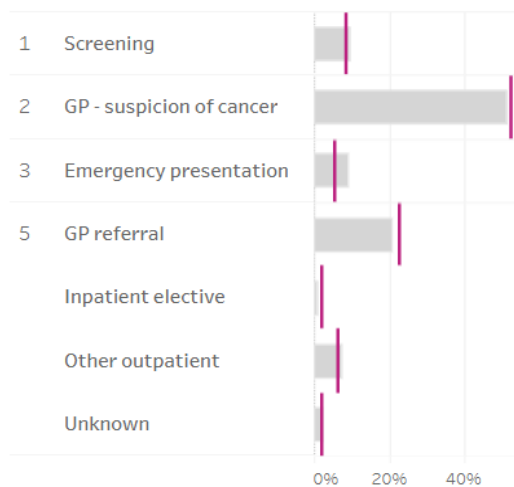
When patients are referred to the hospital, the list of available appointments will be displayed based on geographical location, and availability. On occasion a Trust further away can have an appointment available sooner and this could be selected by the patient or GP at the point of referral. We also see patients living on the borders of Bedford choosing between Milton Keynes and Luton & Dunstable Hospitals.

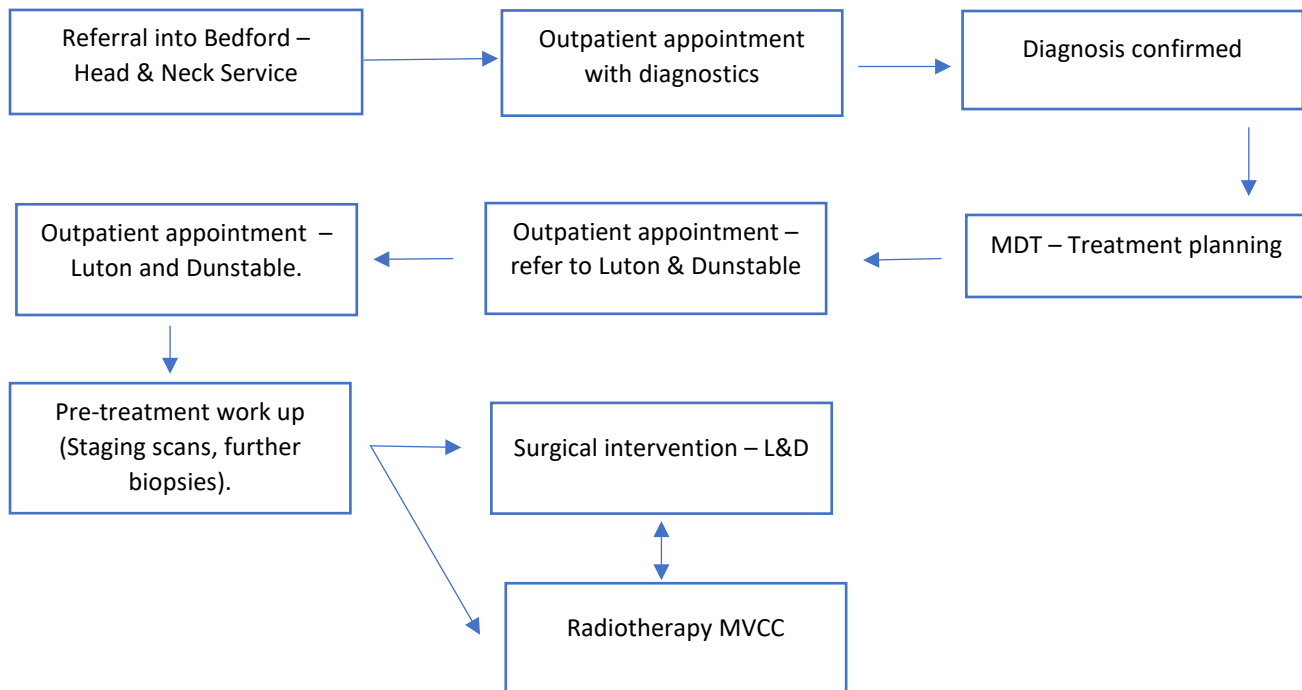
The secondary care providers within BLMK all link with different tertiary centres for specialist treatments, including some surgical procedures and radiotherapy and therefore we do have some Bedford Residents being treated by Mount Vernon Cancer Centre or Oxford Cancer Centre.

BLMK access to radiotherapy has been an issue for many years due to the distance that patients have to travel and the associated challenges around cost, dependency on others for transport, support and managing the short and long term effects of treatment. A core component of the ICS Cancer Strategy has been to deliver care closer to home where possible.

The ICS has therefore supported a partnership between Milton Keynes and Oxford Cancer Centre to provide networked radiotherapy unit on the Milton Keynes site. The ICS is also contributing to the MVCC review that is underway at the moment with the potential for a satellite radiotherapy unit within Luton. Bedford Hospital has established links into Cambridge Cancer Centre with no plans to alter this arrangement.

