

Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan



Developing the Sustainability and Transformation Plan for Bedfordshire, Luton and Milton Keynes Footprint

May 2016

Background: The Five Year Forward View



The [NHS Five Year Forward View](#), published in October 2014, considers the progress made in improving health and care services in recent years and the challenges that we face leading up to 2020/21. These challenges include:

- the **quality of care** that people receive can be variable
- **preventable illness** is common
- growing demands on the NHS means that local health and care organisations are facing **financial pressure**
- the **needs and expectations of the public are changing**. New treatments options are emerging, and we rightly expect **better care closer to home**.

There is broad agreement that in order to create a better future for the NHS, all those with a stake in health and care must **make changes to how we live, how we access care, and how care is delivered**.

This doesn't mean doing less for patients or reducing the quality of care provided. It means **more preventative care**; finding **new ways to meet people's needs**; and identifying ways to **do things more efficiently**.

For the NHS to meet the needs of future patients in a sustainable way, we need to **close the gaps in health, finance and quality of care** between where we are now and where we need to be in 2020/21.

Introducing the BLMK STP



The 2016/17 NHS shared planning guidance outlined a new approach to help ensure that health and care services are planned by place rather than around individual institutions

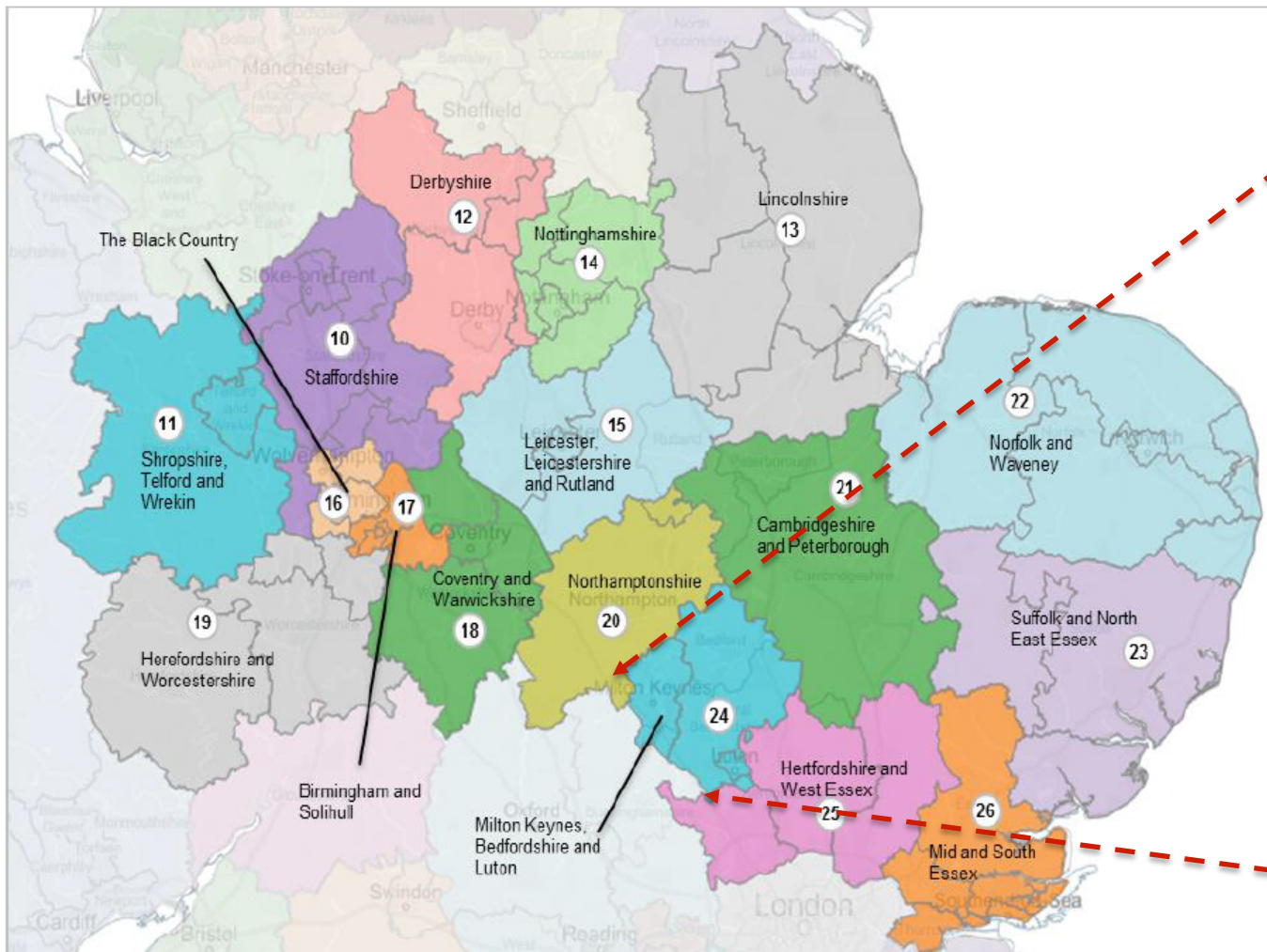
As in previous years, NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system will work together to produce a multi-year (2016/17 to 2020/21) **Sustainability and Transformation Plan (STP)**, showing how local services will evolve and become sustainable over the next five years – ultimately delivering the *Five Year Forward View* vision.

