

Reference: FOI.ICB-2324/410

Subject: Learning Disability and Autism Programme Board/Operational Delivery Group

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
<p>Please provide me with:</p> <p>(1) Minutes from the BNSSG Learning Disability and Autism Programme Board for meetings held between 1st January 2023 and 31st December 2023.</p> <p>(2) Minutes from the BNSSG Learning Disability and Autism Operational Delivery Group for meetings held between 1st January 2023 and 31st December 2023.</p> <p>(3) The latest available version of the Learning Disability and Autism Programme and Delivery Plan.</p>	<p>(1/2)</p> <p>Please find minutes enclosed, only two Programme Board meetings took place during 2023.</p> <p>Please note: FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed documents to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information. The exemption has also been applied to any patient information discussed and recorded in the minutes.</p> <p>The ICB has also applied Section 43(2) to information contained in the Programme Board minutes. Section 43(2) exempts from disclosure information which would, or would be likely to, prejudice the commercial interests of any legal person (an individual, a company, the public authority itself, or any other legal entity). Section 43(2) is a qualified exemption and therefore subject to the public interest test.</p>

The ICB considers that disclosure of the information would prejudice the commercial interests of the ICB itself. The information redacted outlines the assumption of funding the ICB may receive for a wide range of programmes of work. These amounts have not been confirmed and no plans have been agreed. Once projects have been through all the relevant governance processes and agreed, funding will be allocated and services procured.

The public interest argument in favour of disclosing the information include the ICB's responsibility to be transparent and accountable in its decision making processes and to promote public understanding of processes particularly when the funding streams are paid through public funding. It is important that the public is assured that the ICB is ensuring services provide good value for money.

The public interest argument in favour of maintaining the exemption includes the ICB responsibility to secure the best use of public resources and provide value for money. The ICB recognises that the funding amounts specified in the minutes have not been finalised or approved. When the ICB receives the final allocations, and projects developed, it is important that suppliers do not base their tenders on the assumption of monies.

The ICB has considered the requirement to be transparent in its decision making processes and believes that disclosure of the minutes demonstrates how the ICB functions and makes decisions. The minutes also include discussions around whether services continue to be value for money which demonstrates how the ICB is

	<p>considering how best to use public funds.</p> <p>The ICB has also considered the potential risk to future procurements should unapproved funding figures be disclosed. The overriding procurement policy requirement placed on public bodies is that all public procurement is based on value for money. The provider Selection Regime (PSR) requires organisations to act transparently, fairly and proportionately and for any procurements currently ongoing from 2023, the Public Contract Regulations 2015 state that “Contracting authorities shall base the award of public contracts on the most economically advantageous tender assessed from the point of view of the contracting authority.” The ICB will therefore review allocated funding before determining a financial envelope when procuring services. It is therefore important and fair to all providers that the ICB ensures that indicative or unapproved funding is not disclosed into the public domain prior to any potential procurements.</p> <p>The ICB believes that applying the exemption is in the public’s best interest as it supports the ICB to commission future services which are value for money in a fair manner.</p> <p>(3)</p> <p>The latest delivery plan has been attached. Please note this has not yet been formally approved by the newly established Operational Delivery Group.</p>
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The information provided in this response is accurate as of 16 February 2024 and has been approved for release by Deborah El-Sayed, Chief Transformation and Digital Information Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

BNSSG ICS Learning Disabilities and Autism Programme Board

Meeting Minutes

Date: 09/01/23
Time: 14:30 – 16:00

Item no.	Agenda item	Action
1.	<p>Welcome, Previous Minutes and Actions</p> <ul style="list-style-type: none"> - Paper 1.1 – Minutes <p>Previous meeting minutes agreed by the Programme Board.</p> <ul style="list-style-type: none"> - Paper 1.2 – Actions <p>Previous actions discussed and updated throughout the meeting.</p>	
2.	<p>System Risk Log</p> <ul style="list-style-type: none"> - Paper 2.1 – System risks <p>Action: DES/ SB to meet to discuss provider market risk. Action: Deep dive around Autism waiting lists (CYP & Adults). Link in with BASS within AWP.</p> <p>Discussion around ‘Lack of commissioned services to meet the needs of individuals with a learning disability that are in touch with the CJS’ risk – this now needs to move to being an issue.</p> <p>Action: 3-4 task and finish groups to be set up to consider the risk register and change risks over to issues.</p>	DES/SB
3.	<p>Bespoke Placements SBAR</p> <ul style="list-style-type: none"> - Noted that JK and DM are unable to present, board asked to comment and decide on the recommendations within the SBAR. <ul style="list-style-type: none"> ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] ■ [Redacted] 	