The exception to the pathways described relates to Head and Neck cancers. The Luton and Dunstable Hospital is the regional hub for head and neck cancers and accepts referrals from Trusts across Bedfordshire and Hertfordshire under the Improving Outcomes Guidance (IOG). Under this agreement Bedford Residents can attend Bedford Hospital for initial appointments and diagnostics before being referred to the Luton and Dunstable Hospital site for pre-treatment work up and treatment planning. Surgical intervention would be completed at the Luton and Dunstable Hospital, with Radiotherapy at Mount Vernon.





Support available to Bedford Residents

All people diagnosed with a cancer are eligible for support which is tailored to their individual needs and coordinated by dedicated teams at each Hospital Site. Initial formal assessment and identification of needs is completed by the Clinical Nurse Specialist (CNS) team in the form of a Health Needs Assessment which takes place at diagnosis and is repeated at Treatment. The CNS team representative meets with the patients and discusses any concerns that they may have and will then signpost to relevant bodies such as:

- Psychological interventions and support for the management of complex psychological problems in adult patients and their families or carers that relates to their cancer diagnosis. The service is provided by ELFT as part of the Bedfordshire Community Health Service and sees patients referred in a variety of community settings.
[Macmillan Cancer and Palliative Care Psychology Service | East London NHS Foundation Trust](#)
- Welfare Benefits advice - a cancer diagnosis can often impact on the patient's ability to work and financial situation. Depending on the situation patients may be eligible for financial support or benefits, this service works with patients to understand their needs and provide advice and guidance on the level of support they may be entitled to as well as how they can access the financial support.
- Support Groups are available for many types of cancer to provide emotional support to people from the point of diagnosis through treatment and beyond. Groups meet on-line and in person regularly and welcome new members.
- Transport schemes that may support with travel to and from appointments including the Primrose Unit Cars taking patients from Bedford to Cambridge for radiotherapy treatment.
- Prehabilitation & Rehabilitation exercise programmes to boost health during cancer recovery in BLMK. The prehabilitation and rehabilitation programme has been running since 2020 to ensure that patients have access to gym's and personal training that is tailored towards cancer patients.

Research has shown that optimising physical and mental health often leads to improved recovery from surgery, chemotherapy and radiotherapy treatments. It also reduces the potential of experiencing further health problems after treatment.

- Cancer commissioned charities (Macmillan & Cancer Research UK) provide a range of support and interventions dedicated to cancer patients.

In addition to this we have recently held a marketplace event to bring together representatives from supporting package providers (including the above) to share information and experiences relating to their services. The purpose was to raise awareness of the support available and to highlight how the services can be accessed facilitating referrals between providers as well as raising awareness of the range of services available to ensure that service providers can support signposting.

New Developments in Bedford Borough

We have a range of developments in planning for implementation to support the long-term plan ambition of increasing early diagnosis and providing high quality care. These include:

- Targeted Lung Health Checks to identify lung cancers in high-risk patients – Early 2025
- ECLIPSE software rollout in primary care to identify and risk stratify residents that have not attended cervical screening appointments. The increased oversight of non-attenders will facilitate targeted messaging to raise awareness of the importance of compliance with screening programmes.
- Behaviour Change Pilot aligned to cervical screening pathways, the project will measure the benefits of using behavioural science and nudge theory on the uptake of cervical screening.
- Opening of the new Wellbeing Room at Bedford Hospital which will be accessible for all cancer patients.

Agenda Item 6

For publication



EEAST OVERVIEW AND PERFORMANCE

Date of Report: 24 October 2024

Contents

Purpose of Report..... 3

Summary	3
Response Times	3
Hospital Handovers.....	4
System Working.....	6
EEAST Clinical Strategy.....	7
CQC Update	7
Community First Responders	8
Bedford Emergency Operations Centre	8
Thrombolysis	8
Conclusion	8

Purpose of Report

The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in Bedford Borough. Performance data covers January – September 2024.

Summary

- Response times in Bedford Borough for our most serious incidents, Category 1, deteriorated slightly compared to 2023 with an average response time of 8 minutes 44 seconds.
- Response times for C2 category patients including chest pains and strokes have deteriorated compared to 2023 with an average response time of 43 minutes and 30 seconds.
- 8,115 hours of response time was lost due to delays in handing over patients at Hospital compared to 6,392 hours in 2023. The equivalent of 532 ambulances being off the road.
- NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Response Times

The number of incidents we have responded to between January and September has increased by 1,088 (4%) compared to 2023. We have also experienced a 26% rise in the number of hours lost to handover delays.

These increases correlate with a deterioration in our response times.

