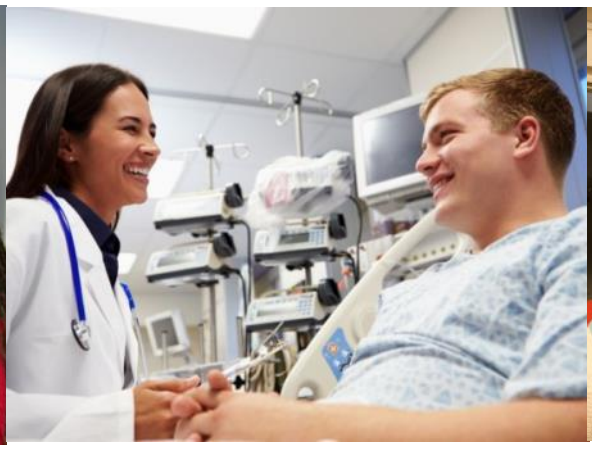
BLMK
Sustainability & Transformation Plan

Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan

October 2016 submission to NHS England

Public summary



15 November 2016

NHS

Contents

1 Introduction – what is the STP all about? 3

2 Health and social care in BLMK 4

3 Why do we need to change? 6

4 How the BLMK plan could address local health and social care challenges 7

4.1 Our vision for the future 8

4.2 Transforming health and social care – our five priorities 10

4.3 Transforming health and social care – our ideas 11

5 What has happened so far? 17

6 What happens next? 17

7 How we will be involving you 18

About this summary

This document summarises the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP) submission to NHS England in October 2016. You can find more detail in the draft technical STP submission that is available on our website at www.blmkstp.co.uk.

The five year BLMK plan outlines the ideas that the STP partners have developed so far for transforming publicly-funded health and social care services in BLMK, building on already existing good practice. And it's not just about hospital services; the STP has a broad remit that includes social and community care, GP services, ambulance services, urgent and emergency care across the whole of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

We have produced this summary to share our ideas with you and invite feedback from everyone with an interest in our services, including those who use them and those who work within them.

It's important to note that we are at an early point in the process and no decisions have been made as yet. At this stage, we want to gather your thoughts – what do you think of our ideas? Are we on the right lines? Is there anything else we need to be considering? Your input will help to shape the STP's development and no decisions will be made without further discussions with patients, the public, staff, local politicians and voluntary sector organisations, as well as formal consultation on any major service changes, or decisions that impact on staff.

1. Introduction

What is the STP all about?

Sustainability and Transformation Plans (STPs) are an NHS England initiative. They give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered, so that local people receive the best possible service. Our staff and population are proud of our services, but we all know we can make them much better.

In Bedfordshire, Luton and Milton Keynes, 12 NHS organisations and four local councils[1] have been working together to find ways of improving and modernising services to meet the 'triple aim' – set out in NHS England's *Five Year Forward View*[2] – of delivering improved health and wellbeing, transforming quality of care delivery and making NHS finances sustainable.

Almost one million people live in Bedfordshire, Luton and Milton Keynes (BLMK) – three very different places that are also diverse within themselves. These differences affect what local people need from their health and social care services. For example in Milton Keynes, services must meet the needs of one of the most rapidly growing populations in the country. In Bedford Borough and Central Bedfordshire, services must meet the needs of a population with a higher than average number of people aged over 75. And in Luton, services must meet the needs of one of the most vibrant and ethnically diverse populations outside of London.

There are also significant differences in general health and wellbeing, depending on where people live. For example, there is a 10 year life expectancy gap between women from the most and least deprived areas of Bedford Borough, and a 12 year gap for men from the most and least deprived areas in Luton. This is unacceptable and we are committed to tackling these inequalities to ensure everyone lives longer, healthier lives.

We have to respond to rising demand for health and social care services, making sure that patients and their needs are at the heart of the care we plan and provide. We want to improve our services by working with you more effectively and must plan for the different ways that people want to access and use services. We also want to help people take greater control of their own health and wellbeing, and we must do all of this with the money we have available to us.

This summary sets out our vision for future health and social care in BLMK and outlines our ideas for responding to the challenges we face. It also sets out our commitment to involve you, the people who use our services, to further develop our plans and proposals for the future of local health and social care services.

In five years' time, if we deliver this plan, we will see people staying in good health for longer, with better care and more of it delivered closer to home. If someone does become unwell, they'll have access to the best possible services to get on their feet again, or manage their condition so they can have the best quality of life possible.

We see this as an exciting opportunity to develop health and social care services for the communities we serve. As users of the services we deliver, we want you to help us get it right.