To do this, local health and care systems have been asked to work together in STP “footprints”. There are 44 of these in England.

The health and care organisations within these geographic footprints will now work together to:

- ◆ Improve their population’s **health and well-being**
- ◆ Address challenges in the **quality of care**
- ◆ Keep local **finances** in balance

Introducing the STP – Midlands & East region



44 STP 'footprints' in total in England – ours is Bedfordshire, Luton & Milton Keynes (BLMK)

BLMK STP is led by Pauline Philip, CEO of the L&D University Hospital NHS FT

How the footprints were formed



Footprints are local geographic areas where people and organisations have agreed to work together to develop robust plans to transform the way that health and care is planned and delivered in for their populations over the next five years. The STPs are a means to help deliver the Five Year Forward View vision of better health and wellbeing; improved quality of care, and stronger NHS finance and efficiency by 2020/21.

In developing the footprints, the following issues were taken into account:

1. **Geography** - including patient flow, travels links and how people use services
2. **Scale** - the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound
3. **Fit with footprints of existing change programmes and relationships**, such as Vanguards and Devolution areas
4. **The degree of existing and future challenges** across the footprint
5. **Leadership and capacity** to drive change

How the footprints will be managed locally



STP footprint leads

Each footprint has been asked to set out governance arrangements for agreeing and implementing their STP. Footprint leads include NHS provider chief executives, CCG accountable officers, Local Authority senior leaders, and clinicians – recognising the need for local systems to work in partnership.

The role of footprint leads

Footprint leads will be responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign up to a shared vision and plan.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, driving improvements in care quality, health and wellbeing, and finance and efficiency.

Name of Footprint:	Bedfordshire, Luton & Milton Keynes (BLMK)
NHS England region:	NHS England, Midlands & East
Nominated lead of the footprint	Pauline Philip Chief Executive Officer Luton & Dunstable University Hospital NHS Foundation Trust
Organisations within BLMK STP footprint (i.e. the 16 partner organisations sitting as part of formal STP governance apparatus):	<p>The CCGs:</p> <ul style="list-style-type: none"> • NHS Bedfordshire CCG • NHS Luton CCG • NHS Milton Keynes CCG <p>The four local councils:</p> <ul style="list-style-type: none"> • Bedford Borough Council • Central Bedfordshire Council • Luton Borough Council • Milton Keynes Council <p>The three acute hospitals:</p> <ul style="list-style-type: none"> • Bedford Hospital NHS Trust • Luton & Dunstable University Hospital NHS Foundation Trust • Milton Keynes University Hospital NHS Foundation Trust <p>Other significant NHS providers into the BLMK footprint:</p> <ul style="list-style-type: none"> • Cambridgeshire Community NHS Trust • Central and North West London NHS Foundation Trust • East of England Ambulance Service NHS Trust • East London NHS Foundation Trust • East Midlands Ambulance Service NHS Trust • South Essex Partnership NHS Foundation Trust • South Central Ambulance Service NHS Trust

BLMK four themes and nine work work streams



In developing its draft plans, BLMK has identified four themes and nine work streams:

Theme 1: Public Health Initiatives	Theme 2: Point of Care Initiatives	Theme 3: Supporting and Enabling Initiatives	Theme 4: Overhead Reduction Initiatives
<ul style="list-style-type: none">• WS1: Illness and disease prevention	<ul style="list-style-type: none">• WS2: Primary, community and social care• WS3: Urgent and emergency care	<ul style="list-style-type: none">• WS4: Workforce• WS5: Shared patient care record, digitisation and communications• WS6: New models of care	<ul style="list-style-type: none">• WS7: Clinical support services• WS8: Back-office support services• WS9: Estates and estates management

Theme 1: Public Health Initiatives:

WS1: Illness and disease prevention

Develop an STP-wide prevention plan, operating across physical, mental health and social care, supporting greater levels of self-care and personalisation

Focusing on prevention with agreed priorities and action for each organisation, clearly set out in an integrated prevention plan supported by data on local health needs and the health outcomes to be achieved.

Improving healthy life expectancy and reducing demand on health resources through prevention, early intervention and improved management of health conditions – focused on four chronic diseases (cardiovascular disease, cancer, respiratory diseases and diabetes)

Increased patient involvement and self-management

Harnessing the impact of social marketing campaigns on prevention; focusing on what people can do to reduce risks to health; and signpost people to services that could support them in improving their health, wellbeing and independence

Theme 2: Point of Care Initiatives

WS2: Primary, community and social care

Develop cost effective and clinically sustainable delivery models of primary, community and social care across the STP footprint (working in parallel with other strategic reviews and partnerships)

Introduce Care Co-ordination Centres (a single point of access for all out of hospital referrals/ services); wrapping community and social care services around primary care clusters, whilst maximizing patients' independence and self care; developing new models of primary care

WS3: Urgent and emergency care

Develop an STP-wide urgent and emergency care plan, to deliver the priorities set out in NHS England's urgent and emergency care review, including:

Integrated access hub for electronic triage

Clearer integration of urgent primary (GP or other community provider) and secondary (hospital) and mental health care

Enhanced co-ordination of care through the development of an STP footprint Shared Care Record, complementing existing provider records systems

Proactive shared care planning for patients at risk of exacerbation of chronic disease

Theme 3: Supporting and Enabling Initiatives

WS4: Workforce capacity and skills mix

Undertake co-ordinated work with Health Education England to address workforce challenges that are common across the STP footprint (e.g. where there are clinical skills or staff shortages)

WS5: Shared patient care record, digitisation and communications

Support information interoperability and information sharing across providers and to enable investment in tele-health and tele-care that both maximises productivity of scarce clinical resource and keeps people living independent lives longer.

WS6: New models of care

Explore opportunities for new models of care

Theme 4: Overheads Reduction Initiatives:

WS7: Clinical support services

Examine opportunities for developing integrated clinical support services such as pathology, imaging and other diagnostics in the light of new models that will require more direct access and point of care delivery

WS8: Back-office support services

Examine opportunities for sharing back-office functions and improving productivity across all STP partners more generally – referencing Lord Carter's NHS productivity analysis

WS9: Estates and estates management

Examine opportunities for unifying estates plans and sharing physical facilities across STP partners

Engagement and involvement



All STP partner agencies are involved in the development of plans within the nine work streams.

The STP will engage widely, through its member organisations, with staff, patients, patient advocacy and representative groups and the wider public as it develops

The first task for the STP is to submit its plans for sustainable and transformative health care across Bedfordshire, Luton and Milton Keynes to NHS England and NHS Improvement by 30 June. Those plans, which will be at high level and subject to much wider local engagement as they are agreed in principle and developed, will then be discussed and approved by national regulators

Once the plans are agreed in principle by the regulators they will be published.

The STP is developing an engagement strategy to ensure local communities have the opportunity to get involved in and shape the work of the STP as it develops.

Next steps:

What	When
Publication of agreed footprints, plus further support for STP footprints on how to analyse their local gaps in quality, health and finance	March 2016
Work with footprints on gap analysis	Throughout March 2016
Footprints to make a short submission to national bodies setting out: 1. Governance arrangements (including lead) 2. Emerging priorities for action	15 April 2016
Regional development days for STP footprint leads	Late April/Early May 2016
Each footprint to submit their STP to the national bodies	30 June 2016
Series of regional conversations between national bodies and footprints	Throughout July 2016