2024

Month	C1 Response Time	C2 Response Time	C3 Response Time	C4 Response Time
Jan-24	00:07:57	00:47:21	02:14:14	03:14:43
Feb-24	00:08:28	00:47:19	02:18:27	04:31:15
Mar-24	00:08:36	00:38:55	01:54:03	02:48:38
Apr-24	00:08:24	00:42:10	02:11:50	04:20:19
May-24	00:08:36	00:41:48	02:20:14	05:15:42
Jun-24	00:09:09	00:51:14	02:57:40	03:51:01
Jul-24	00:09:09	00:42:58	02:41:53	06:13:12
Aug-24	00:08:54	00:36:48	02:00:11	02:05:09
Sep-24	00:09:36	00:43:03	02:25:59	03:38:12
Mean	00:08:45	00:43:31	02:20:30	03:59:48

2023

Month	C1 Response Time	C2 Response Time	C3 Response Time	C4 Response Time
Feb-23	00:08:13	00:32:03	01:16:16	02:08:34
Mar-23	00:08:26	00:41:42	01:52:10	03:28:29
Apr-23	00:08:21	00:31:39	01:14:41	01:51:25
May-23	00:07:56	00:33:42	01:26:14	02:59:22
Jun-23	00:08:41	00:41:28	01:53:41	06:10:30
Jul-23	00:08:15	00:34:52	01:36:20	01:08:03
Aug-23	00:07:59	00:35:41	01:37:04	03:15:52
Sep-23	00:08:20	00:42:29	01:58:46	03:56:13

We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing clinical cover within our control rooms, so we can triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Increasing Hear and Treat rates to 13% through Clinical Assessment Service (CAS) expansion. CAS allows more patients to be treated over the phone rather than needing an ambulance response.
- Segmenting category 2 calls by clinical need. This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.
- Collaborating with Fire and Rescue services across the region. In Bedfordshire we are working with Bedfordshire Fire and Rescue Service on a falls pilot. The new partnership aims to free up ambulance crews to attend the most seriously ill people, by sending Community Wellbeing Officers from the FRS within an hour of the call if someone has fallen.
- Increasing the use of Community First Responders (CFR) to assist with patients that have fallen. They can be dispatched to falls where the patient is uninjured or where a clinician has deemed the incident appropriate for a CFR, they can also be used as a resource for trust staff to use as a backup option to support them on scene with lifting patients.

Hospital Handovers

We continue to collaborate with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers (HALOs) at

acute trusts to facilitate smoother and faster handovers. These have been successful and are now a permanent position within the Trust.

However, Hospital Handovers remain a significant issue which affects EEA's performance. Handover times are split into 2 main categories, arrival to handover and handover to clear. Primarily, arrival to handover is hospital controlled and handover to clear is ambulance controlled.

The national mandate for arrival to handover is 15 minutes, however, this is a target that is rarely being achieved. These delays are reducing the number of ambulances in operation and are significantly affecting our ability to respond to waiting 999 patients.

1 January 2024 – 30 September 2024 handover times at Bedfordshire and Luton hospitals:

Bedford Hospital:

- Average arrival to handover is 17 minutes 42 seconds.
- 62% of handovers are achieved in 15 minutes
- 1,131 hours lost due to handover delays – equivalent to 94 double staffed ambulances off the road

Luton and Dunstable Hospital:

- Average arrival to handover is 36 minutes 14 seconds
- 19% of handovers are achieved in 15 minutes
- 6,984 hours lost due to handover delays – equivalent to 582 double staffed ambulances off the road

To support the national Urgent and Emergency Care recovery plan of C2 performance to 30 minutes in 2023/24, the maximum weekly ambulance hours lost to handover delays has been independently modelled by NHSE and agreed at 2,000 Trust wide (this is approximately 166 ambulances). These levels have never been reached.

As we head into winter, we know that handover delays will increase as the health and care system comes under increased pressure. We know that unwell patients in the community who are undiagnosed are at the highest risk if we cannot respond to them quickly. We are working with all the hospitals across the region to agree a maximum handover time of 45 minutes.

We are also committed to understanding the impact we play in handover delays and are identifying patients with a non-critical emergency and patients that are transported to A&E departments due to a failed referral so that we can work with system partners to find alternative services to reduce demand on our hospitals.

A Trust wide initiative has been implemented to support the improvement of handover to clear times with the aims of:

- Improving the handover to clear (H2C) times which will increase patient facing staff hours (PFSH) providing more time for focussed patient care.
- Improving response times in line with national standards
- Reducing mental load on staff allowing them to focus on other tasks following a clinical handover of care of a patient.
- Reducing time spent at hospital can improve emergency department (ED) flow by reducing queues and demonstrates that EEAST are committed to reducing delays within the wider system.

Staff will receive reminder messages on their radio handsets and Mobile Data Terminal (MDT) screens to alert them if they are about to breach the times in line with national standards.

System Working

In terms of our work with the wider system, we continue to make substantial progress to increase the use of alternative pathways through the utilisation of 'Access to the Stack.' Access to the stack allows community urgent care providers to access calls from the 999 stack that would be better suited to receive care in the community, freeing up ambulances for people with an emergency need.

The number of calls referred to alternative urgent care services this year is 3,296. 74% of these calls were accepted by the community providers.

