Recommendations

1. Executive is requested:

   i) To note that officers from Luton Borough Council are members of the group developing the Sustainable and Transformation Plan (STP)

   ii) To instruct officers to ensure regular updates on the development of the plan are available to the Health and Well-Being Board, Scrutiny Health and Social Care group and Executive

   iii) To instruct officers to ensure that as plans are progressed, the engagement and consultation with staff, public, users of services and stakeholders is integral to the development.

Context

2. Bedfordshire, Luton and Milton Keynes (BLMK) health and care communities have come together to develop a Sustainability and Transformation Plan (STP) as part of a national drive to improve health and well-being, care quality, and financial affordability across the NHS.

3. The BLMK STP is one of 44 health and care ‘footprints’ in England, working across organisational boundaries to develop plans to support the delivery of the NHS Five Year Forward View. The plans will show how local services will evolve, develop and become sustainable over the next five years (to 2020/21).

4. STPs footprints are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.

5. The BLMK STP is led by Pauline Philip, Chief Executive of Luton and Dunstable University Hospital NHS Foundation Trust and National Director for Urgent and Emergency Care.

6. The following health and local authority bodies are members of the BLMK STP:

   - Bedford Hospital NHS Trust
   - Luton and Dunstable University Hospital NHS Foundation Trust
   - Milton Keynes University Hospital NHS Foundation Trust
   - Bedfordshire Clinical Commissioning Group
   - Luton Clinical Commissioning Group
The current position

7. All 44 STPs were asked by NHS England and NHS Improvement to submit concise early draft plans setting out priorities to help deliver the NHS Five Year Forward view by 30 June 2016.

8. For Luton the plan has drawn on the work developed under Better Together, for improved integration of social and health services to ensure users benefit from a more joined up, effective service. Examples of the Luton system work that have informed the STP are social prescription and personal health plans.

9. The priorities identified by BLMK in this early draft plan were:

**Priority 1: illness prevention and health promotion:** Preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively

**Priority 2: primary, community and social care:** Delivering high quality and resilient primary, community and social care services across Bedfordshire, Luton and Milton Keynes

**Priority 3: secondary care:** Delivering high quality and sustainable secondary (hospital) care services across Bedfordshire, Luton and Milton Keynes

**Priority 4: digital programme:** Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care

**Priority 5: demand management and commissioning:** Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in Bedfordshire, Luton and Milton Keynes

10. Staff from all 16 partner organisations are involved in the work streams, looking at different components of care and service provision in the STP. They all contributed to the submission made on 30 June. To support the delivery of the priorities, initial workstreams were formed. Currently the work streams are:

- Health promotion and illness prevention
- Urgent and emergency care
- Primary, community and social care
- Workforce
 Digitisation
 New models of care
 Clinical support services
 Non-clinical support services
 Health and social care

11. These may change as initial plans are still being developed. Over the next period formal terms of reference with clearly defined projects, together with a framework for decision making, membership, and their exact focus of group will be developed. Integral to these developing plans will be how they should engage and involve staff and stakeholders more widely.

12. NHS England, NHS Improvement and other national bodies gave positive feedback on the early draft plan, which set out early thinking and priorities. Their formal feedback, received in August, suggested the following improvements as the plans develop:

- Further develop plans to deliver the priorities identified, specifically Priority 5, with defined timescales etc.
- Provide year on year financial trajectories
- Articulate more clearly the impact on quality of care
- Include stronger plans for primary care and wider community services that reflect the General Practice Forward View, drawing on the advice of the RCGP ambassadors and engaging the Local Medical Committees.

Set out more fully plans for engagement with local communities, clinicians and staff and the implication for the timing of implementation

13. A summary plan will be published in the next few weeks, alongside governance structures for the STP. This will include structures to appropriately involve and engage staff, stakeholders and the public. These are currently being developed and agreed with STP partners. The early draft plans that were submitted to NHS England and NHS Improvement in June are not being published at this stage because they set out very early thinking and need to be developed with much more input from staff and local stakeholders, including patient and local community groups. That involvement and development will take place over the next few weeks and months.

