

Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan

Central Brief: June 2017

Issue date: July 2017

News



Richard Carr appointed as STP lead

The Chief Executive of Central Bedfordshire Council, Richard Carr, has been appointed the Senior Responsible Officer for the Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plan (STP).

Richard, who had previously acted as deputy lead for the programme, was invited by NHS England to take up the role after Pauline Philip, who has led the BLMK STP since March 2016, became the national lead for Urgent and Emergency Care in April.

Pauline will continue to be actively involved in the plans as Chair of the programme and will work closely with the leadership team.

Along with the role of Senior Responsible Officer for BLMK STP, Richard is also the Executive Lead for the multi-agency Chief Executive's Group which contains each accountable officer from all 16 of BLMK's partner organisations.

Richard's additional responsibilities for the programme will not affect his substantive role as Chief Executive of Central Bedfordshire Council and will help to ensure the continued participation of the four local authorities alongside the 12 health service providers in the development of the plans for BLMK.

Nina Pearson appointed as STP GP Lead

Dr Nina Pearson, Chair of Luton CCG, has been appointed as the GP lead for BLMK STP.

She will be supporting the development of resilient primary care across the region and helping to engage clinicians in General Practice in the development of plans not only in primary care but across the whole health and social care system.

In the coming weeks and months, Nina will be visiting the many different primary care forums across BLMK to meet staff and discuss ideas about improving the lives of both patients and staff.

BLMK announced as one of eight accountable care systems

Bedfordshire, Luton and Milton Keynes was named as one of eight health and social care systems in the country to become an Accountable Care System announced by national health regulators in June 2017.

The introduction of Accountable Care Systems (ACS), announced in the NHS 'Next Steps on the Five Year Forward View', will see local health and care organisations supported by NHS England and NHS Improvement to work more closely together to provide joined up, better coordinated care.

The eight named ACSs have agreed with national leaders to deliver fast track improvements which include reducing pressures on A&E, investing in general practice to make it easier for patients to get a GP appointment, and improving access to high quality cancer and mental health services.

BLMK have drawn up outline plans for an integrated approach to commissioning for the whole population and these are being submitted to partner organisations for review, with a view to formalising arrangements in 2018/2019.

Health and Wellbeing



Diabetes

Bedfordshire, Luton and Milton Keynes is one of 13 new areas in the country to offer the NHS Diabetes Prevention Programme to patients identified at risk of developing Type 2 diabetes with the programme, rolling out across BLMK from June. Those referred by their GP to the 'Healthier You' programme will get tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical activity programmes, all of which have been proven to reduce the risk of developing the disease.

Engagement with the prevention programme in BLMK has been impressive with hundreds of referrals since May. The first prevention courses will run from the first week of July at various venues across the BLMK footprint.

Additionally, BLMK was successful in its bid for additional funding to support diabetes treatment and care across the region. The investment will see change and investment in four key areas:

- increasing the uptake of structured education to help people look after themselves and stay healthy. This can improve glycaemic control and psychosocial wellbeing. Structured education is designed to help both people newly diagnosed with diabetes and people with established diabetes to ensure that they are well informed and know how to look after themselves and stay healthy. The number of places offered will increase from 54,000 to 148,000.

- improving achievement of the NICE recommended treatment targets for controlling blood sugar levels, blood pressure and cholesterol. This can reduce the risk of complications such as kidney disease, blindness, limb amputation, strokes and heart attacks.
- reducing the number of amputations by improving access to multi-disciplinary foot care teams in 50 parts of the country.
- reducing lengths of hospital stays by improving access to specialist inpatient access in 60 hospitals across England.

A&E investment

Both Bedford Hospital and Milton Keynes University Hospital were allocated just under £1 million each by the Department of Health to help ease pressure on their emergency departments ahead of the busy winter period in 2017/18.

Seventy hospitals were allocated a share of £55.98million of capital funding for A&E, which was outlined in the spring Budget 2017 by the Chancellor.

Bedford and Milton Keynes were awarded £850,00 and £995,000 respectively. The funding will be used by hospitals to meet the 95% standard of admitting, transferring, or discharging patients within four hours by ensuring patients are treated in the most appropriate setting.