Within each ICS area, an unscheduled care co-ordination hub has been established to support those calls categorised as C3 - C5. This will reduce unnecessary ambulance trips to hospital emergency departments. The hubs will ensure that alternative care is available for patients in line with their needs. Currently these hubs have structured but individual operating hours, and the ambition is for each hub to move to a 24/7 operation.

The unscheduled care co-ordination hubs receive calls from 111, other healthcare professionals and low acuity cases that we receive via digital enablers and automated technology. The hubs are staffed by local clinicians and social care colleagues, working as part of a multi-disciplinary team, to manage the referrals from EEAST and to coordinate local care for local patients. It will direct patients to the most appropriate primary care, community, or mental health services to support their individual clinical needs.

The unscheduled care coordination hub in Bedfordshire and Luton (UCCH), is operating Mon – Fri, 08:00-20:00 and Weekends: 08:00 – 18:00.

There will be single point of access within the unscheduled care coordination hub in time for winter. The single point of access will provide ambulance crews with a single phone number within their ICS to call and either gain clinical advice from the system or to access prompt referrals into alternative care pathways such as frailty assessment, virtual wards, and same day emergency care services.

EEAST Clinical Strategy

Our clinical strategy marks a significant step forward in our mission to improve the way we care for our communities.

At the core of this new strategy is people and collaboration, be that providing more patient centric care through supporting the development of our people, or by collaborating with partner organisations to make better use of other services.

The strategy sets out the different approaches that will be taken, based on the differing categories of call that we receive. From ensuring we can provide a consistently rapid response to the most serious calls, to enabling patients to be cared for in their home where possible and avoiding unnecessary hospital stays, the strategy provides the flexibility needed to personalise treatment and triage care more effectively.

To ensure that we can provide a better and more clinically accurate response for patients we have changed the way we manage category 2 emergency calls. This category is now broken down – or segmented by clinical need.

These segments are:

- **Clinical Navigation:** The call will be assessed by a Clinician to ensure that an ambulance response is appropriate. If an ambulance response is not needed, patients will be directed to alternative care pathways.
- **Immediate Dispatch:** An ambulance will be dispatched as soon as a resource is available.

This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.

This allows ambulances to be dispatched as soon as possible for patients in the greatest need. Crucially, the process does not mean anyone loses their position in the queue for a response, but it does allow more individualised care for people.

CQC Update

NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Our latest CQC report, published in July 2022, showed significant improvements on long-standing cultural issues. The report recognised our efforts to improve leadership, culture, and safety for staff.

Since February 2023, the CQC has also lifted four conditions on our license. There are three remaining. Work is underway to provide the evidence for the remaining conditions to be lifted.

Community First Responders

In July and August of this year our community responders in Bedfordshire volunteers 2048 hours and responded to 298 calls. Seven new first responders have been recruited and are starting initial training.

If members of this committee know of anyone interested in becoming a Community First Responder please point them towards our website, where anyone can sign-up to volunteer and undertake the necessary training. The website address:

<https://www.eastamb.nhs.uk/join-the-team>

Bedford Emergency Operations Centre

We have been undertaking an engagement exercise with colleagues in the organisation to consider a series of options for addressing the key issues that we face at Bedford EOC. Firstly, that the environment is not fit for purpose and secondly that we have three call centres in the region when most ambulance services only require two. We are questioning the rationale for three in the region. One of our sites is currently receiving an upgrade of the facilities to make it compliant with the call centre specification. We are then looking at options for each of the remaining sites. Once we have identified all the options, we will ensure we work with the local teams to identify any concerns so that all the implications of any of these options are carefully considered. We will then consider how we can mitigate these options.

We will keep the committee updated when any decisions are made. We do not anticipate a decision to be made before the end of 2024.

Thrombolysis

When we are assisting patients that have had a stroke, we take them to the hyper acute stroke unit (**HASU**) at Luton and Dunstable Hospital where thrombolysis treatment is provided 24/7. In working hours, we can also take patients to Milton Keynes Hospital if it is closer.

We have had no significant concerns or issues in patient care since the service closure at Bedford Hospital.

Conclusion

We recognise that our response times are not as good as they should be. We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing clinical cover within our control rooms, so we be able to triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.

- Collaborating with Fire and Rescue services across the region to respond to people who have fallen.

We would like to extend an offer to committee members to join our crews on a ride out or to spend time in our emergency operations centre to experience firsthand the excellent work our people do. If you would be interested in taking up this offer, please email publicaffairs@eastamb.nhs.uk

Agenda Item 7

For publication

Title:	East London NHS Foundation Trust 2024/25 financial plan
Date:	4 November 2024
Report to:	Bedford Borough Council Health Overview and Scrutiny Committee
Author:	Richard Fradgley, Deputy CEO, ELFT
Presented by:	Kevin Curnow, Chief Finance Officer, ELFT

1.Introduction

1.1 This short briefing provides information to Bedford Borough Council Health Scrutiny Committee, in the context of the motion proposed at full council on 9/10/24 to oppose cuts to mental health services in Bedfordshire and Luton.