14. The STP means hospitals will, along with the other partner organisations, work together in a different way to meet the triple aim described earlier (improving health and wellbeing, improving care quality and financial affordability). The remit of the STP and its priorities go far beyond the walls of the hospitals and stretch out across primary, community and social care.

15. Within the STP the focus has been on using the rich data within the system to understand demand across health and care services historically and modelled over the next five years. This understanding of the demand will then be used to examine how we provide services more closely to meet local needs.

16. A second draft plan is due to be submitted to NHS England and NHS Improvement on 21 October.

Goals and Objectives
17. As set out above.

Proposal
18. It is proposed that Luton Borough Council effectively engages in the process for development of a Sustainable and Transformation Plan (STP), utilising the Council’s roles as:
• An employer,
• A strategic influencer,
• A commissioner of services

19. To ensure the proposals are developed with public involvement to gain as much improvement as possible for the health and well-being of the people of Luton.

Key Risks

20. At this stage the risks associated with the STP have yet to be developed, as it is in the early planning stages. However key to the development of the plan will be financial sustainability as well as delivering services in a different way.

21. At this stage the only mitigation is to ensure Luton Borough Council remains a key partner to influence and ensure that communication, consultation and engagement are appropriate as the plans mature.

Consultations

22. Staff, stakeholder and public involvement and engagement is critical to getting future models of care and service delivery right. Opportunities for formal and informal involvement will be published once the work stream and sub-group structure has been finalised.

23. Legally, Clinical Commissioning Groups (CCGs), local authorities, NHS trusts, NHS foundation trusts and NHS England all have separate, but similar, obligations to consult or otherwise involve the public. Joint public involvement exercises will be developed wherever possible as they reduce the burden on patients and the public. Where joint exercises are developed, local partners will need to:

- ensure clarity about roles and responsibilities between the different organisations involved;
- ensure they understand and have taken account of the governance and assurance requirements for their constituent organisations of the STP, and have reflected these requirements in their timetable;
- consider how the constituent organisations should discharge their involvement duties with regard to the changes that are being consulted on; and
- ensure consistent messages about the case for change and the options for change that are being proposed

Appendices attached:
None

Background Papers:
NHS England Five Year View which can be found at: https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/

IMPLICATIONS

<table>
<thead>
<tr>
<th>Legal</th>
<th>There are no immediate legal implications</th>
<th>Clearance – agreed by:</th>
<th>Vicky Sowah</th>
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</thead>
<tbody>
<tr>
<td>Finance</td>
<td>There are no direct financial implications to the Council as per this initial report, however as STP programme develops further in the future, more</td>
<td></td>
<td>Atif Iqbal (Finance Manager, Housing, ASC, Community Living and</td>
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A detailed report will include both Economic Financial case to look at the long term financial viability and also short to medium term financial case including budgeting implications. The Council is currently engaging with the STP process utilising existing resources. As detailed plans are developed it will also be essential for all the STP partners to consider the resourcing required to deliver the plan.

### Integrated Impact Assessment (IIA) – Key Points

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equalities/Cohesion/Inclusion</strong></td>
<td>There are no impacts arising from this report, but it will be essential as the STP plan is developed, that relevant impact assessments are completed.</td>
<td>Maureen Drummond, Cohesion and Equalities Adviser, 4 October 2016</td>
</tr>
<tr>
<td>Environment</td>
<td>There are no direct environmental impacts arising from the contents of this report. However, the continuing promotion of walking and cycling will have a positive impact on the environment as well as the health of the community.</td>
<td>Rod Black, Highway Development &amp; Sustainable Travel Manager 4th October 2016</td>
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<tr>
<td>Health</td>
<td>To deliver plans that are based on the needs of local populations, local health and care systems have come together to form the BLMK footprint. The health and care organisations within BLMK footprint are working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.</td>
<td>Public Health Stephen Gunther Service Director, Healthcare Adults Commissioning</td>
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<tr>
<td>Community Safety</td>
<td>There are no immediate implications</td>
<td></td>
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<tr>
<td>Staffing</td>
<td>There are no immediate implications</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>There are no immediate implications</td>
<td></td>
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**FOR EXECUTIVE ONLY - Options:**

a) Agree the recommendations in the report.

b) To request further information.