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

- SW raised concerns around the remit of the board in terms of signing off on S256 funding. Noted that this is a clinical decision in terms of this individual – quality of care being sourced and amount of people providing care around this person.
- DES notes that clinical decisions would have been already agreed, this decision is based on agreeing the S256 funding allocation.
- Needs to be a system level oversight of the S256 money, as one organisation is not able to hold this responsibility.
- SW feels there needs to be more context in terms of where the money needs to be spent.
- SB noted this is an unusual request to come to the Programme Board – social work and clinical input will be put into the assessment of what is needed for the individual. Need confirmation of this as this board is not the right place to have those discussions.
- There needs to be clarity on how S256 is spent, and how applications for this funding are submitted.
- Can we be clear on where these spendings/ savings are being accrued to?
- This is a case where care is being wrapped around the individual to meet their needs – it is the first of its kind. Need to consider more creative approaches when the market simply isn't there currently.
- Process needs clarifying for the board. NP provided assurance that the appropriate clinical and social care discussions and decisions have been made.
- **Decision: Paper is pending following a fuller explanation and cover paper describing the risks, issues and background information.**
- How does this fit into spending plan for S256 money? Has the process for spending S256 money been clarified?
- Review of the terms of reference for agreeing funding at this board – or at the Improvement Groups going forwards.
- **Action: Review of the Terms of Reference – FW to circulate, all to review the ToR.**
- Key to understand the impact of this decision not being made on the care of this individual.

		FW/ALL
4.	<p>Safeguarding Adult Review ██████ – Recommendations</p> <ul style="list-style-type: none"> - This case and review is specific to Bristol, however the recommendations are relevant across BNSSG for this Programme Board. - Focusing on 2 of the 15 recommendations which are relevant to this board; the focus is on learning as opposed to apportioning blame. - Overview of ██████ circumstances were provided to give background to ██████ case and situation. <p>Recommendation 3: It is recommended that KBSP work with the Learning Disabilities and Autism Programme Board to find positive ways of working with individuals with a learning disability who find it difficult to engage with formal assessment processes. Practitioners should be equipped with appropriate resources to achieve this. Such resources may be in place, although may need adaptation through co-working with people who use services.</p> <p>Recommendation 7: It is recommended that KBSP and the Learning Disabilities and Autism Programme Board work with the Crown Prosecution Service to consider how to address the inequalities experienced by people with learning difficulties in obtaining justice for crimes committed against them and to prevent further abuse of others by successful prosecutions of offenders. Additional resources may be required to enable best evidence to be gathered. (See Recommendation 3).</p> <p>Action plan shared, displaying the finding, recommendation, who will lead on which action.</p> <p>Asks for the board:</p> <ul style="list-style-type: none"> - Does the board accept the recommendations of the SAR? - Who can take responsibility for agreeing and owning actions on behalf of the board? <p>Discussion:</p> <p><u>Recommendation 3:</u></p> <ul style="list-style-type: none"> - DP: UHBW have been asked as an individual organisation how to improve for people who are missing appointments and have a LD or Autism. Noted that this is a separate recommendation (number 5). - DES stated that this action should be made more specific as the wording is currently very broad. The board would be tasked with deciding what would work well in this space, and what needs to be created to fill this gap. - SB: There could be 5 or 6 different partners involved in reviewing their assessment processes. This board would only have oversight 	

	<p>[REDACTED]</p> <ul style="list-style-type: none"> - No further funding for Green Social Prescribing at the moment – ICS wants to support this initiative so money will need to be found for this. <p>[REDACTED]</p> <ul style="list-style-type: none"> - Anything that is non-recurrent can be considered for this money – governance and prioritisation would need to come via DES. - Action: NHSE funding allocation for 23/24 to be discussed with [REDACTED] at the next meeting. - DES – how can we use this underspend within the year to put us into a good position for the next year? - SW: Suggestion for fast-tracked programme support to continue pushing LDA work forward. - PR noted that the LDA weekly MDT has been working hard to ensure that funding is discussed regularly. - Action: Ask for the board to consider any initiatives that this underspend money could support with – link in with DES & PR. - NP: Care coordination element for patients within forensics – gap within the contract with provider collaborative. Money discussed will not be able to solve this issue currently. - [REDACTED] Suggestion to use money for sensory items for patients – possibility to bid for some more [REDACTED] This would deliver benefit for many patients. 	<p style="text-align: center;">PR</p> <p style="text-align: center;">ALL/ DES/ PR</p>
<p>6.</p>	<p>Forward view for next month / AOB</p> <ul style="list-style-type: none"> - Maldabba – Hear Me Now app (hospital passport) – this has not been taken up. DES will be unfortunately be closing this project down as there has not been an appetite to take this forward. - Agreed that this programme will be closed down – individual cases could be supported via Orca [REDACTED] - SW: Follow up needed on the changes going on within the ICB with the Improvement Groups and what this means for the Programme Board. 	