2.National context

2.1 As recently summarised in the Darzi Report *Independent Investigation into the NHS in England*¹, the NHS is currently facing a range of unprecedented pressures, including:

- Significantly increased need in our population and demand on services, as a consequence of the pandemic, the impact of the cost of living crisis, and broader demographic change
- A workforce that is exhausted and has become disengaged, with recent industrial action taken by most health professions
- The impact of austerity, with revenue and capital funding that has not kept track with historic patterns of NHS growth.

2.2 In mental health and community services across the country, we have seen over recent years:

¹ <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

- A significant increase in acuity and complexity, in particular adults and children seeking support in crisis, with significant challenges in supporting people with timely discharge from hospital, particularly where they have complex social or housing circumstances
- Some ring-fenced growth in funding for mental health services in the NHS to address parity of esteem between mental and physical health, though the national share of funding for mental health continues at around 11% of total NHS spend, compared to 25% of the total burden of illness.

2.3 NHS providers and Integrated Care Boards develop operating and financial plans every year. These plans have always included an annual efficiency requirement (also known as cost improvement plans), which NHS partners have always worked hard to deliver in a way that maintains our commitment to quality, value, staff experience and equity.

2.4 For 2024/25, the efficiency requirement is higher than in recent years for most NHS providers and Integrated Care Boards, broadly as a consequence of the pressures identified above. The average efficiency requirement for Trusts across the country is 5.1%, with a range of 2.1% to 12.1%.

2.5 Nationally, at month 4, the NHS reported £387m deficit year to date², predominantly due to slippage against efficiency plans in NHS providers, and the impact of industrial action.

3. Bedfordshire, Luton & Milton Keynes Integrated Care System (BLMK ICS)

3.1 Along with many of the NHS providers and Integrated Care Boards in the country, BLMK ICS partners are also experiencing the pressures outlined above.

3.2 At month 4, Bedfordshire Luton & Milton Keynes Integrated Care System reported a £2.5m year to date deficit. The plan for Bedfordshire Hospitals NHS Trust included an efficiency plan of £55m, or 6.6% of turnover, and Milton Keynes University Hospital has an efficiency plan of £24m, or 6.1% of turnover. Due to the year-to-date deficit, BLMK Integrated Care System partners have put in place additional financial recovery measures³.

² <https://www.england.nhs.uk/long-read/financial-performance-update-oct-2024/>

³ <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/board/board-of-the-icb-in-public-meeting-book-27-september-2024/?layout=default>

4. East London NHS Foundation Trust (ELFT)

4.1 ELFT provide a range of mental health and community services across Bedford, Central Bedfordshire, Luton, City & Hackney, Newham and Tower Hamlets, along with more specialised mental health services across North London. The Trust finances are reported into the North-East London Integrated Care System, which is in the NHS England financial recovery regime.

4.2 In 2024/25, the ELFT operating budget is £676m, with a requirement for an efficiency plan of £29m, or c. 4.6% of (reckonable) turnover. In addition to this, the Trust is carrying a number of cost pressures. As of month 5, the Trust is reporting⁴ a deficit of £12.5m, which is £9.6m adverse to plan. The in-year deficit is primarily due to:

- Slippage on the delivery of the £29m efficiency plan
- Unresolved cost pressures, for example un-funded safer staffing costs in our inpatient services
- Use of private sector inpatient beds for adults with mental illness due to the growth in acuity and complexity, and issues associated with timely discharge for people with complex social or housing circumstances
- Agency and bank staffing costs due to the need to staff wards above establishment to manage acuity and complexity
- Agency medical costs, in particular in Bedfordshire and Luton, due to workforce constraints
- Overspend in primary care.

4.3 Whilst the Trust plan for 4.6% efficiency is in line with, or less than, other NHS providers, including in the Bedfordshire, Luton & Milton Keynes Integrated Care System, it is nevertheless a challenging requirement for the Trust and for our staff.

4.4 The Trust has established the “Going Further, Going Together” programme (see July 2024 Trust Board finance report⁵) to develop and oversee the programme of work to deliver the efficiency plan, and to ensure that financial control measures are sufficiently robust and in place more generally.

4.5 Led by our Chief Executive Officer and including clinical and care professional staff alongside service users and carers and operational leads, the programme aims to ensure that we are as efficient as possible across all our corporate services, and that we have plans in place to manage cost pressures and deliver the £29m efficiency plan as it is developed within our corporate, clinical and care services.

⁴ <https://www.elft.nhs.uk/sites/default/files/2024-09/Combined%20Trust%20Board%20Public%20-%2026%20September%202024%20%28v003%29.pdf>

⁵ <https://www.elft.nhs.uk/sites/default/files/2024-07/Combined%20Public%20Trust%20Board%20-%2025%20July%202024.pdf>

4.6 Our efficiency plans are still in development for 2024/25, including those for Bedford Borough, which will be a proportionate share of the overall Trust £29m requirement.

