

## Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Partnership (STP)

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#### News



#### ***Work progresses on proposed merger of Bedfordshire hospitals***

There has been significant progress in the exploration of a merger between Bedford Hospital and Luton and Dunstable University Hospital (L&D). Work has formally begun to develop the Full Business Case (FBC) that is required as part of the approval process. The Joint Integration Board (which is made up of Executives from both hospital Boards) has appointed PricewaterhouseCoopers (PwC) to programme manage and deliver the FBC for the proposed merger. A senior manager from each hospital has also been appointed to work with PwC and drive the programme of work required over the coming months.

Stakeholders, patients and staff from both hospitals will be engaged throughout the process and staff will play a key part in developing and shaping the Business Case content. Through working together, staff will be able to identify opportunities arising from single management and integrated teams.

Given that a merger of two Trusts is a relatively rare event, it is essential that independent and specialist skills are brought in to assist with this highly scrutinised and challenging process. This will ensure that the FBC clearly demonstrates the clinical and patient benefits as well as the anticipated financial efficiencies. A 'blended team' of PwC and the hospitals' staff will provide the best chance of achieving the aim of establishing a Joint Board and single organisation by April 2018.

The FBC will be submitted in December 2017 for formal approval under the NHS Improvement Approval Process. Information about the proposed merger can be found on both hospital websites: [www.ldh.nhs.uk](http://www.ldh.nhs.uk) and [www.bedfordhospital.nhs.uk](http://www.bedfordhospital.nhs.uk).

If you have any questions or comments relating to the merger, please email [communications@bedfordhospital.nhs.uk](mailto:communications@bedfordhospital.nhs.uk) or [communications@ldh.nhs.uk](mailto:communications@ldh.nhs.uk)

#### Health and Wellbeing



#### ***Flu vaccinations***

As winter rapidly approaches, BLMK partners are joining forces to ensure that both staff and local people are well protected against the flu.

Influenza commonly known as flu is a highly infectious viral illness which can lead to complications causing hospital admissions and even death. Vulnerable populations are more susceptible to developing complications such as chest infections, infections of the tonsils, ears and sinuses, meningitis and

encephalitis (infection of the brain) which can be fatal.

Every year, the flu virus puts huge pressure on NHS services that provide direct care and on the wider health and social care system that support local people, as well as having an effect on the health and wellbeing of our local communities.

Last year, out of the **98,429** eligible people residing in Bedfordshire, only **53,247 (54%)** had their free flu vaccination. The county also experienced **961** hospital admissions where Influenza or Influenza related illnesses was the primary diagnosis, out of these there were **97** deaths recorded. The flu vaccine is safe and effective, and can reduce the chances of getting flu infection and its complications by **70%** and of death from flu by **80%**.

A safe and effective inactivated (killed) flu vaccine is available, every year, **free of charge** to at-risk groups and can reduce the impact of flu. At risk groups include: anyone aged over 65; pregnant women; people with long term health conditions (asthma, diabetes, chronic obstructive pulmonary disease, bronchitis, heart disease, kidney disease, liver disease, parkinson's disease, motor neurone disease or weakened immune system due to HIV or chemotherapy, splenic dysfunction and with morbid obesity); carers; those living in care/residential homes and children aged 2 to 8 or in school years 1, 2, 3 and 4. Front line health and social care workers also receive flu vaccination for free.

In the coming weeks, you will see a coordinated effort by all BLMK partners to ensure that staff and the local public are well informed about how and when they can receive their flu vaccination.

For more information, visit [www.nhs.uk/staywell](http://www.nhs.uk/staywell)

### ***Smoke-free estates***

At the beginning of October Milton Keynes University Hospital (MKUH) became a smoke-free site, joining a number of partner organisations who are already smoke-free.

As a key strategic goal for NHSE and BLMK's first priority - illness prevention and health promotion – we are working with other partners organisations to achieve this.

So far the campaign has been largely well received by patients, visitors and staff at MKUH. To read more about their smoke free campaign, click [here](#).

## Investment



### ***Award of transformation funding***

Following the announcement in June that BLMK is one of eight 'lead' Accountable Care Systems in England, we are pleased to announce that the ACS has been awarded £4.5m of transformational funds for 2017/18.

The funding, provided by NHS England, is to support the delivery of the priorities that BLMK has committed to tackling. Each of the priorities and workstreams were asked to submit bids for transformational initiatives which were assessed against strict criteria. Each transformational bid needed to demonstrate a return on investment in terms of quality and finance.

The following initiatives have been awarded interim transformation funding in 2017/18 following review by the chief executives of BLMK's 16 partner organisations. Not all of the transformation fund for 2017/18 has been allocated which enables further bids to be made as part of a process to allocate the 2018/19 funds. This further bidding process will open in November 2017, aiming to conclude before Christmas 2017.

