

# CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

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## Sustainability and Transformation Plan 2016-2020

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### Purpose of Report

1. To update the Health and Wellbeing Board on the development of Sustainability and Transformation Plan for Bedfordshire Luton and Milton Keynes (BLMK).

### RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **note the progress of the Sustainability and Transformation Plan;**
2. **to endorse progress on the priorities of the STP on the basis that the priorities align with the Council's aspirations for prevention; reduced reliance on acute services; primary, community and social care services delivered close to where people live; and**
3. **to note the plans for wider engagement on the STP.**

### Background

2. The NHS Shared Planning Guidance for 2016/17- 2020/21, 'Five Year Forward View' published on the 22nd December 2015, required health and care systems to develop a Sustainability and Transformation Plan (STP). These place-based, multi-year plans, built around the needs of local populations, are seen as a means to build and strengthen local relationships, enabling a shared understanding of local issues and challenges, and should define the ambitions for 2020.
3. The BLMK STP is one of 44 health and care 'footprints' in England, bringing organisations together to develop plans to support the delivery of the NHS Five Year Forward View. The plans will show how local services will evolve, develop and become clinically and financially sustainable over the next five years (to 2020/21) to address the health and care triple aim as set out in the Five Year Forward View:
  - The health and wellbeing gap;
  - The care and quality gap; and
  - The finance and efficiency gap.

4. Draft plans for BLMK were published in November 2016. Plans continue to be developed with involvement from all 16 partner organisations. A website providing more information, news and details of engagement events has also been launched <http://www.blmkstp.co.uk/>. The full technical document can also be accessed via the same link.
5. Engagement events took place in January 2017 and further engagements on key priority areas are planned.

### Current position on the STP for BLMK

6. The BLMK submission identified five priorities. These priorities underpin the local vision for health and social care and fall into two categories: ‘frontline’ and ‘behind the scenes’:

Frontline	Behind the scenes
<p> <b>Prevention</b> Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing</p> <p> <b>Primary, community and social care</b> Build high quality, resilient, integrated primary, community and social care services across BLMK. This will include strengthening GP services, delivering more care closer to home, having a single point of access for urgent care, supporting transformed services for people with learning disabilities and integrated physical and mental health services.</p> <p> <b>Sustainable secondary care</b> Make hospital services clinically and financially sustainable by working collaboratively across the three hospital sites, building on the best from each and removing unnecessary duplication.</p>	<p> <b>Digitisation</b> Transform our ability to communicate with each other, for example by having shared digital records that can be easily accessed by patients and clinicians alike, using mobile technology (e.g. apps), for better coordinated care.</p> <p> <b>System redesign</b> Improving the way we plan, buy and manage health and social care services across BLMK to achieve a joined-up approach that places people’s health and wellbeing at the heart of what we do.</p>

7. **Priority 1 – Prevention:** aims to improve healthy life expectancy and reduce health inequalities across BLMK, and thereby reduce avoidable pressures on health and care services. This will be achieved by embedding a culture of prevention and early intervention across BLMK.

8. Three initial system-wide priorities for prevention have been identified:
  - A BLMK-wide approach to Falls & Fracture Prevention which will help to deliver:
    - ✓ A new fracture liaison service at Bedford Hospital Trust from April 2017
    - ✓ An upgraded fracture liaison service at Milton Keynes University Hospital
  - Development of a Social Prescribing business case (one of the GP Forward View '10 High Impact Areas') by March 2017 setting out:
    - ✓ The projected benefits of social prescribing including reductions in primary and secondary care attendances and hospital admissions
    - ✓ The estimated costs for a BLMK-wide social prescribing model ranging from enhanced signposting to a comprehensive social prescribing system
  - A plan to significantly increase the contribution of self-managed care; informed by the triangulation of the Health & Wellbeing gap, Care & Quality gap and Right Care, which identifies significant opportunities for improve management of long term conditions. The goals of the plan will include:
    - ✓ Empowering service users and family carers to do more through measures including active patient programmes, health coaching and easier access to shared care records
    - ✓ Extending the role of pharmacists in care management
9. Progress against specific Prevention Plan actions will be an early indicator of the impact of the workstream. Impact on health and wellbeing outcomes will be measured through a set of system-wide targets which are being finalised.
10. **Priority 2 - primary, community and social care services:** focuses on health and social care delivered to people in community settings and in the home. Its goal is to oversee a "once in a generation" improvement in the strength, resilience and modernity of health and social care provided by the statutory services in primary, community and social care settings in BLMK. This is to be accompanied by a shift to self-managed care for those individuals (or family carers) that are able and content to do more by themselves, given the right support.
11. During 2016/17, Priority 2 has focused its work on establishing four place-based Boards in BLMK and familiarising itself with the raft of initiatives being taken forward that fall into the Priority 2.