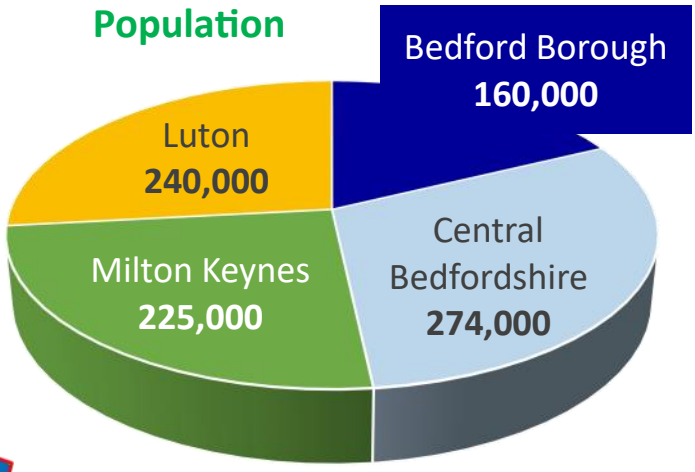
Pauline Philip

Chief Executive, Luton and Dunstable University Hospital NHS Foundation Trust and Lead for the BLMK Sustainability and Transformation Plan

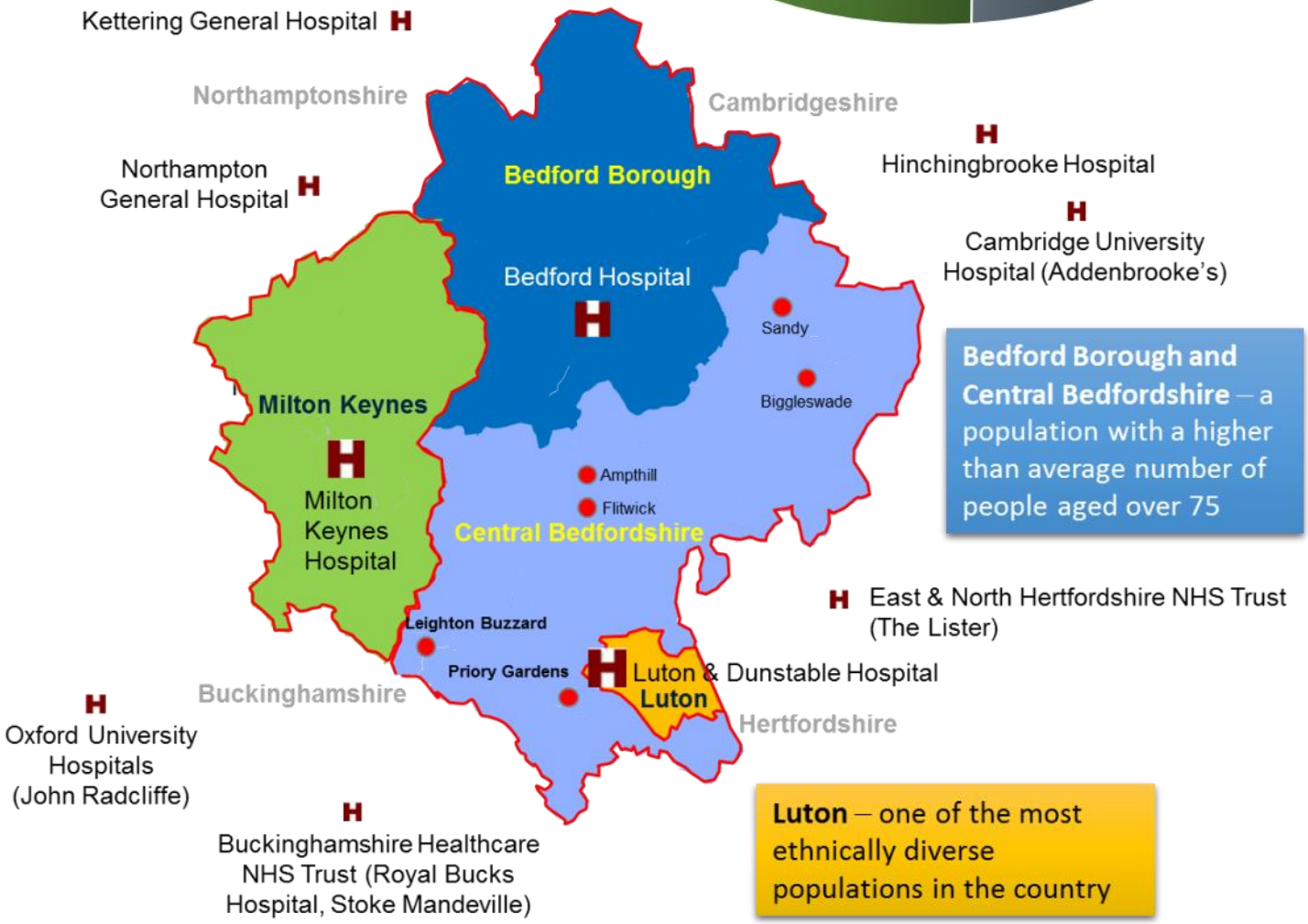
1. For a list of the BLMK STP partners, see section 4, on page 7 of this document
2. *NHS Five Year Forward View* (23 October 2015), available at **www.england.nhs.uk/ourwork/futurenhs**

