

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

29 November 2017

Update on the Sustainability and Transformation Partnership (STP) and Accountable Care System for Bedfordshire, Luton and Milton Keynes (BLMK)

Responsible Officer(s) Richard Carr, Chief Executive

Presented by: Richard Carr, Chief Executive

Contains Confidential or Exempt Information Yes/no

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. Note the progress of the Sustainability and Transformation Plan**
- 2. Endorse the emerging collaborative approach as an Accountable Care System**
- 3. To consider the opportunities and implications of the Accountable Care System for Central Bedfordshire's current and future Health and Care system.**

Purpose of Report

1. To provide an update on the progress of the Sustainability and Transformation Partnership (STP) across Bedfordshire, Luton and Milton Keynes and the emerging collaborative approach
2. To inform the Board of the national announcement that the Bedfordshire, Luton and Milton Keynes Partnership will be one of eight other STPs across the country working towards becoming an "Accountable Care System" (ACS).

Background

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:
 - Health and wellbeing;
 - Care and quality; and
 - Sustainability (finance and efficiency).

4. An initial plan, published in November 2016, set out five priorities:
 - Priority 1 Prevention
 - Priority 2 Primary, Community and Social Care
 - Priority 3 Sustainable Secondary Care
 - Priority 4 Digital Programme
 - Priority 5 Systems Integration.
5. The progress of the BLMK STP has been rated outstanding by NHS England after a performance analysis of each of the STP footprints across the country.
6. The Senior Responsible Owner for the STP has also changed with the System being led by Richard Carr, Chief Executive of Central Bedfordshire Council. Pauline Philip has remained involved in the STP in the role of Chair, reflecting the demands of her position as National Director for Urgent and Emergency Care.
7. Work has been progressing to develop plans to take the five priorities forward towards delivery. Two recent briefing reports produced by the BLMK STP which provides all of the key updates on the progress of the Partnership are attached for information.(Appendix 1a&b)

Progress in Key Priority Areas

8. Priority 1 Prevention

Priority 1 produced a BLMK Health and Wellbeing Gap data pack which informed the objectives of the P1 Prevention Plan.

P1 has monthly Board meetings and quarterly Prevention Champion workshops which both include Central Bedfordshire representatives. The following areas of progress are outcomes from the last workshop held in September.

Four key areas of progress for Priority 1 in 2017/18 are:

- **Cardiovascular disease prevention**

The NHS RightCare programme has identified improvements in cardiovascular disease prevention, detection and treatment as the single largest quality improvement and financial opportunity for BLMK.

Priority 1 is working with BLMK partners, NHS England and Public Health England to develop a comprehensive cardiovascular disease prevention programme.

Across BLMK an estimated 89,900 people have undiagnosed hypertension (high blood pressure) and 7,200 have undiagnosed atrial fibrillation (AF). Hypertension management accounts for approximately 1 in 10 GP visits. STP Transformation Funding has been awarded to test the feasibility and effectiveness of community detection of hypertension and atrial fibrillation for the prevention of heart attacks and strokes. The proposal is to screen up to 2,800 adults across 25 community pharmacies.

The pilot will target areas with higher rates of cardiovascular disease including community pharmacists based in Central Bedfordshire.

- **Developing a Social Prescribing pathway**

A review of existing provision across BLMK is underway and the Priority 1 team has secured STP Transformation Funding to initiate or scale-up existing social prescribing interventions.

Social Prescribing is one of the key areas of focus in Central Bedfordshire's Integration and BCF Plan. A delivery model based on the expansion of the Village Care Scheme into Primary Care is being developed with a view to securing National Health and Wellbeing Funding and utilising local STP Transformation Funding.

- **Increasing uptake of seasonal flu vaccinations**

Seasonal flu communications campaign has been launched and communications teams in all partner organisations are proactively engaging with their communities and staff to maximise the uptake.

Seasonal flu vaccination is being offered to Care Providers across Central Bedfordshire. Care Homes and Domiciliary Care staff will have access to vaccinations or receive vouchers to be used participating pharmacies.