4.7 As noted above, the annual efficiency requirement is standard practice for all NHS commissioners and service providers. As with all NHS providers, we aim to ensure that efficiency plans are delivered in a way that does not impact on access, quality, staff experience, outcomes or equity for the people we serve. Any proposal for efficiency is tested through a Quality Impact Assessment process, including Equality Impact Assessment, reviewed by senior clinical leads with service users and carers.

4.8 Should any proposals be considered to impact on access, quality, outcomes or equity, then the Trust would consider them with Integrated Care Board and Council partners, for Bedford Borough through the Bedford Borough Executive Delivery Group, chaired by the Bedford Borough Council Chief Executive Officer, in the first instance. If any major variation in service provision in Bedford Borough was being proposed as part of the plans, it would be reported to the Council Health Overview & Scrutiny Committee.

4.9 At this time, the Trust is particularly mindful of the need to communicate effectively with service users and carers, our staff and our stakeholders, and we welcome the opportunity to provide this briefing for Bedford Borough Council Health Scrutiny. We are actively working with service users and carers and staff representatives to develop our communication and engagement approach going forward, and to ensure our staff are well supported at this time.

4.10 Bedford Borough Council can support the Trust to improve outcomes, quality, value and equity for local residents with or at risk of mental health conditions through working with us and other Integrated Care System partners to prioritise mental health, and in particular through ensuring that discharge processes are effective, and that the supply of accommodation with support is of high quality and orientated towards moving people into independent living.

MEMBERS' BRIEFING NOTE

Date: 4 November 2024

Subject: Executive: 16 October 2024 - Post Decision Scrutiny

To: All Members of the Health Overview and Scrutiny Committee

From: Lynn McKenna, Senior Democratic Services Officer

Summary

The Committee has responsibility for the post-decision scrutiny for those decisions that fall within its terms of reference. This item allows the Committee to decide whether to add any of the listed decisions of the Executive to a future agenda.

Options

That the Committee is asked to consider whether any decision should be added to the work programme for post-decision scrutiny.

Detail

At each meeting, the Committee will be given a list of the Executive meeting decisions within the Committee's terms of reference made since the OSC's last meeting. The Committee can then choose which, if any, of the decisions will be added to the work programme for consideration at a future meeting. Post-decision scrutiny is an opportunity for the Committee to identify any decisions from that list which it wishes to look at in more detail. Post-decision scrutiny is a very focused piece of work looking at the reasons that the decision was made.

Contact: Lynn McKenna, Senior Democratic Services Officer
Ext: 42193

Minutes: Nil

Background Papers: Nil

Extract from the Decisions of the Executive 16 October 2024

3. IMPROVING THE HEALTH CARE ESTATE: UPDATE IN RESPECT OF GREAT BARFORD, KEMPSTON, WIXAMS AND WOOTTON GP SURGERIES

Description of Decision

- (1) That the progress of the Strategic Health Estates Board to date in improving the health estate for Bedford Borough residents, be acknowledged.
- (2) That the allocation of an additional £2 million in the Capital Programme for the acquisition of the Kempston Police Station site on Halsey Road, Kempston, be approved.

Reason for Decision

To maintain strategic oversight of the Bedford Borough primary care estate plans and budget. An additional allocation in the capital programme will be an indication of the Council's commitment to ensuring the delivery of new and improved health care estate in Kempston. The detailed project costs, role of the Council, funding sources have not yet been fully identified and so a full business case would still require approval.

Agenda Item 11

For publication

Health Overview and Scrutiny Committee

4 November 2024

WORK PROGRAMME 2024/25

From: Jacqueline Gray, Senior Officer and Policy Adviser (Health)

1. Summary

Each year the Committee members consider a draft work programme at the OSC Workshop. Set out below is a draft work programme for consideration. The agreed draft will be provided to the Committee at the first meeting of the new municipal year.

2. Options

- 2.1. **That the Committee, noting any changes or additions it wishes to make, agrees the ongoing work programme for 2024/25.**

3. Detail

The tables below set out those items to be scheduled and those which have already been timetabled. As agreed at the June meeting, officers will work with health services on the timetable for these items.

3.1. Items to be scheduled:-

These include items carried over from last year, items where the committee has requested an update, as well as topics raised in the work programme workshop.