2. Health and social care in BLMK

Almost one million people live in the BLMK area – 160,000 in Bedford Borough, 274,000 in Central Bedfordshire, 240,000 in Luton and 225,000 in Milton Keynes.



Milton Keynes – one of the fastest growing populations in the country



Bedford Borough and Central Bedfordshire – a population with a higher than average number of people aged over 75

Luton – one of the most ethnically diverse populations in the country

As with many areas of the country, the BLMK health economy is facing a number of challenges. We have a growing population which is also getting older. More people are living with long term health challenges, such as diabetes and arthritis, that cannot be cured but can be effectively managed. The quality of healthcare that people receive and also their general health and wellbeing vary across BLMK. We are also facing workforce shortages and significant financial pressures.

Some facts and figures

Health and wellbeing across BLMK

- Life expectancy is better than the national average in Bedford Borough and Central Bedfordshire, and worse or similar in Luton and Milton Keynes, but there are large inequalities in life expectancy across BLMK, depending where people live.
- One in five children are overweight or very overweight by the age of five, rising to one in three by the age of 11.
- Smoking remains the single greatest preventable cause of ill health and early death, and 1 in 10 expectant mothers smoke.
- Alcohol-related hospital admissions are rising across BLMK.
- The four main causes of early death are diabetes, cardiovascular disease, cancer and chronic obstructive pulmonary disease (COPD).
- Depression and severe mental illness is rising.
- The 85+ age group is predicted to grow faster than the rest of the population in the next 20 years.

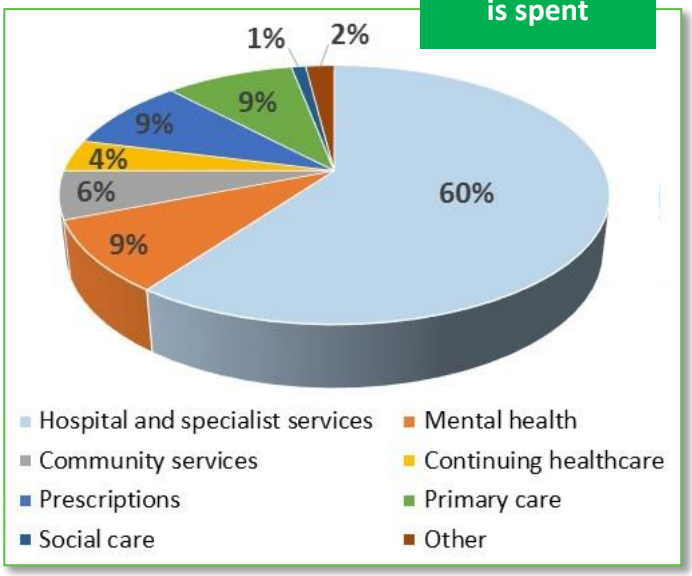
Ageing population

The 85+ age group is expected to grow fastest in the next 20 years

Care and quality across BLMK

- GP practices in BLMK have more registered patients per GP than the national average, which can mean some patients have difficulty getting an appointment.
- Our workforce is ageing and we face challenges recruiting health professionals in primary, community and social care.
- Patients are not always clear how to access urgent care services, with a number of different organisations operating NHS 111 and GP out-of-hours services across BLMK.
- Hospitals are struggling to meet demand while maintaining national standards.
- Ambulance performance, in particular their ability to meet national standards for attending emergencies, is under severe pressure.

How our money is spent



Funding and finance across BLMK

- The current combined annual budget for health and social care is £1.33bn (see the above chart for a breakdown of how this budget is used).
- The good news is that we expect to see this funding rise to 1.67bn by 2020/21, an increase of 26%. The not so good news is that, if we don't change anything, this increase will be absorbed by rising demand for services.
- If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year.