	<ul style="list-style-type: none">- DES: This is still a work in progress – Execs in conversation to shape this currently.- Need to review the distribution list for this meeting – who will be driving the work forward. Membership will be reduced.	
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Next Meeting: February 2023

Time: 14:30-16:00

BNSSG ICS Learning Disabilities and Autism Programme Board

Agenda

Date: 20/02/23

Time: 14:30 – 16:00

Chair: [REDACTED]

Item no.	Agenda item	Actions
1.	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> - Apologies noted, DM standing in as chair as apologies noted from DES and HE. - Introductions made for new members of the group. <p>Previous Minutes and Actions</p> <ul style="list-style-type: none"> - Paper 1.1 – Minutes: Previous minutes agreed by the group. - Paper 1.2 – Actions: Extraordinary meeting in March to update logs. 	
2.	<p>Autism Independence - Lived Experience of Minority Ethnic Groups</p> <ul style="list-style-type: none"> - Paper 2.1 – Lived Experience Report - Research conducted during the pandemic by Autism Independence for ethnic minority groups within BNSSG. - Used a range of different methodologies and surveys, interviews, and focus groups. - Findings: Identified key themes emerging from qualitative parts of the research, linked to lack of Cultural Intelligence in Services. <ul style="list-style-type: none"> o Impact of learning disability and/or autism on everyday life o Unmet needs in educational settings o Multi-dimensional support o Accessing Health Services o Worries for the future o Political context o Cultural influences o Transition to adult services o Racial stereotypes o Men's (lack of) engagement o Identity o The realities 	

	<ul style="list-style-type: none"> - Participants were all keen to share experiences of unmet needs in educational settings, although this was not the original aim of the research. - Not many opportunities for alternative therapies, and this had significant impact on the children. - Worries for the future was a consistent theme throughout the research – 80% of participants were single mothers, and they were concerned around their children’s future care. - Political context – people afraid to ask for help due to the repercussions of Brexit. - Concern that participant’s worries were not taken seriously due to skin colour and/or accent. - Transition – not one participant felt confident in effective transition from children to adult’s services. - Lack of engagement from fathers and ex-partners with supporting and helping care for children. Workshops will be taking place to tackle this issue. - Realities behind the research: <ol style="list-style-type: none"> 1. Ineffective communication across services 2. Language barriers 3. Stereotypes and assumptions: race, ethnicity, accent, gender. 4. ‘Absent father’ concept. Not contextual to the cultural differences! Consistent across all human intersectionality. 5. Trust, confidence, being taken seriously. 6. Autism awareness and advocacy: practitioners versus parents - Recommendations: <ul style="list-style-type: none"> - Regular Health Checks for parents/carers - Implementation of a Care Navigator role to signpost to services - Offer of life skills training - Cultural awareness and competence training for all staff - Destigmatising mental health within these communities - Discussion: <ul style="list-style-type: none"> - Noted that the report has been circulated with papers, recommended to read this. 	
3.	<p>DSR Requirements from NHSE</p> <ul style="list-style-type: none"> - Differences between old CETR policy and new policy. - On 25th Jan 2023 NHSE published the Revised Dynamic Support Register (DSR) and Care (Education) and Treatment review (C(E)TR) policy and guidance. - The policy sets out the expectations for the implementation and use of DSRs and C(E)TRs across England. 	

- The policy directs that it is the responsibility of ICB's and their delegated Directors to ensure the policy and guidance is implemented from 1 May 2023.
- DSRs and C(E)TRs are central to the NHS Long Term Plan commitments by 2024 to:
 - Reduce the number of children and adults with a learning disability and autistic children and adults in mental health inpatient services
 - Avoid inappropriate admissions to mental health inpatient settings
 - Develop responsive, person-centred services in the community.
- **Dynamic Support Registers:**
- Key difference is enabling the whole system to add a name to the DSR.
- People will also need to be able to self-refer, there needs to be no closed door.
- 11 core standards & 9 minimum requirements.
- There will be a minimum data set which must be met.
- Co-production of the self-referral portal.
- Formalised consent process to be placed on DSR.
- CYP in 52 week placements must be included on DSR.
- Oversight panel meetings must happen quarterly.
- **Recommendations:**
- A system wide Dynamic Support Register task and finish group is established to ensure with project management resources to support:
 - Implementation off the DSR across the system including how Dynamic support systems will operate including communications
 - Development of a system wide IT solution for the DSR with agree information governance processes
 - Co-production of the DSR
 - The ICB has an agreed escalation process
 - ICS oversight panels are implemented
- An internal C(E)TR task and finish group is established to ensure
 - The ICB is compliant with the C(E)TR policy and guidance.
- **Discussion:**
- LA representation will be linked up to avoid duplication from across all 3 local authorities. [REDACTED] in agreement for a representative from a LA to be involved in the T&F group.
- AWP approval of multi-agency approach.