12. In addition, **Priority 2** has been used as the vehicle to produce BLMK's consolidated submission to NHS England on the GP Forward View setting how investment plans for BLMK's share of GP5YFV funding (which amounts to circa £7.2m over the next two years) to improve primary care and in a way that furthers stated STP goals. A workshop in January confirmed that the BLMK would use the National Association of Primary Care Model, as the basis for the design of primary care services across the BLMK footprint.
13. Further investment in a) care homes and b) how mental health workforce works with and in primary care, is expected to be released by NHS England in the coming weeks and **Priority 2** will again, be used to formulate a cross-BLMK response.
14. The joint procurement of community health services between Bedfordshire Clinical Commissioning Group; Central Bedfordshire Council and Bedford Borough Council has completed the first stage and the top five bidders have been invited to Participate in Dialogue (ITPD). Dialogue sessions will take place during March 2017 with written submissions in April.
15. As Priority 2 confirms the community model of care, any estates consequences will need to be identified. Through the One Public Estate (OPE) framework, the Primary Care – Estates Transformation and Technology Fund (ETTF) and momentum already generated locally to deliver Integrated Health and Care Hubs, there are real opportunities for partners to collaborate to achieve better value and closer alignment between service model and population need.
16. **Priority 3 - sustainable secondary care services:** the focus of this on hospital-based care. Its goal is to modernise secondary care across the footprint, rendering it both clinically and financially sustainable in the long term.
17. The planning work programme for Priority 3 is being overseen by a Secondary Care Services Transformation Board (SCSTB). This comprises clinical and operational leaders from Bedford Hospital NHS Trust, Luton & Dunstable University Hospital NHS Trust and Milton Keynes University Hospital NHS Trust. In addition, since January 2017, this Board has benefited from senior representation by BLMK CCGs.
18. The SCSTB is overseeing five discrete workstreams namely:
  - Workstream 1 - to identify ways in which specialty hospital services can be delivered differently to improve quality and sustainability
  - Workstream 2 – to deliver clinical support services (for example, pathology, radiology and pharmacy) in the most effective way across BLMK
  - Workstream 3 – to deliver professional support services (for example, HR, ICT, finance & procurement, estates maintenance and management, communications) in the most effective way across BLMK
  - Workstream 4 – to identify and implement opportunities for improving the clinical and cost effectiveness of BLMK's non-medical clinical workforce (including temporary staffing)

- Workstream 5 – to streamline access to urgent and emergency services across BLMK, via an integrated urgent care access platform (or Hub)

19. During March a further round of public engagement, specifically on the early ideas around the future of hospital services, will be launched.

In preparation for this public dialogue in March, the Priority 3 programme team has been engaging clinicians in developing their ideas about the future.

These have been articulated in a discussion document, entitled “Seeking your views ...transforming care in Bedfordshire, Luton and Milton Keynes”.

In this document, six separate domains of care will be highlighted, namely:

- Urgent and emergency care
- Planned care
- Specialist care
- Out-of-hospital care
- Maternity services
- Children’s’ services

The discussion document is to be launched during the week commencing 27<sup>th</sup> February.

