

#	Strategic Objective	Be Collaborative												
(a)	It is our ambition that by 2026: (1)	All our services are tied into formal partnerships that improve outcomes for local people (2)	We always involve people from our local communities to help us improve our services (3)	We are leading care collaboratives in each of the systems we work within (4)										
(b)	The ambitions will be achieved when these conditions are met:	<p>a. Formal partnership agreements or arrangements.</p> <p>b. Agreed outcomes and ambitions.</p> <p>We will be successful when we can evidence that all the partnerships are in place and meeting the expected outcomes the joint arrangements have been designed to impact upon</p>	<p>a. All services have aligned involvement partners.</p> <p>b. Meaningful co-production in respect of all service transformation.</p> <p>We will be successful when we can show that all our service development and improvement work meaningfully involve people from our local communities.</p> <p>(This ambition will be achieved through delivery of our Quality Strategy)</p>	<p>a. Programmes of work successfully delivered.</p> <p>We will be successful when the Cambridgeshire and Peterborough Children's and Maternity Partnership, the Norfolk and Waveney CYP Partnership and the BLMK Bedfordshire Care Alliance's initiatives are being well led and delivering their objectives.</p>										
(c)	Successes: (FY 2024-25 to date)	<p>Partnerships:</p> <ul style="list-style-type: none"> LBC 20240 Pledge – we have developed outcomes and deliverables for years one (2024/25) and 2. C&P CYP Accountable Business Unit (ABU) – continued progress with 24/25 workplan whilst accommodating additional focus on health/safeguarding improvements. Norfolk System CYP Collaborative - agreed 	<p>There are a core group of 7 Patient Involvement Partners who have received training and induction and ongoing support and supervision. They sit on People Participation and Equalities Committee and the Trust-wide Working Together (TWWT) group and are available for all services to work with for specific service projects.</p> <p>Co-production is ongoing in both small service improvements and large transformation projects. Examples include patient reps in design workshops, focus groups, and creating digital resources. Patient personas are used across services to evaluate changes from various perspectives.</p>	<p>Bedfordshire Care Alliance (BCA) Workplan:</p> <p style="text-align: center;">BCA Projects</p> <ul style="list-style-type: none"> 1 - Pathway 2 <ul style="list-style-type: none"> • Reduce the average wait for a P2 bed from down from the current average of 10 days MFFD 2 - End Of Life <ul style="list-style-type: none"> • Reduce the number of patients readmitted to hospital in the last 3 months of their life. 3 - Call Before you convey <ul style="list-style-type: none"> • Ensuring providers and commissioners drive the use of admission avoidance schemes 4 – Virtual Ward <ul style="list-style-type: none"> • Build on frailty virtual ward to deliver a consistent Tier 2 offer to maintain people at home across Bedfordshire 5 - Community Model Design <ul style="list-style-type: none"> • Identify key elements of the community model to be delivered consistently across the Bedfordshire footprint, delivered at neighborhood level 6 - AI case finding <ul style="list-style-type: none"> • Develop a viable solution to allow predictive analysis of hospital admissions admission using AI <p>• P1 – Pathway 2:</p> <table border="1"> <thead> <tr> <th>KPI</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> </tr> </thead> <tbody> <tr> <td>Reduce the average number of days MFFD from 10 to 5</td> <td>L&D 11.07 Beds 9.39</td> <td>L&D 9.71 Beds 8.4</td> <td>L&D 11.02 Beds 8.52</td> <td>L&D 13.49 Beds 9.81</td> </tr> </tbody> </table>	KPI	April	May	June	July	Reduce the average number of days MFFD from 10 to 5	L&D 11.07 Beds 9.39	L&D 9.71 Beds 8.4	L&D 11.02 Beds 8.52	L&D 13.49 Beds 9.81
KPI	April	May	June	July										
Reduce the average number of days MFFD from 10 to 5	L&D 11.07 Beds 9.39	L&D 9.71 Beds 8.4	L&D 11.02 Beds 8.52	L&D 13.49 Beds 9.81										

		<p>workplan, outputs, outcomes for 2024/25.</p> <p>The draft BLMK Health Services Strategy – describes how we as leaders in the provision of health services in BLMK commit to working together over the years ahead: the <i>direction of travel</i> that we believe our services need to take; the <i>expectations that we have of one another</i>; and, the <i>priority programmes of work</i> which we believe must be undertaken as a collective (programmes of real significance to our residents, in which ‘the whole will be greater than the sum of the parts’ through our joint endeavour).</p>	<p>The co-production leads report all co-production work through the TWWT group, and this includes a rating of the level of involvement. This can help us measure if co-production is meaningful within transformation.</p>	<ul style="list-style-type: none"> • P2 – End of Life Care: Draft proposal of new operating model is in discussion. • P4 – Virtual Ward: NHSE Regional ‘Virtual Ward Improvement Team’ clinical visit in April 2024. The MoU that facilitates staff movement and training between organisations was welcomed. NHSE reported: <i>“It is clear to us that the service has developed and matured since the last visit [August 2023] and we were pleased to learn about the respiratory and CYP virtual wards being operated by the acute, which have come on stream since the last visit. With the mention of CYP Virtual Hospital (VH) in the latest version of NHSE planning guidance it is superb that this has already been established in BLMK and BLMK can provide guidance and support to other systems in EOE to establish CYP VH”</i>. More detail on Virtual Ward in ‘Provide Outstanding Care’ domain. • P5 – Mapping Community Services: Discussions between CCS and East London NHS Foundation Trust (ELFT) leads have taken place and mapping of the different service lines, within adult community services, has commenced. <p>C&P CYP Accountable Business Unit – Completed needs analysis for young people with complex risk support needs and now undertaking costings for business case proposal. Completed early system engagement work with local authority education and health to develop a neurodiversity needs-mapping tool.</p> <p>Norfolk System CYP Collaborative – completed Neurodiversity System Case for Change proposal with overlapping features with mental health transformation plan.</p>
(d)	Challenges & learning:	C&P ABU – shifting system priorities have delayed	Co-production is increasing, but it can be challenging to ensure it's meaningful for	<p>BCA workplan:</p> <ul style="list-style-type: none"> • Progress with the has been constrained because:

	<p>[DN: Describe where actions are stalled or delayed]</p>	<p>confirmation of delegation and governance arrangements. Interim plan in progress with Integrated Care Board and partners to advance CYP priority areas.</p> <p>Norfolk System Collaborative – inconsistent representation from all partners has slowed decision-making and progress.</p>	<p>everyone involved when timescales are tight. To address this, we recognise that we need to engage participants early, streamline communication, use flexible methods virtual and face-to-face and be clear on expectations.</p> <p>Attending Leadership Forum and other Trust wide events supports the culture of co-production to be everybody’s business, crucial as the team is small.</p>	<ul style="list-style-type: none"> ○ Both acute hospital sites have been on Operational Pressure Escalation Level 4 for considerable time during the reporting period. ○ The impact of industrial action. ● P1 Pathway 2 – review of referral criteria or the interpretation of the referral criteria is being undertaken to ensure being appropriately applied; that patients are potentially being discharged before they are medically fit; poor data quality. There is an interdependency with End-of-Life pathways project to ensure people receive the right support at the right time. ● P5 Mapping Community Services: <ul style="list-style-type: none"> ○ Not all partners may not be willing to share data/information in this context. ○ Potential procurement of community adult services may lead to parties being reticent to share information and/or work collaboratively. <p>C&P CYP Accountable Business Unit – overlapping remit between ABUs has delayed progress with Special Educational Needs and Disabilities element of workplan. Interim plan in progress with Integrated Care Board and partners to advance CYP priority areas.</p> <p>Norfolk System CYP Collaborative – wider range of stakeholders and inconsistent representation has contributed to slower progress with mental health workstream. Plan to align elements of implementation across both workstreams.</p>
(e)	Financial risks and issues:	None to report.	None to report.	
(f)	New issues or opportunities: [DN: What has emerged that will affect our direction of travel]	C&P CYP Accountable Business Unit – New Care Model has emerged as an organising framework for system working.	Discussed in (d)	

(g)	<p>Focus to March 2025:</p>	<p>C&P CYP Accountable Business Unit – agree interim solution (Children’s Board) and plan transition to system collaborative arrangements.</p> <p>Norfolk System CYP Collaborative – confirm partner engagement and sign off neurodevelopmental system case for change proposal.</p>	<p>Continue to enhance co-production across all transformation projects. Support teams in independently engaging and co-producing with service users and patients.</p>	<p>BCA Workplan:</p> <ul style="list-style-type: none"> • P1 Pathway 2: <ul style="list-style-type: none"> ○ Staffing model review. ○ Clinical audit – October 2024. ○ Explore options to improve data. ○ Deliver BCA P2 improvement plan. • P2 – End of Life Care. BLMK Palliative and End of Life Care review in October 2024. • P3 – Call Before You Convey: <ul style="list-style-type: none"> ○ Work with care providers to ensure appropriate calls are made. ○ Identify gaps in care home training. ○ Readvertising the 24-hour line Keech have available. • P4 – Virtual Wards: <ul style="list-style-type: none"> ○ Point of Care Testing in place across CCS and being implemented within ELFT – August 2024 (amber). ○ Agree 2024/25 recruitment priorities – August 2024 (amber). ○ Ensure reporting aligns with new NHS England requirements – September 2024 (green). • P5 – Mapping Community Services: <ul style="list-style-type: none"> ○ Complete the baselining exercise between CCS and ELFT ensuring that this is quality assured – October 2024. ○ Commence discussions with Bedfordshire Hospitals in relation to activity that spans into the community – September 2024. ○ Consider options for immediate change between CCS and ELFT provision, where it makes sense to do so – October 2024. <p>C&P CYP Accountable Business Unit – completion of complex risk support business case proposal and</p>
-----	------------------------------------	--	---	--

				<p>agreement of neurodevelopmental needs-mapping pilot.</p> <p>Norfolk System CYP Collaborative – implementation of neurodevelopmental system case for change proposals.</p>
(h)	<p>Escalations: [DN: Describe any escalations iaw the Trust's Escalation Framework]</p>			