

# **Sustainability and Transformation Partnership updates**

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

HEALTH AND WELLBEING BOARD  
05 SEPTEMBER 2018

# 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

- **Cardiovascular disease prevention** - Following evaluation of the pilot and experience from the pharmacies and MK residents, Phase 2 will be launched to coincide with national Know your Heart Age campaign in September.
- **Social Prescribing pathway 'Livelife MK'** - MK successfully secured £200K funding from DoH to enable continuation and development of a single social prescribing program open to all. The funding will secure up to 4 years of delivery.
- **Clinical Conversation (CC) 'Making Time for Prevention'** - Carole Mills led the event in July with Dr William Bird MBE, an advocate for prevention measures and early intervention. The event was attended by 80+ clinical and non clinical colleagues – a strong focus was placed on the link between chronic stress and poor health behaviours/health outcomes.

## Next steps

- Implementation of Phase 2 of the community detection of AF/BP in community pharmacies (CP) in partnership with the Local Pharmaceutical Committee – enhanced by additional communications to residents/training to CP's.
- Develop and establish the protocols for the new social prescribing programme.

# 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
- Monitoring and improving existing schemes to reduce non elective activity and developing/implementing new potential proposals.
- Cluster working is now ongoing and each cluster meets on a monthly basis. A Practice Manager and a GP lead has been agreed for each practice and they attend the cluster meetings. Cluster Steering Group in place and meets monthly.
- 100% of registered population across Milton Keynes is covered through cluster working. Cluster plans all have short, medium and long term goals and all clusters have commenced working on these.
- Next steps are to define clear outcomes for each cluster and work with key stakeholders to implement the delivery of these plans.
- NAPC have supported a number of clusters with their developments, which include facilitating stakeholder workshops and visioning sessions to support setting priorities.

# 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

### National Standards

- National Get It Right First Time (GIRFT) programme summaries provided to each acute hospital. Exercise underway to identify strengths and weaknesses across BLMK providers for alignment opportunities.

### Quality and Efficiency focus

- BLMK awarded £601k revenue and £358k capital funds from East of England Cancer Alliance to progress programmes including Prostate, Lung and FiT testing
- NHSE have provided £458k of funding to Local Maternity System across BLMK. Funding will be used to support workforce planning & transformation, prevention, IM&T investment for personalised care plans and hub programme development scoping
- Pathology networks continue to develop; Bedford / Luton bringing their services together. Milton Keynes, as part of the Oxford network, identifying ongoing opportunities for economies of scale particularly in respect of volumes of sendaway tests
- Relationships developing between MKUH and Buckinghamshire Hospitals. Opportunities for closer working identified, particularly regarding back office services

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

- CQC visits have taken place at both sites

# 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 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

- Strengthening CCG leadership across the BLMK – Joint Accountable Officer & Director of Finance appointments now made.
- Decision on merger between Luton and Dunstable and Bedford General Hospital – still expected in summer 2018 pending decision on capital funding.
- 7 primary care clusters established in MK & opportunities for cluster working & local primary care home model of care being progressed.
- Care Navigation approach commenced with ‘pilot’ in a single cluster.
- MK system partners have agreed to share data to provide greater insight into the drivers of demand/need within our system & whole population health analysis ‘snapshot’ is underway.
- Integrated System Plan 2018/19 for agreed by partners via Integration Board and going to HWBB in September.
- Integrated Care System Memorandum Of Understanding (MOU) for 18/19 issued for signature – including how system control total will operate.

## Next steps

- Continue to build on Care Navigation approach and scope further opportunities for integration across MK system as ‘pilot’ progresses
- Report back the findings of the population health analysis for MK to Integration Board in September and agree appropriate next steps.
- Continue partner discussions regarding use of extra/new investment in OOH services to deliver system benefits