Financial challenge

If we don't make changes, by 2020/21 our spending will exceed our income by £311m a year

3. Why do we need to change?

The NHS has a 'triple aim' – set out in NHS England's *Five Year Forward View*. It involves:

- Delivering improved health and wellbeing
- Improving the quality of care provided
- Making NHS finances sustainable, year on year

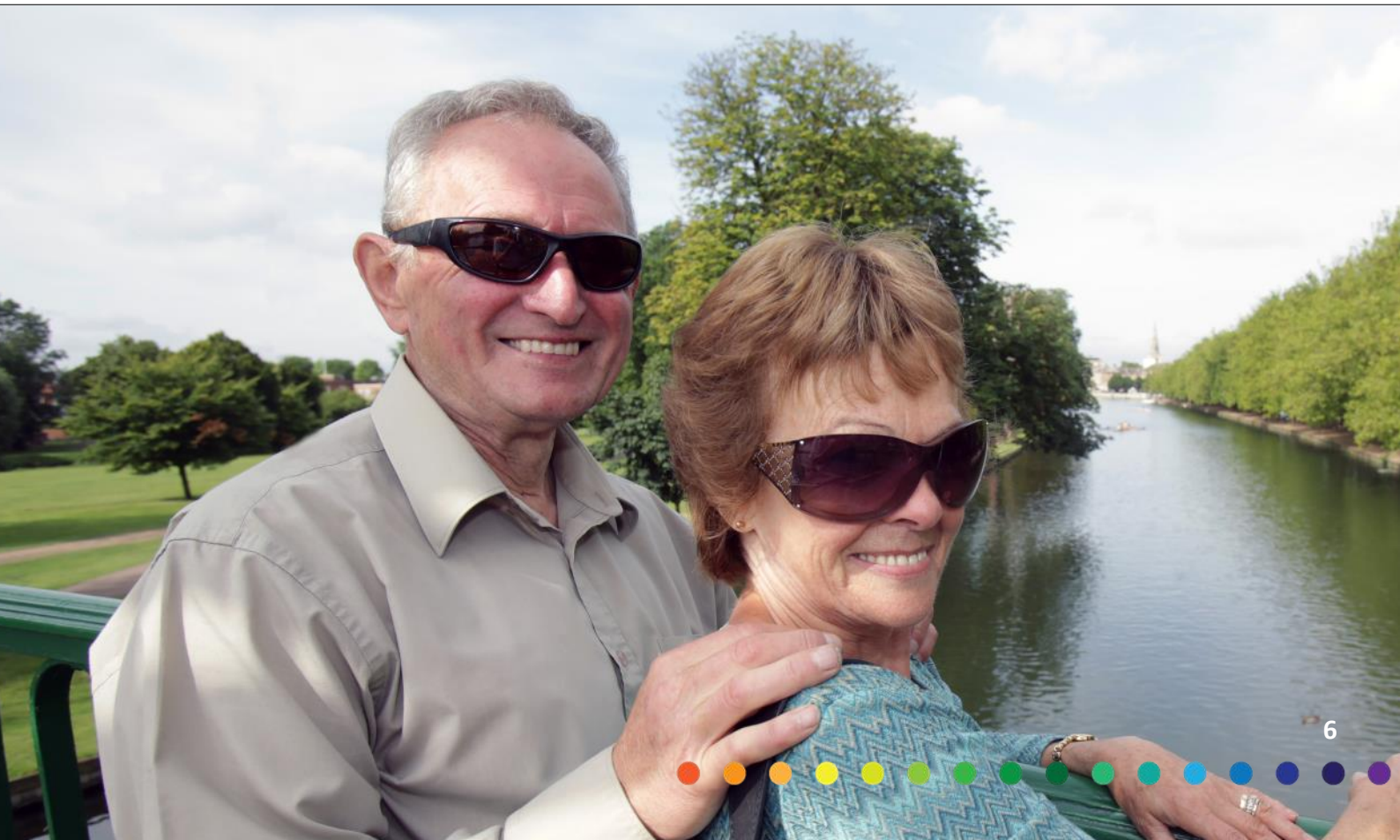
It is our responsibility to balance these three aims.

The health and social care system across BLMK has a significant financial challenge. If we do nothing, by 2020/21 the cost of meeting demand will far exceed the money that will be available to us. We must do something about this and, together, we need to determine what that is, and then work together to get on and achieve it.