Bedfordshire has been awarded STP transformation funds to support employers, without occupational health teams, to apply and receive seasonal flu vaccination clinics in the workplace. This aims to increase uptake of the vaccine and reduce absenteeism due to flu-related illness and admissions.

22 clinics, provided by community pharmacists, will be offered across Central Bedfordshire and Bedford Borough.

- **Supporting healthy workplaces and Smoke Free estates**

Priority 1 is holding a workshop in December to provide peer challenge and support for the development of workplace health and wellbeing activities including smoke free estates. Luton & Dunstable Hospital and Central Bedfordshire colleagues have been invited.

A number of partner organisations already have smoke free estates and P1 is working with organisations to enable this change across BLMK. Milton Keynes University Hospital became a smoke free site in October 2017. There is a communications campaign for patients, visitors and staff informing them of the change and signposting support for smoking cessation.

9. **Priority 2 Primary, Community and Social Care**

The strategic goals for P2 are to:

- a) Strengthen primary care services to ensure sustainability and enable transformation

- b) Increase the health of the population by maximising prevention and self-care
- c) Shift activity away from acute services to out of hospital care, closer to the patient
- d) Ensure that people are able to access appropriate urgent care services, reducing reliance on A&E and reducing avoidable unplanned admissions
- e) Achieve the integration of health and social care services
- f) Support the transformation of services for people with Learning Disabilities
- g) Help to integrate physical and mental health services and achieve parity of esteem

Progress against these goals is as follows:

Primary Care

- A Draft primary care “offer” for involvement in the Transformation Programme supporting the delivery of the General Practice Five Year Forward View.
- Primary Care Networks developed based on the successful National Association of Primary Care (NAPC) programme for which BLMK already has two successful examples.
- In agreeing the scope for target NAPC support, Central Bedfordshire has been accepted as part of the Communities of Practice for the Primary Care Home model and Leighton Buzzard has been chosen as pilot of this new model.
- Bedfordshire is CCG coordinating the recruitment of pharmacists (September) and international recruitment of GPs (November).
- Currently two pharmacists have been working to review medication in Care Homes in Central Bedfordshire.

Mental Health

- Positive and enthusiastic clinical conversation which was attended by nearly 100 clinicians took place in August.
- Delivering enhanced Core 24/7 Mental Health support for patients with Physical health needs being managed within hospital settings.
- Commitment from ELFT and CNWL to align transformation work with some resource to support the transformation work.

Workforce

- Funding has been identified through Health Education England to support workforce mapping and modelling for delivering new ways of working.
- Ivel Valley locality is one of the areas that will participate in this initial modelling work.
- A Primary Care Workforce Development Plan is being developed a draft workforce plan will be submitted to NHS England by end October 2017.

Integrated Health and Care Hubs

- A BLMK Strategic Estates Group has been established and is working to coordinate a joint approach to Hub development across the STP footprint, with the development of a STP wide .Strategic Outline Plan for Out of Hospital integrated service hubs.
- This common strategic outline plan will also inform the development of business cases for the Hubs in Central Bedfordshire.

10. **Priority 3 Sustainable Secondary Care**

- Progress against priority 3 which incorporates Bedford, Luton & Dunstable University and Milton Keynes University Hospitals is as follows:
- Collaborative working on clinical support services such as radiology, pathology and therapies continue to be developed. The development of clinical sub-specialties across all providers is also being considered.
- The proposal for merger between Bedford and Luton & Dunstable Hospitals has been announced.