TOPICS	NOTES
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site – in response to recent news coverage, there are issues re building condition (e.g. lifts, oxygen supply system) and the Committee is concerned about its potential effect on patients, staff and services.	In June the Committee received the Quality Account from Bedfordshire Hospitals NHS Trust, and may wish to

TOPICS	NOTES
	consider whether it still wishes to follow up on this item.
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site – Infection control and hospital acquired infections – how is the Trust ensuring that standards in relation to infection control is being maintained especially in light of pressures on wards.	In June the Committee received the Quality Account from Bedfordshire Hospitals NHS Trust, and may wish to consider whether it still wishes to follow up on this item.
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site Hospital Discharge – process through all stages and particular issues with medication dispensing in the hospital.	In June the Committee received the Quality Account from Bedfordshire Hospitals NHS Trust, and may wish to consider whether it still wishes to follow up on this item.
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site - A&E - Admittance to hospital - concerns raised about challenge of people being admitted but no beds available. How is this being reported and monitored	In June the Committee received the Quality Account from Bedfordshire Hospitals NHS Trust, and may wish to consider whether it still wishes to follow up on this item.
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site - Staff wellbeing – noting the issues set out above, what is the Trust doing to support staff.	In June the Committee received the Quality Account from Bedfordshire Hospitals NHS Trust, and may wish to consider whether it still wishes to follow up on this item. .
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site - Complaints process at Bedford Hospital – to understand how to access the complaints process and effectiveness of the PALS service.	In order to understand whether there are any issues here, consider approaching Healthwatch to learn about the information that they are gathering as consumer champions in health services.

TOPICS	NOTES
<p>Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital site - Maternity Services – to follow up on issues raised in All Party Parliamentary Group report https://www.theo-clarke.org.uk/sites/www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf</p> <p>To request an update from Bedfordshire Hospitals NHS Trust on numbers affected at Bedford Hospital and compensation.</p>	<p>The Committee considered the most recent CQC report on the hospital trust's maternity services at its meeting in September. A further report has been requested in February 2025.</p> <p>NOTE: as per the Committee's meeting of October 2024, the report should also include an update on the Home Births Service review.</p>
<p>Excess weight in children – what is the current picture, particularly in deprived wards.</p>	<p>To consider as a joint item with Children's OSC. This may involve a number of services across the sector.</p>
<p>Renal service update - regarding the recent temporary closure of the unit, to receive the report on the incident and to also receive an update on the impact on those patients affected.</p>	<p>To follow up on the recent temporary closure of the unit with East and North Herts NHS Trust. To request a report from the Trust once the final report on the incident is available. An off-agenda briefing was provided to the Committee in August 2024.</p> <p>The Committee also had a second online informal meeting with the Trust on 28 October 2024.</p>
<p>Breast Screening Service – update since last visit on progress in improving uptake, access to phone lines and other concerns raised.</p>	<p>To follow up on work in 2023/24 and see how the service has addressed the concerns raised. To request a report from the service provider.</p>

TOPICS	NOTES
Lymphoedema Specialist Service – Sue Ryder Hospice To receive a report regarding patients' referral routes since the Sue Ryder Hospice was no longer taking referrals from non-cancer patients and discharging non-cancer patients from its services.	This has been raised with BLMK ICB and we are waiting for a response.
East London Foundation Trust (ELFT) – Cedar House (Bedford Health Village site) To invite ELFT to provide an update regarding the proposed changes to the model of care provision at Cedar House (Bedford Health Village site). ELFT previously provided the Committee with a briefing on its plans to change the nature of service provision at Cedar House and agreed to bring further updates to the Committee. https://councillorsupport.bedford.gov.uk/documents/s65016/Item%2006%20ELFT%20Cedar%20House%20Proposal.pdf 16 January 2023	To liaise with ELFT on receiving an update on this project.
Vascular Surgery - 10 July 2023 – Bedfordshire Hospitals NHS Trust has proposed to move Vascular Surgery from Bedford to Luton when the new surgery facility has been completed in 2025.	The committee requested an update on progress at a future date.
Dental Services – 6 November 2023 – the committee received a report from BLMK ICB, who had taken on responsibility for commissioning dental services in April 2023.	A further update was requested in 12 months.
Bedfordshire Hospitals NHS Trust Estates Strategy and Development - the committee requested an update on developments in 6 to 9 months, as well as a site visit to the Bedford Health Village.	Consider integrating the update with items above on estates, as well as whether the committee wishes to undertake a site visit.
Denny Review – Annual Report – to receive the BLMK ICB Annual Report on progress with the Denny Review recommendations	The Committee agreed at its meeting in October 2024 to receive the forthcoming annual review of the Denny progress to consider progress made.
MMR Vaccination update – to receive an update on progress with vaccination rates	Further to the Committee's report of October 2024, it was agreed to receive an update later in the year.

Scheduled Items:-

Date of Meeting	Topic	Detail and purpose of item
4 November 2024		
Cancer Services across Bedford Borough	To receive an update regarding the delivery of cancer services for Bedford Borough residents and raise awareness of developments within BLMK ICB.	The Committee previously received an update on the Mount Vernon Cancer Centre proposals for change. This is one part of the complex cancer treatment 'landscape' and members requested a briefing on the overall services as context for the MVCC work. (BLMK ICB)
East of England Ambulance Service Trust Overview and Performance	To receive a report from East of England Ambulance Service Trust and Bedfordshire Hospitals NHS Foundation Trust regarding ambulance performance times to get to patients; arrival at A&E; linked to ambulance performance and four-hour treatment window for stroke	East of England Ambulance Service
ELFT Financial Viability Programme	To consider a report regarding ELFT's Financial Viability Programme because of unprecedented pressures on mental health and community services	Full Council resolved at its meeting of 9 October 2024 that the HOSC should receive a report and update from ELFT on its current financial position.