NHS triple aim

In developing our plans to work together and work differently, we will need to show how those plans improve the quality of care we provide, the health and wellbeing of local people and how we can afford to do this within the funds available to us.

We, of course, need to deliver the best value possible for each taxpayer pound, but we will also ensure that we make informed, considered decisions involving local people, clinicians and other interested parties about how best to use the money available to us, while investing in and improving the care and services we provide.

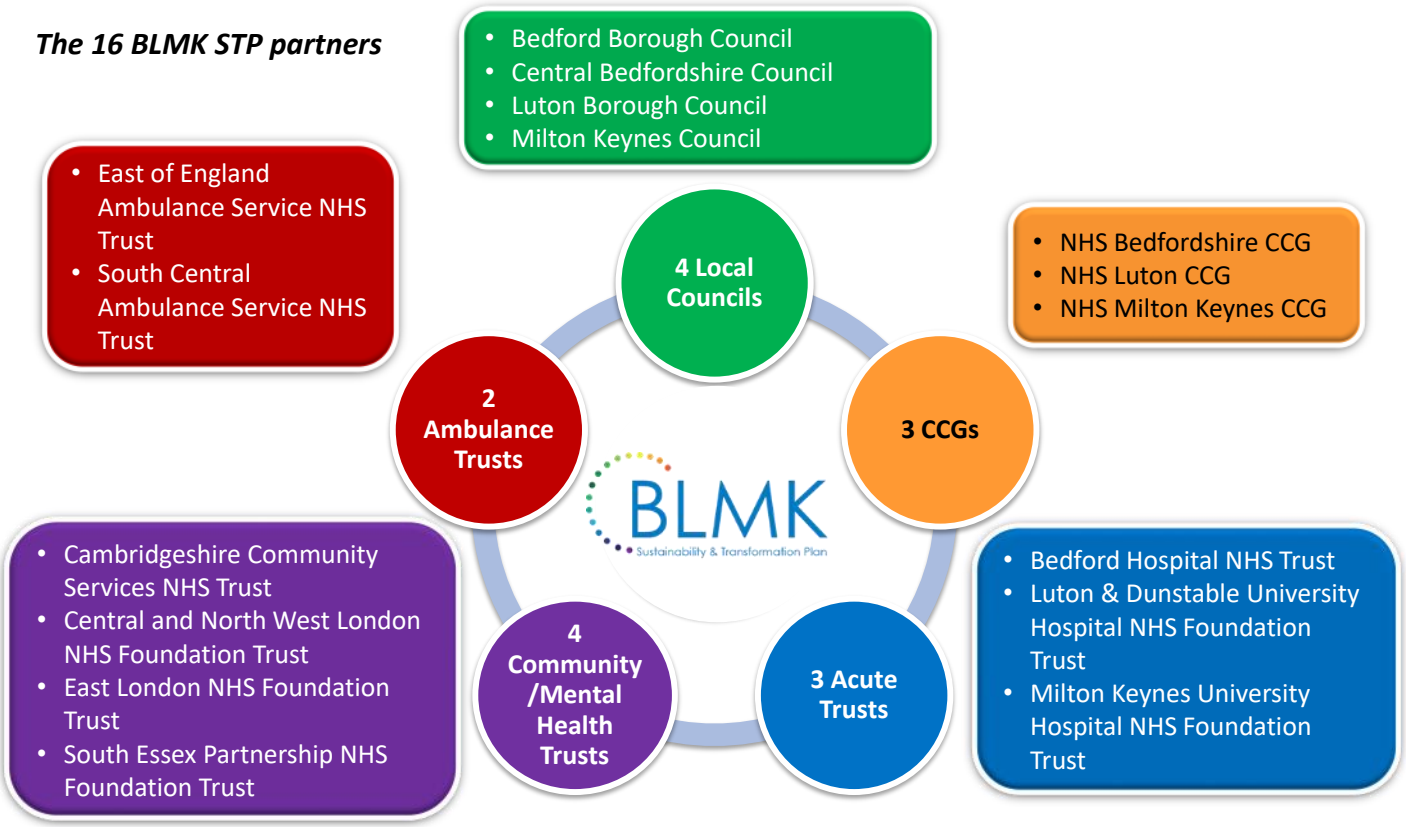


4. How the BLMK plan could address local health and social care challenges

The BLMK plan has brought together 16 partners to look collectively at how we can:

- Break down the boundaries between our local health and social care systems
- Address problems that threaten our clinical and financial sustainability
- Develop ideas and priorities to transform local services

The 16 BLMK STP partners



Note: our local councils provide social care services and the CCGs (Clinical Commissioning Groups) buy healthcare services for local people.