Finance



Capital bids

The STP has been actively involved in trying to secure the maximum investment into our systems from a wide variety of sources. Building on successful bids for investments in Primary Care technology and estates development last year, BLMK has worked together to assemble a coherent and well argued case for strategic investments: to make a step-change in our digital infrastructure; and also to resolve many of the fragmented estate issues within health care settings, and make them fit to support modern models of care. This is the start of ongoing process but we are using our aggregated voice to support the approach, believing that together we can achieve more.

Collaborative Investment and Savings Programme (CISP)

Six of Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan's (BLMK STP) partners have initiated the start of a Collaborative Investment and Savings Programme (CISP) to identify opportunities that could be adopted across the STP footprint that will improve outcomes for patients and address the savings challenge within the system in the current and next financial year.

The six partners are:

- NHS Bedfordshire CCG
- NHS Luton CCG
- NHS Milton Keynes CCG

- Bedford Hospital NHS Trust
- Luton & Dunstable University Hospital NHS Foundation Trust
- Milton Keynes University Hospital NHS Foundation Trust

The programme has now expanded to work with all 16 partners and many GP practices in the region. The Collaborative Investment and Savings Group (CISG), who oversee the work of this programme, has now also been widened to become part of the weekly meeting of BLMK's 16 chief executives to ensure full collaboration across each and every partner.

The next step of this programme is to focus on four key interventions where BLMK STP believe the biggest and quickest impact to patient experience and outcomes can happen through rapid clinical process improvements and deployment. These are: Complex Care; Transitions of Care; Primary Care Home and Paediatric Non-elective pathways.

Transitions of Care (ToC): focusing on patient flows into and out of hospital, length of stay and consistency of the discharge process and checklist across care delivery across the BLMK patch.

Complex Care (CC): starting with a focus on improving the management of care and non-elective admissions and length of stay for individuals in nursing and residential care homes.
Primary Care Home (PCH): as an enabler for organisational scale, patient access, (MDT working), and primary care alignment.

Paediatric Non-Elective Activity: investigation to understand the hotspots of inappropriate utilisation and outcomes.

Four intervention teams will lead the work in each of these four areas. Those selected will be asked to carry out this work as part of their current roles and utilise their expertise and insights to ensure the programme achieves better care, better value and better patient experience. The work will be in six-week cycles to ensure rapid progression and delivery.

Engagement



Primary Care Event

Over 120 clinician from primary, community and social care – the majority GPs – attended a interactive event in Milton Keynes in May.

The event delivered insightful presentations from local clinicians and the NAPC lead for the Primary Care Home model and offered attendees the chance to rotate around 14 different working groups, such as Mental Health, Clinical Pharmacy, Digital, Estates and Extended Access, where they were able to discuss specific innovations and interventions with a subject matter expert.

The views and opinions of attendees were captured at each of the working groups and this feedback has been taken by the Primary, Community and Social Care priority team to identify the support local clinicians require to improve and transform out-of-hospital care.

Clinical Conversation

Continuing the successful Clinical Conversation series – over 400 senior clinicians have attended four previous events – the next conference takes place on Thursday 3 August at Wyboston Lakes in Bedford.

Invitations have been sent to all GPs, senior clinicians and health and social care leaders across all 16 BLMK organisations to see presentations from Sam Everington, chair of Tower Hamlets CCG, about his award-winning work in Primary Care and Dr Navina Evans, Chief Executive of ELFT, discussing the role mental health has to play in the BLMK STP.

What we've heard so far

A report detailing over 1000 views gathered at a variety of staff and public engagement events and an online questionnaire was published on the BLMK website at the beginning of July. These views were gathered following the publications of the secondary care 'Discussion Paper' in March.

The 'What we've heard so far' document was shared with all event attendees and staff across BLMK's 16 partner organisations to ensure an open and transparent feedback process.

All of the feedback recorded in the document was also shared with the team of clinicians working on the STP's sustainable secondary care priority and will inform further thinking on hospital services in BLMK. This team are now working on a 'Case for Change' which will set out why a transformation of these services is needed and some ideas as to how this could happen.