11. **Priority 4 Digitisation**

- Digitally enabled transformation is fundamental to clinical and service transformation. The delay in release of central capital has frustrated the start of work on this priority. This funding was released in August. Highlights and progress are as follows:

Shared Care Record

- The overall plans for how systems will work together are being pulled together in a master plan including key decisions. This work, described as the Target Architecture Options Appraisal, will be completed early in October and cover the 'plumbing' design to bring social, primary, community and secondary care data together to support both direct care, and system design.
- The Estates, Technology and Transformation Fund was approved in August 2017 for BLMK Digital Roadmap priorities for completion by March 2018. This will focus on ensuring access to Summary GP care records in Acute and other care settings.
- A Strategic Options Appraisal for the Technical support for enhancing the healthcare available to Care Home residents is also being developed.
- Central Bedfordshire, in conjunction with Luton Borough received a Local Government grant to pilot work which will enable care homes to access electronic shared care records with health services. Three Care Homes in Central Bedfordshire have been identified as part of the pilot which will provide Wi-Fi within care homes and enable other

benefits such as electronic consultations with clinicians.

- In addition to this, a training package to support information governance is being rolled out to those Care Homes.

12. **Priority 5 System Reengineering**

It has been acknowledged that the current structures and fragmentation within the Health and Care system are not sustainable. These structures which include: perverse payment incentives, the existence of internal fines and considerable transactional costs all drive the need to make fundamental change to the structure and nature of economic flows within the system.

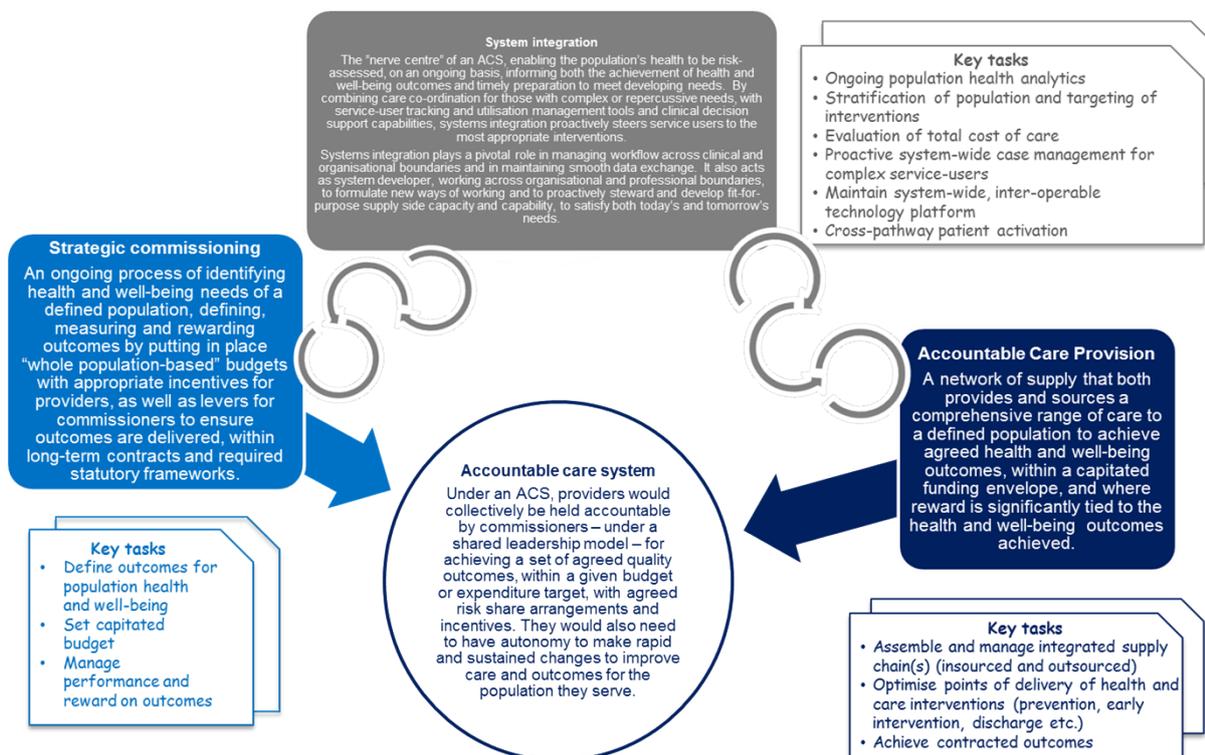
Priority 5 is a technical area and has brought together a broad group of staff from across the system to redefine the approach.