4.1 Our vision for the future

The BLMK partners have developed a shared vision for the future of local health and care services. This vision is grounded in an honest assessment of the effectiveness, fitness for purpose and affordability of existing services.

We have much to be proud of, some good things to build on and a strong appetite for improvement. However, there is some way to go if we are to achieve clinical and financial sustainability in the coming years.

What does the future of health and social care look like in BLMK?

People have the knowledge they need to make informed choices about their own health and wellbeing. People are aware of the local health and care services that are available, what these services offer and how to access them.

Our **GPs** act as the crucial gatekeeper for people needing to access physical and mental health services. They lead specialist teams of health professionals including community and specialist nurses, care co-ordinators, therapists, pharmacists, dietitians and other clinical and support professionals. Our GPs spend their own time with those most in need, for example those who are chronically ill or who have complex diseases. Our GPs and their teams use technology to co-ordinate the safe, effective delivery of care and services to patients in their local communities.

Community physical and mental health services are given equal focus and work together in partnership with GP practices for better patient care. **Community care workers** have mobile technology at their fingertips so they can spend more time out in the community with their patients. Having immediate access to securely **shared care plans** and digital technology and communication will allow more time to be spent providing hands-on care and support. Social workers, clinicians and clinical support teams work in an integrated way, meaning patients benefit from co-ordinated packages of care and not multiple separate visits from individual professionals.

Staff in **nursing and residential care homes** are treated as vital members of the wider integrated team, having immediate access to shared care plans. They are able to play a more proactive role in the care of their residents. Care home residents are supported by community clinicians who proactively manage their physical and mental health and wellbeing. NHS bodies and local councils collaborate closely to meet the demand for care home places and home support in a timely manner, and everyone supports the timely discharge of patients.

People are educated and informed so they understand the difference between an **urgent care need and a life threatening emergency**, supported by the development of responsive, trusted and well signposted urgent care services. Such services reach into people's homes, with community paramedics and rapid response community health teams providing urgent care and support for those who are unable to use the networks of walk-in urgent care centres that are in place. Only those who need emergency care and treatment for serious illness and injury feel the need to use hospital emergency departments.

Fewer people need to be admitted to hospital and are instead treated in community settings. When **local hospital services** are required, high quality hospital care is available in a timely way on BLMK's three existing hospital sites. These hospitals are no longer isolated from each other, but work in an integrated way. As a result, between the three of them, they are able to deploy the latest advances in medical practice and technology to provide a safe, high quality service, delivering the very best clinical outcomes. Hospitals support and care for patients' needs beyond their walls, making maximum use of technology to support patients and clinicians in the community. People don't stay in hospital any longer than they need to.

4.2 Transforming health and social care – our five priorities

The STP partners have identified **five priorities** that we intend to focus on immediately to transform our local health and social care systems and achieve our vision for the future.

Taken together, these five priorities signal an ambitious and far-reaching overhaul of the health and social care landscape in BLMK. Delivery of change against these priorities will help us build a high quality health and care system that is financially sustainable, now and into the future.

There are three 'front line' priorities (focused on health, wellbeing and patient care), combined with two 'behind the scenes' priorities (technology and system changes) that are required to support the transformation process. As this is a system-wide approach, each of the five priorities are reliant on each other, so they will all be worked on at the same time.

Three 'front line' priorities

P1

Prevention

Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing.

P2

Primary, community and social care

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.

P3

Sustainable secondary care

Make our hospital services clinically and financially sustainable by working collaboratively across the three hospital sites, building on the best from each and removing unnecessary duplication.

Two 'behind the scenes' priorities

P4

Technology

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 co-ordinated care.

P5

System redesign

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.

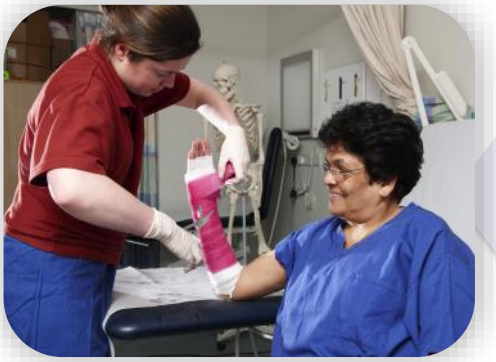
4.3 Transforming health and social care – our ideas

In this section, we look at some of the specific ideas we are considering to deliver change against our five priorities.