A series of facilitated engagement event on ideas for transforming hospital based care will be held during the month, including two on 7 March at the Rufus Centre in Flitwick (each commencing at 2pm and 6.30pm).

Additionally there will be an on line consultation document and questionnaire which residents will be invited to respond to by 31<sup>st</sup> March 2017.

The BLMK STP group are keen to stress that this engagement is for early dialogue and is positioned ahead of any decision making, none of which will happen without further formal consultation.

20. **Priority 4 – digitisation:** is working to deliver a BLMK-wide digital solution. The programme team has been working collaboratively since Autumn 2016 to access digital transformation funds and has secured £1.7m of digital investment towards strengthening primary care. Short and medium term focus of this priority includes:

- Shared Health and Care Records
- Innovations in Care Homes Project
- Development of information sharing agreements
- Provider system upgrades and improvement.

21. **Priority 5 - re-engineering the system:** is seeking to address is how the various components of prevention, demand management, commissioning, contracting and health and social care supply can be transformed to create a positive and lasting environment within which solutions emerging from other STP priorities can be implemented, operationalised and their effect sustained.

22. The work programme is being overseen by the Priority 5 Oversight Board, to which a Priority 5 Working Group reports. Research and development work has been undertaken, assisted by NHS England's New Care Models team, and NHS Improvement, to identify the nature and scale of the work programme that is likely to be required when designing, developing and implementing Accountable Care.

## Engagement

23. During 2016, the STP established a communications and engagement collaborative, comprising communications leads (or delegated representatives) from all STP partners. This group, chaired by the designated communications and engagement lead officer for the STP, seeks to ensure all STP priorities and the overarching STP has appropriate tactical and strategic communication and engagement plans in place.
24. In addition, and to make sure staff, stakeholders and local people are involved and engaged in developing the plans the STP created other engagement platforms, such as:
- A **Staff Voice Partnership** - this partnership informs the type of communications and engagement that will be most effective to inform, involve and engage staff in all STP partner organisations
  - A **Public Voice Partnership** – this partnership informs the type of communications and engagement that will be most effective to inform, involve and engage local people
  - A **Trade Union Partnership** – this partnership informs communication and engagement with staff employed in organisations that may be affected by the plans as they develop
25. A series of STP development and engagement events, aimed primarily at STP partners, their staff and local clinicians, have taken place.

## Next Steps

26. The plans will continue to be developed locally, with the involvement of local communities, staff and other stakeholders.
27. Engagement activity in the coming weeks and months will help progress work being undertaken in Priority 3, but also take into account wider service planning across all settings that features as part of Priority 1 (prevention) and Priority 2 (primary, community and social Care).

## Reasons for the Action Proposed

28. Health and Wellbeing Boards has a key role in shaping the future of health and social care in their areas and need to ensure that they have meaningful input to the STPs.

The emerging vision and priorities of the STP are consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.

29. Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the Five Year Forward View, covering Oct 2016 to March 2021. NHS England will assess each STP. Plans of the highest standard will gain access to transformation funding from April 2017.
30. The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.

### **Governance & Delivery**

31. The BLMK STP programme has been overseen and driven by an STP Steering Group. This includes 16 key STP partners, all of whom act as equal partners in the STP programme. Representation on the STP Steering Group is at the CEOs and/or Director level. The Chief Executive of Central Bedfordshire Council is deputy to the nominated STP lead.

The overarching design principle used to formulate the STP work programme has been that, as far as practical, the STP working groups draw on resources provided and/or insourced from STP partners. This helps to ensure that:

- Ownership is achieved
- Barriers in accessing data, intelligence, people and advice are reduced
- Local expertise is harnessed
- Third party costs are minimised

### **Financial**

32. One of the triple aims of the STPs is to secure financial balance across the local health system and improve the efficiency of NHS services.

### **Public Sector Equality Duty (PSED)**

33. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.