The BLMK ACS model for delivery provides opportunities to support activities at scale (**BLMK**), borough-level (**place**) with integrated **locality** delivery and is illustrated below.

Emerging Accountable Care System

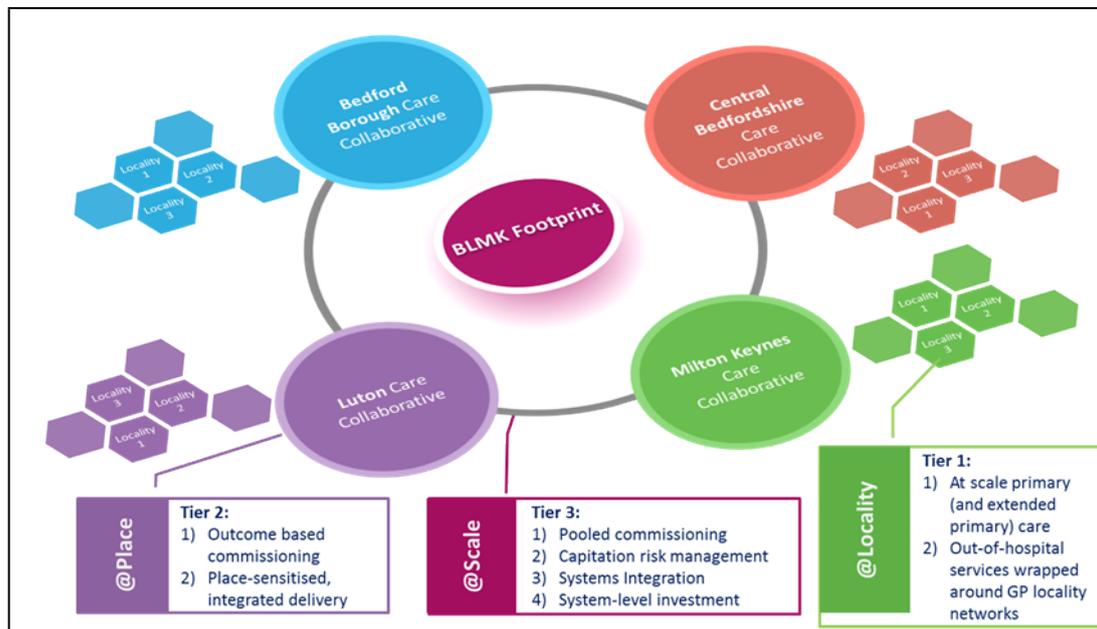
13. In June 2017, NHS England (NHSE) confirmed that BLMK STP will be one of eight other STPs working towards becoming an “Accountable Care System” (ACS). . In shadow form during 2017/18, with a view to ACS arrangements “going live” in 2018/19.
14. Accountable Care System (ACS) is the terminology being used by NHSE to describe systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health to provide more joined up, better coordinated care. At its simplest, accountable care is a way of working that rewards those involved in keeping people healthy, and for planning and delivering health and social care services on the basis of the outcomes achieved.
15. The prize on offer, in becoming a 1st wave ACS, mainly involves NHS England delegating a range of decision-rights to BLMK as well as some incremental transformation funding.
16. The aim is to integrate services ‘to provide joined up, better co-ordinated care breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.
17. A design programme has been developed to map out what the ACS will look like. The Joint Commissioning Executive, a committee which includes Chief Executives and Chairs of the three Clinical Commissioning Groups in the STP, has agreed to test how current commissioning functions will work within the ACS. Key functions of Accountable Care Systems are shown below.

Key functions of accountable care systems...