P1 Prevention

A focus on prevention

The STP partners need to ensure that a focus on prevention is embedded within their organisations and plans. This way, we can deliver major improvements in prevention and early intervention across the health and care system.



Prevention services

We are also considering development of specific prevention services including a fracture liaison service and a social prescribing hub.

P2 Primary, community and social care

Better care, closer to home

So we can provide better care, closer to home and ensure a joined up approach, we are considering the following:

Enhanced, supported GP services

Family doctors are the first port of call for most people when they are feeling unwell, but we also know that people can sometimes struggle to get a GP appointment.

To address this, we are looking to build a wider team of health professionals, such as clinical pharmacists and health coaches, aligned around GP practices so that family doctors can concentrate on managing the care of those patients with the most complex needs. We are also looking to remove from general practice work that is better undertaken elsewhere, so our GPs can concentrate on the work which only they can do.

To enable GP practices to deliver certain services for our growing population, some mergers, partnerships or other collaboration between GP practices may be required. We also need to improve and streamline the information available to GPs, so they have all the guidance at their fingertips to effectively refer patients to specialist physical and mental health providers in hospital, community or voluntary settings.

Co-ordinated, joined up care

A lack of joined up care between different parts of the health and social care system is an issue that's often raised by patients. To help address this, we are looking to bring together hospital specialists, primary care (GPs), community health and social care providers to deliver care at home, or close to home, and to locate other council services (such as housing) alongside healthcare services, for example in community hubs. We would also look to work more closely with voluntary organisations, charities etc to support local people's health and social care needs.

Co-ordination of hospital discharge

Patients tell us that another area where co-ordination of care can fall short is when they are waiting to be discharged from hospital. We are therefore proposing to provide dedicated teams to work between hospitals, GPs and social care providers to get people out of hospital quicker and reduce readmissions.

Improved care for patients with complex or multiple conditions

With people living longer and the number of people with long term conditions increasing, we are looking to recruit more than 80 additional healthcare workers across BLMK to enhance the care provided for patients with complex needs, with advanced illnesses or who are nearing the end of their lives. This care would most often be provided at home, in residential care homes and in community hospitals, supported by specialist GPs or community-based physical and mental health specialists for highly complex conditions.

Better use of medicines

To make sure we are prescribing the right medicines for the right people at the right time, we are looking to work in a more co-ordinated way to focus on innovative approaches and the effective, efficient and safe use of medicines across the health and care system.

Improved self care

We are looking to strengthen community support and develop individuals' and families' ability to look after their own health and wellbeing.

Single point of access (SPoA) for urgent care

We are looking to improve the quality and responsiveness of urgent care that takes place outside hospitals by creating a single hub dealing with urgent and non-urgent enquiries (calls, texts, chats, etc) that brings together 111, 999, NurseLine and other provider services. This service, which will require almost 100 additional staff, will offer informed, professional advice and guide patients to the most appropriate physical or mental health services for their particular needs.

This service will fully integrate with GP out-of-hours and other appropriate services to enable direct booking of phone consultations and face-to-face appointments.

P3 Sustainable secondary care

- The BLMK plan has now assumed responsibility for developing proposals to modernise the care provided at our local hospitals, so they can provide high clinical standards that are both fit for the future and financially sustainable. While the work of the previous Bedfordshire and Milton Keynes Healthcare Review has been fed into the STP process, the STP is looking more broadly across BLMK and more deeply at services outside of hospitals which significantly affect hospital demand.
- Our three local hospitals have committed to work together to plan, develop and provide a unified service across BLMK which reduces unnecessary duplication, with hospital services being located on the three existing sites in Bedford, Luton and Milton Keynes.
- The hospitals' chief executive officers, medical directors and directors of nursing are working closely together to create an integrated model of leadership, management and operations across the three hospitals, covering clinical services, support services and workforce requirements.
- We will fully discuss and consult with local people and staff on any significant changes to hospital-based care that might emerge from this work, before any decisions are made.

P4 Technology

- People have told us it can be frustrating to have to re-tell their story as they move through different parts of the health and social care system. To help address this, we are looking to introduce a Health Information Exchange to enable the safe, secure sharing of information, including the convergence of hospital records onto a single system across all three sites.
- Giving patients improved access to their own records, using mobile technology (e.g. apps), will enable them to better take ownership of their own health and wellbeing.
- Improved technology will also provide better evidence for clinical decision making and will help clinicians get a head start by, for example, managing and predicting the likelihood of a patient's condition worsening.

P5 System redesign

The STP partners have concluded that the current arrangements for analysing and assessing healthcare needs, and for buying and providing health and social care in BLMK, needs simplifying and streamlining.