### **Flu immunisation in the workplace**

Flu immunisation of nearly 1,000 employees in non-NHS public sector and private companies across BLMK has been approved. It will support wellbeing initiatives in workplaces in the region and will be delivered in the organisations without occupational health services which help staff avoid flu and related complications. This work will have direct impact on the health and wellbeing of local workforces and help to reduce the impact on business continuity caused by sickness absence during winter.

### **Detection of high blood pressure (hypertension) and abnormal heart rate (atrial fibrillation)**

Across BLMK an estimated 89,900 people have undiagnosed high blood pressure and 7,200 have undiagnosed abnormal heart rate, both of which put the person at a much higher risk of having a stroke or heart attack. If identified these risks have the potential to be controlled and the chance of suffering serious medical complications greatly reduced. Funding will mean community pharmacists will now test nearly 6,000 people per year to detect these conditions, helping to reduce the pressure on GPs who previously had to conduct these tests. This initiative will also help to promote community pharmacies as viable places for preventative care that has, up until now, routinely been undertaken at local GP practices.

### **Social Prescribing**

Social prescribing enables GPs and other frontline professionals to refer patients with social, emotional or practical needs to a community link worker who can support them to find non-clinical solutions that will improve their health and wellbeing.

Social prescribing will reduce pressures on GP services by supporting individuals to take greater control of their own health, thereby enabling GPs to spend more of their time managing clinical issues.

### **Incentivising Primary Care Home**

The transformational nature of creating Primary Care Homes is to network GP practices - including the sharing of workforce and infrastructure - and support them with wider multi-disciplinary team to look after populations of approximately 30-50k. Funding of £1 per head of the population has been allocated to provide incentives for GPs wishing to create these clusters of practices, which in turn will enable new models of working and enhance primary care services across the region.

### **Replacement of National Broadband network**

The replacement of the national secure health network (N3) with a new Health and Social Care Network is being co-ordinated across partner organisations and there will be significant savings by the collaborative procurement of the replacement system.

### **Palliative Care Pathway**

Transformation funding will create an innovative palliative care pathway that enables frail, palliative care patients currently living at home where no active treatment is being administered, to be admitted by the GP to a nursing home providing enhanced palliative care. This will reduce the need for patients to be admitted to hospital and ensures that the patient receives the care in a more appropriate environment.

### **Leadership and Organisational Development (OD)**

The Leadership and OD plan identifies the activities that are required beyond the leadership and organisational development that occurs in individual organisations. It acknowledges that our 16 organisations require dedicated development to shift from focussing on individual organisational responsibility to work more collectively with shared goals and purpose. This will not happen on its own; evidence from emerging new models of care and vanguard areas identify systems leadership and organisational development as critical to the success of systems transformation.

### **Transforming the management of respiratory conditions in 0-4 year olds**

BLMK is an outlier for paediatric emergency admissions, which is primarily caused by admissions of 0-4 year olds. There are inconsistencies in clinical pathways for children and this scheme will begin to deliver transformational change in the management of children with respiratory conditions within BLMK by enhancing skills and providing diagnostic equipment

in primary care. This will help reduce the number of paediatric A&E attendances for bronchiolitis and viral-induced wheeze, and admissions to hospital in general.

### **Out of Hospital Estate**

This bid will fund additional capacity to deliver the estates strategy, which aims to create Primary Care hubs close to our population's homes that are equipped with the appropriate facilities for services in the 21<sup>st</sup> century. This will also enable the disposal of buildings that are currently underutilised and are costly to maintain.

### **Bedford and Luton & Dunstable Hospitals Merger**

The merger proposal between Bedford and Luton & Dunstable Hospitals was announced in September 2017, and a programme of work has commenced to assess the Business Case for this approach. This work will assess the impact on the sustainability of the staffing and financial model in more detail, whilst undertaking the legal requirements and organisational approvals for the merger. Depending upon the findings of this work, the proposal is for the merger to be completed by the target date of 31 March 2018. This requires specialist advice and support, which the STP is financially contributing to alongside other parties interested in the merger.

## **Engagement**



### ***Shaping the future of our digital transformation***

On 14 September we held our second digital stakeholder event at Wybsoton Lakes Training Centre to discuss how we can share information and create a shared care record.

Over 70 colleagues from across BLMK's 16 partner organisations attended the full day event and were given the opportunity to raise questions and concerns that they had, listen to the discussions, share their views on what they would like to see delivered and explore how we can work together to build a shared care record.

The day saw us use for the first time the Open Space concept of conferencing where attendees created their own agenda. Over the course of the day over 30 issues/questions were raised and discussed at length within individual groups, informally created by those who had initially raised them. At the end of each session a representative from the group was asked to write-up their discussions and submit them as part of a report from the day.

The report totals 40 pages and represents the discussions, views, recommendations and concerns of all who attended. The report will be used by the team to inform the work currently under way to identify the best solution for BLMK going forward. It is expected that the Target Architecture Options Appraisal will be completed in the coming weeks and will be subsequently taken to the CEO board for approval.

Thank you to everyone who came on the day and whose work will now help us shape the next steps.