

# **Sustainability and Transformation Partnership updates**

## **Update from each of the 5 key priorities**

HEALTH AND WELLBEING BOARD

6 February 2019

# Sustainability and Transformation Partnerships

- Give opportunity for NHS organisations and councils to work together to improve how health and social care is designed and delivered in a more integrated way, enabling partners to take collective responsibility of resources and population health
- On 5<sup>th</sup> February 2018 new planning guidance was released for the NHS for the 2018/19 financial year. The key messages are as follows;
  - That the partnership arrangements are described as Integrated Care Systems (ICS) and not Accountable Care Systems (ACS)
  - All financial and operating plans must be aligned, reconciled & triangulated between providers and commissioners at BLMK level.
  - The STP is expected to check the plan
  - As an MK place there will be an expectation to develop an MK system plan that feeds into the wider BLMK system plan
  - All systems are expected to engage with patients, the public, their democratic representatives and other community partners.

# STP Priority 1: Prevention

## Purpose

Working together to close the health and wellbeing gap by improving healthy life expectancy and reducing health inequalities.

## Update on key work streams

- **Flu** – Interim data January 2019 very positive. MK has reached the national target for pregnant women of 55% attributed to the hard work of Primary Care including data cleansing work and the Primary Care incentive scheme.

MKCCG (Target)	Over 65 (75%)	At Risk (75%)	Pregnant (55%)	2 Year Olds (48%)	3 Year Olds (48%)	School Aged Yr R – Yr 5 (65%)	Carers (no set target)	
	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	5 to 16 years	16 to under 65 years
% Uptake	71.7%	49.0%	55.3%	50.6%	49.7%	61%	43.6%	36.9%
vs same period 17/18	+0.8%	+0.1%	+11.2%	+4.6%	+3.4%	+6%	+24.8%	+0.6%

- **Social Prescribing** – 4 yr combined funding of £400K has increased capacity for referrals to Livelife MK
  - Any Service can now refer in to (or resident can self refer) and eligibility criteria widened to simply 18+ and some need.
  - The Service has a target of 620 referrals by October 2019
- **Self care** – development of an MK social movement approach
  - Started with a community consultation asking MK residents what self care means to them (ends Feb).
  - A BLMK virtual self care network established to deliver self care messaging at scale.
- **2019/20 planning: new areas of focus**
  - Working age adults with one long term condition. Starting with NHSE funded (£40k) social media programme
  - Evaluating impact of new **NHS Long Term Plan** and **'Prevention is better than cure' vision** strategies.

# STP Priority 2: Primary, community and social care

## Purpose

- To build high quality, resilient, integrated primary, community and social care
- To reduce the number of people being admitted to hospital

## Update on key work streams

- Programme of work driven by the Integration Board
- Continuing to access leadership and development support from the National Association for Primary Care and the STP to support clusters and bring in ideas from other areas
- Population health grids being completed by all Primary Care Home clusters, promoting conversations as to which non-health organisations and services to engage with to support various groups.
- Positive engagement with services across MK including the Alzheimer's Society, Children and Family Centres, the Job Centre, Memory Service and the Adult Education team
- STP Workforce bids continue to make progress and some are preparing for mid-point evaluation
- The Integrated Community Support Framework (Care Navigation) is now in the process of being rolled out across all clusters
- Primary Care Plus (Mental Health service) being rolled out across the clusters and promoting conversations within clusters about access to other mental health support to meet the needs of their populations

# STP Priority 3: Sustainable secondary care services across BLMK

## Purpose

Delivering high quality and sustainable secondary (hospital) care services across the ICS with a focus on meeting national standards and cost reduction including working with other secondary care and tertiary providers

## Update on key work streams

### NHS 10 Year plan published

- Work now progressing to understand the impact on secondary care of revised financial plans and priorities within 10 year plan
- Options now developed for a Midwifery Led Unit within MKUH's obstetric footprint and will be taken to Management Board in April;

### Quality and Efficiency focus

- Relationships developing between MKUH and Buckinghamshire Hospitals with formal meeting with NHS improvement and NHS England in February to determine next steps;
- Business case approved for Milton Keynes to participate in national Local Healthcare Record Exemplar bid with Oxfordshire, Buckinghamshire and Berkshire, delivering connected healthcare records between the health and care partners in these areas.
- Thrombectomy service started in OUH, linking to MKUH enabling appropriate stroke patients to receive ground-breaking new service.

### Bedford / Luton Hospitals Programme - Acquisition of Bedford Hospital Trust by Luton & Dunstable University Hospital FT

- No further information forthcoming from the centre regarding the capital required to support this process, and therefore no further developments expected until February/March.

# STP Priority 4: Technology

*By 2020 BLMK citizens, patients, carers, care providers, clinicians and managers are able to make maximum use of information to deliver the best outcomes with maximum efficiency.*



Update on key work streams – this continues to be a very health-focussed agenda

- **Shared Care Record** – workshops taking place to scope out what this will look like, there appears to be an inclusive approach with organisations across health and social care (including MKC) involved.
- **Control and Information Governance** – MKC has signed up to the BLMK overarching sharing agreement.
- **N3 Replacement** – **this is the secure networks that the NHS and care providers us and is being** - MKC have a solution for this but will not be adopting the STP preferred one.
- **Predictive Data analysis and Operational Intelligence** – data has been provided to Optum, no feedback as yet
- **Supporting new ways of working** – Care Home Digitisation – wi-fi has been rolled out to a number of care homes in MK so that staff, residents and visitors can make use of it. Going forward, there's an aspiration to use this technology for virtual GP appts, prescribing, as well as connecting care homes to the N3 network.

# STP Priority 5: System Re-engineering

## Purpose

- To deliver an Integrated Care System (ICS) in BLMK – based on the ‘triple tier’ model of:  
**Scale** (BLMK)    **Place** (MK)    **Locality** (30-70k GP registered list size **clusters**)

## Update on key work streams

- Final report of Optum work with MK system partners on analysing data has been received.
- NHS long term plan published and in the process of carrying out a Gap Analysis in Milton Keynes.
- Process for developing long term plans for wellbeing and health agreed. Will be place-based plans founded on engagement with residents and staff, that are aggregated up into a BLMK plan.
- Beginning to update System Operating Plan for 2019/20, which is a transitional year (last of old planning cycle and first of long term plan).
- Work is ongoing to develop an Outcomes Framework for use in the ICS.
- Interim Director of System Commissioning appointed to the Joint Executive Team of the CCGs.

## Next steps

- Continue to build on Care Navigation approach and scope further opportunities for integration across MK system as current ‘pilot’ progresses.
- Agree 19/20 System Operating Plan for submission in April 2019.
- Engagement Discovery Day on 14 March to work through how we engage with the public within the ICS (with the expectation this will be done principally at place and locality level).
- Working with the Director of System Commissioning on commissioning approaches at scale, place and locality.