Date of Meeting	Topic	Detail and purpose of item
2 December 2024		
WORKSHOP – GP access	Accessing health services/GP access The Committee has begun an in-depth review of the local issues affecting access to GP services. A number of workshops have been completed based on each key area under review. The Committee is asked to consider arranging the next workshop to be themed around ‘digital’ access, e.g. how to support those people who do not have access to IT or are not IT empowered.	
10 February 2025		
Maternity Services at Bedford Hospital	To receive an update from the hospital trust on progress since the CQC unannounced visit in 2023	The committee agreed at its meeting in September 2024 to invite the hospital trust to a future meeting to receive an update on further progress with maternity services.
17 March 2025		

3.2. Previous meetings:-

Date of Meeting	Topic	Detail and purpose of item
<u>3 June 2024</u>		
Cambridgeshire Community Services NHS Trust - Quality Account 23/24	NHS Provider Trusts are required to complete a Quality Account each year, which is published. As part of the process Trusts are required to offer Health OSCs the opportunity to comment on those QAs.	For the Committee to consider and comment on the Trust's draft quality account. Any comment from the Committee will be included in the published QA.
Bedfordshire Hospitals NHS Foundation Trust – Quality Account 23/24	NHS Provider Trusts are required to complete a Quality Account each year, which is published. As part of the process Trusts are required to offer Health OSCs the opportunity to comment on those QAs.	For the Committee to consider and comment on the Trust's draft quality account. Any comment from the Committee will be included in the published QA.
Public Health – Services for 0-19 years	Bedford Borough Council's Public Health Service provides a range of services to 0-19 years. This is currently commissioned to be provided by Cambridgeshire Community Services NHS Trust. The council and its partners are in the process of re-procurement.	For the committee to receive an update on the proposed process to re-procure the services.
Public Health – Integrated Behavioural Services offer - update	Bedford Borough Council's Public Health Service provides a range of services to support people to stop smoking, lose excess weight, and to address addictive behaviours.	For the Committee to receive an update on the proposed service integration to enable people to receive joined up services for these issues.

15 July 2024		
Mount Vernon Cancer Centre – proposals for change	NHS England (East) update on proposals for change to Mount Vernon Cancer Centre (MVCC).	The Committee has received updates previously on proposals for the MVCC site, and options for satellite services closer to residents in BLMK. NHS England has requested to present a further update to the committee considering the next steps. This may include a public consultation.
Musculo-Skeletal Services – proposed service changes	Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) update on current work on possible changes to the Musculo-Skeletal (MSK) Services	The Committee received a report in March 2023 on the BLMK ICB's proposals around MSK services across the whole system area. This is the second formal update to the committee since that time. At the March 2023 meeting the Committee considered that the proposed changes had the potential to be substantial but required more information to confirm or not that position. Minutes and papers for that meeting can be found here
Same Day Urgent Care Service	BLMK ICB update on early engagement regarding Same Day Urgent Care (out of hospital services)	BLMK ICB has previously carried out some engagement work with local residents across the system on Same Day Urgent Care services which are delivered in the community. This is the first update to the committee on the work done and next steps for this programme.

Review the Hospital's response to the recent CQC Inspection report on maternity services at Bedford Hospital	<p>The CQC published its inspection report on Bedford Hospital Maternity Services on 5 July 2024. The inspection took place in November 2023 https://www.cqc.org.uk/location/RC9X5/reports</p> <p>In this report the CQC rated the service as 'Inadequate'. The committee has invited the Hospital Trust to the meeting for an update on progress to improve services since the inspection.</p>	For the Committee to receive an update from the Hospital Trust on its response and action plan arising from the CQC Inspection report.
To follow up on the previous consideration of proposed changes at Mount Vernon Cancer Centre	Mount Vernon Cancer Centre is an NHS England East project to relocate the Centre in line with guidance on the requirements for a cancer centre. This report focuses on the Joint Health Overview and Scrutiny Committee which is being established and led by Hertfordshire County Council.	The Committee considered the proposed changes to the site of the Mount Vernon Cancer Centre at its last meeting and agreed that they were substantial. This report provides the Committee with details about the JHOSC arrangements and the process for appointments.
7 October 2024		
To receive an update on the local position re Measles and MMR vaccination	The Council's Public Health Team to provide an update on the current position with regard to measles cases in the community as well as vaccination levels.	Committee expressed an interest in understanding the local picture re measles and vaccination rates for this year.
Denny Review	To receive a briefing from the BLMK ICB on how the Denny Review is making a difference to the delivery of services at Place in Bedford Borough	Committee requested a briefing on the BLMK ICB Denny Review and how it would be implemented at place in Bedford Borough.

Note Author: Jacqueline Gray, Senior Officer and Policy Adviser (Health)

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