18. There are several benefits associated with securing this lead status including greater local autonomy, particularly in relation to primary care, preferential access to capital, and greater local prioritisation of recurrent transformation funding (£18.8m in 17/18) to help 'fast track' system improvements. Helping to address the challenges of a fragmented system with different rules that often results in inequality of service provision; a system based on incentives that drives competition between organisations rather than co-operation; multiple IT systems that prevent efficient information sharing; too much focus on treatment and not enough on prevention.
19. In addition, this opportunity provides greater impetus for accelerating a local vision for more integrated services and reconfiguration of health and social care services across the footprint. This is particularly important in relation to the development of Integrated Health and Care Hubs in Central Bedfordshire
20. ACS, In return, are expected to evidence system leadership commitment, shared performance plans and collective management of funding across CCGs and NHS providers for the defined population in 2017/18. There is also a requirement to demonstrate robust and effective collective decision making and governance.
21. Staff from all three Clinical Commissioning Groups are participating in workshops to give their views on how the ACS will work and other partners with an interest in commissioning will be asked to input in the autumn. A full report will be provided to the Joint commissioning Executive in December.

22. A collaborative three tier model bringing together collaboration of accountability, planning and delivery of services at three different levels has been developed. The BLMK ACS model, set out below, provides opportunities to support activities at scale (**BLMK**), local authority level (**Place**) with integrated **locality** delivery.



23. This involves clusters of around 30-50,000 people at locality levels, 'Place based' local authority level and at scale (across the STP footprint) where appropriate. The framework setting out this approach is attached. Appendix 2
24. The proposed functions within the ACS are strategic commissioning, systems integration and Accountable care provision. These are currently scattered across different institutions and Priority 5 is working with local places to unpick these relationships, such as in Luton where the Strategic Commissioning Concordat has been signed between the CCG and LA.
25. As part of this move towards delivery, the arrangements for involvement of partner organisations has been reviewed. A chief executive officer (CEO) meeting which has oversight of the delivery of the partnership work meets weekly.
26. A BLMK Leaders and Chairs Board, comprising the four Council leaders and the eight Chairs of BLMK's NHS STP partners is also proposed to ensure greater engagement of and direction from elected members and chairs.
27. The BLMK CEO Group has delegated accountability for the opportunities identified through the Collaborative Investment and Savings Programme (CISP) to each of the Place Based Transformation Boards. The programme seeks to address some immediate challenges including the continued rise in non-elective admissions, at over 13% compared to the same period last year.
28. Each local authority Place-based Transformation Board is asked to develop delivery plans for transformation out of hospital services and ensure that these plans are geared up to deliver to a target of £5m of savings over and above existing savings targets. Some of these plans may be linked to the

Better Care Fund, the Improved Better Care Fund and other related funds. To achieve maximum impact the CISP, the BCF Plan and the strategy for Out of Hospital Services are being consolidated into a single delivery plan. This is shared with Health and Wellbeing Board as part of the Integration and BCF Plan update.

Next Steps

29. Continue to pull together the priorities and deliverables across the Better Care Fund Plan, CISP and Out of Hospital Strategy to form a single delivery plan for Central Bedfordshire.
30. Continue to develop the Primary Care Home model and ensure it builds on the multidisciplinary approach which is currently being established across Central Bedfordshire.
31. Develop a single delivery framework for the key Integration and Transformation strategies which will be monitored by the Transformation Board.
32. Establish a work programme for designing and developing a 'Place based' strategic outcome based commissioning framework.

Reasons for the Action Proposed

33. 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.
34. 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.
35. The STP has implications for Central Bedfordshire's vision for integration and Out of Hospital services.

Issues

Governance & Delivery

36. 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

37. 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. However, the financial position of Bedfordshire Clinical Commissioning Group remains of concern in the wider ACS position.
38. As an ACS in 2018/19 the system will need to be managed with a single system based budget, balancing pressures between partners.
39. In 2017/18 the continued rapid growth in emergency admissions, and A&E attendances, compared to last year, reflects sub-optimal experience for our residents and is creating financial pressure within the system.

Public Sector Equality Duty (PSED)

40. 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.
41. Are there any risks issues relating Public Sector Equality Duty
Yes/No
42. If yes – outline the risks and how these would be mitigated

Source Documents

Location (including url where possible)

Presented by Richard Carr, CEO Central Bedfordshire Council