	<ul style="list-style-type: none"> - GE: Adult DSRs – currently, two DSRs are separate. If we will merge to all-age DSR, this will unlikely be achievable by May 1st. Possibility of having 2 T&F groups? - 12 month implementation period to take place after May 1st. - Possibility of merging DSR meetings across localities to accommodate this. - ██████████ & ██████████ to be involved from AWP, also will need locality colleagues from CAHMS. - Agreed to develop T&F group, detail to be worked through outside of this board. - Action: LJ/JK to take on DSR requirement T&F group organisation. 	LJ/JK
4.	<p>Planning Day & Leadership for Learning Disabilities and Autism Programme</p> <ul style="list-style-type: none"> - Operational planning – work to be done in LDA. - Significant areas which are currently lacking support. - Would it be beneficial to have an away day at this stage in the process? - LLP: It would be beneficial, however potentially later in the process (Summer 2023). Need to ensure that next year we will have a plan and a budget for any underspend next year. - KM: Multi-agency co-location for working together systemically. System is still clunky, and this affects CYP & families experiences. - LLP: ICB potential move from Bristol 360 into building near Temple Meads. - Need to ensure we have the resources to make these plans happen within the year. - Need to tidy up decision making processes and need for the right leadership structure to be in place in order to do this. - GE: Need to change where we are investing our resources. - Discussion around having a 3 year/ 5-year plan. - JG: Merging CLDTs across BNSSG – equity across all three areas due to Sirona covering the whole patch. - Commitment to a planning day in Summer 2023. Agreed to wait until organisation change process has completed across the system – use LDA Programme Board in April/ May to pull together planning day in June 2023. 	
5.	<p>ICB Underspend</p> <ul style="list-style-type: none"> - Paper 5.1 (Bids embedded within briefing paper) - ██████████ underspend within the system. - Bids within the packs will be presented to DES & RS – group to determine whether bids are aligned to strategy, whether we can implement this at pace, and whether we have the workforce to deliver. 	

<ul style="list-style-type: none"> - CYP Needs-led projects: - Request for underspend funding of ████████ to enable these 15 projects to continue delivering across BNSSG until 31st March 2024 - Agreed by the group that this aligns with programme aims, and would not have any workforce implications as these are already up and running. - Recommended that this could be broken down into different projects, and smaller amounts of funding. - DSR Project Management: - ████████ project management and digital solution. - Workforce would be an issue due to the recruitment cycle. - Recommended that this is put forward into the new year's funding requests. - More working up needed for costings. - A Better Life Service across BNSSG: - Investment Request from LDA Underspend: - This will be a two-year project ████████. BNSSG agreed with NHSE Southwest to match fund and provide pump prime funds for the longer-term support of this project across the ICS - Charity run, external workforce. - This aligns with overall plan, supports people to live in their communities and thrive. - SN: Suggested that this should become part of the core offer of the CMH programme, to avoid duplication. - Action: ████████ and ████████ to meet to discuss duplication of Better Life/ CMH programme. - Recommended to take CMH programme into account. - Comprehensive Sensory Assessment, intervention, and support in the community: - Proposed Sensory Assessment and Community Support Service would provide: <ul style="list-style-type: none"> • comprehensive sensory assessments, • provide prescribed sensory diet and intervention • provide support to family and carers in settings in the community - ████████ - Sirona would need to recruit workforce for this. There are other local independent providers who may be able to support. - AWP have previously looked into OTs – this is an area they struggle with. - May not have to be an OT – could come from a trained nurse/ allied health professional. - Support for this proposal, recommended that this is rolled over to 23/24 budgets. - Care Navigators from Somali & Polish communities: - Autism Independence would recruit themselves – money would be transferred to them by mid-March. - ████████ – 2 B6 care navigators for two years. 	<p>SN/LLP</p>
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	<ul style="list-style-type: none"> - No conflict with other programmes, possibility of bringing these together. - Support for this proposal from the board. - LDA Easy Read & Service Developments: - ██████████ - Co-produced projects on ReSPECT, death and dying, Blood Pathways, trypanaphobia, catheters and Body Diary, supporting people with LD to manage their own health. - Support for this proposal from the board. 	
6.	<p>Local Authority Update</p> <ul style="list-style-type: none"> - KB, South Glos: Implementation of council LDA strategy ongoing, no particular issues to highlight for the board. 	
7.	<p>Forward view for next month / AOB</p> <ul style="list-style-type: none"> - Action: FW to plan extraordinary LDA programme board to discuss risk register and action log. 	FW

Next Meeting: March 2023
Time: 14:30-16:00