A number of benefits are expected to arise from this:

- Commissioners will become more focused on the health and wellbeing of local people and on clinical outcomes where services are provided, rather than inputs and processes.
- Incentives between individual commissions and also between organisations delivering care will become better aligned, meaning service users and patients receive a more joined up service.
- More of BLMK's health budget will be spent on front line services and we will see administration costs fall.

5. What has happened so far?

Clinicians, public health professionals and senior managers from the 16 STP partner organisations started working together in March 2016. They have been looking at how can we can address the challenges faced by our local health and social care systems and have developed ideas and priorities to transform services so that our hospitals, GPs, primary, community and social care services can meet the needs of today's generation and the generations to follow.

In June 2016, the STP made a submission to NHS England establishing our five priorities and outlining initial ideas for transforming local health and care. This was followed by a more comprehensive submission in October 2016, which is summarised in this document. You can find more detail in the draft technical STP submission that's available on our website at www.blmkstp.co.uk.

The STP has been developed with strong input and involvement from local hospital, primary care and community clinicians. Our initial ideas for moving more care closer to home have also been discussed directly with local GPs and other healthcare workers.

6. What happens next?

Both NHS England and NHS Improvement are reviewing our October 2016 submission and will provide us with their feedback on our developing proposals.

The initial thinking and direction contained in the submission will now be shared more widely with interested parties so we can further refine and shape our plans. The more detailed technical STP submission that's available on our website at www.blmkstp.co.uk will be considered by STP partner boards and governing bodies. It will also be discussed with local authority scrutiny committees, Health and Wellbeing Boards, our local Healthwatch organisations and partnership forums.

During this time, we will continue to develop our plans, including fully working through the financial aspects associated with our proposals, adding detail around our priorities and establishing how we can start to effect some of the changes we have identified.

The chart below shows the proposed timeline for the STP and how we are planning to involve you at each stage.

The publication of this summary marks the start of a period of engagement with local people, staff and other interested parties to gather your thoughts and feedback on our current thinking. You can find more detail on how you can get involved in section 7 below.

7. How we are involving you

We want to make sure you are involved and engaged in developing plans for transforming health and care services across Bedfordshire, Luton and Milton Keynes.

We are planning a series of events over the coming months across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes where we will be discussing our plans with you, give you the opportunity to meet the team involved in the STP and ask any questions you may have. Details of these events will be available on the STP website www.blmkstp.co.uk.

We will be keeping you informed through online channels, social media, information documents such as this summary and through our local newspapers.

We would stress that no decisions have been made as yet. Furthermore, no decisions will be made without further discussions with the public, staff, politicians and voluntary sector organisations. We will also consult formally on any major service changes or decisions that impact on staff.

Make your feedback count

As a first step, we are looking to gather your feedback on the thoughts and ideas contained within this summary to inform the next stages of the STP's development. By giving us your feedback, you can help shape the transformation of our local health and social care services for today, and for tomorrow.

Please tell us:

- What do you think of the ideas we have presented in this summary?
- Do you have any additional comments or suggestions around the ideas we have presented?
- Is there anything else you think we need to be thinking about?

You can give us your views in a number of ways

Online – complete the online feedback survey at **www.blmkstp.co.uk**

Email us at **communications@mkuh.nhs.uk**

Call us on **01908 996217**

By post – you can print off a hard copy feedback form at **www.blmkstp.co.uk** and post it to us, or send a letter to Bedfordshire, Luton and Milton Keynes STP, Milton Keynes University Hospital, H8 Standing Way, Eaglestone, Milton Keynes MK6 5LD

The deadline for sending us your feedback is 15 December 2016

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Working in partnership

NHS Bedfordshire Clinical Commissioning Group
NHS Luton Clinical Commissioning Group
NHS Milton Keynes Clinical Commissioning Group
Bedford Hospital NHS Trust
Milton Keynes University Hospital NHS Foundation Trust
Luton and Dunstable University Hospital NHS Foundation Trust
SEPT
NHS Cambridgeshire Community Services NHS Trust
NHS Central and North West London NHS Foundation Trust
East London NHS Foundation Trust
East of England Ambulance Service NHS Trust
South Central Ambulance Service NHS
Bedford Borough Council
Central Bedfordshire
Luton Borough Council
Milton Keynes Council

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Website: www.blmkstp.co.uk

If you would like this document as an audio file or in a different language, please contact us at communications@mkuh.nhs.uk or call us on 01908 996217.

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