

The Bedford, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plans

Background

Sustainability and Transformation Plans (STPs) are national 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.

In Bedfordshire, Luton and Milton Keynes (BLMK), 12 NHS organisations and four local councils are 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 (2015) – of delivering improved health and wellbeing, transforming quality of care delivery and making NHS finances sustainable. Our

Our five priorities

The STP's October 2016 submission to NHS England established **five priorities** for the transformation of health and social care in BLMK.

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 we propose they will all be worked on at the same time.

| Front line | Behind the scenes |
|---|--|
| <p>P1 Prevention Encourage healthy living and self care, supporting people to stay well and take more control of their own health and wellbeing</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> |

Public Engagement feedback to date

Early engagement to capture initial feedback on the draft BLMK STP showed that 85% of those who attended a public event or completed a questionnaire (355 in total) believed the STP strategy had completely or partially identified the right priorities for transforming health and social care in BLMK.

Our current thinking

Our health services are under significant pressure and, with demand increasing all the time, we must think differently about how those services are delivered.

Our 16 STP partners are all agreed that 'no change' is not an option.

Our three local hospitals will all play a crucial role in providing care to our citizens. The hospitals have committed to work together to plan, develop and provide a unified service across BLMK. To deliver consistently accessible and high quality care we need to re-design hospital services to be delivered across the three existing sites in Bedford, Luton and Milton Keynes.

This is not about downgrading hospitals or stopping services – services need to be delivered differently and our three hospitals will work closely together to provide an integrated service.

In order to ease pressure on our hospitals, we are also looking to see if there are any specific services, or elements of them, that can be taken out of our hospitals and delivered effectively in community settings.

The STP team has been working closely with local hospital clinical staff including doctors, nurses, theatre staff and midwives to look at potential solutions. Together, they have established **six key areas** to focus on to ensure our local healthcare system can continue to deliver high quality sustainable secondary care:

- P3.1 Emergency care** – with our population growing, how do we make sure local people have access to safe, high quality emergency services, especially at night?
- P3.2 Planned care** – with pressure mounting on emergency services, how do we achieve a balance between urgent care and planned care?
- P3.3 Centres of excellence** – could we focus some areas of specialist care, or certain aspects of them, on specific hospital sites?
- P3.4 Care closer to home** – could some services, or aspects of them, be delivered more effectively in community settings, rather than in hospital?
- P3.5 Sustainable maternity care** – how do we make sure we can offer all mothers high quality maternity care while accommodating an increasing number of births?
- P3.6 Safest paediatric services** – can we improve children's services by changing the way we deliver some care pathways at each of our hospitals?

This is not an exhaustive list and we welcome other ideas or suggestions to meet the challenges we face, but we believe these areas to be the most urgent.

Future Public Engagement

Your views will be collated into a 'What we've heard so far...' document that will capture public, staff and clinical views and help to inform the development of a formal 'Case for Change', a document that we are required to produce as part of the process laid down by NHS England for STPs.

The 'Case for Change' will be publicly available from May 2017. Further engagement and opportunities to input further on the latest thinking will then follow.

No decisions have been made as yet, and 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 or patients.

Have your say

We have organised a series of events in early March where we will be giving you the opportunity to ask questions and provide your views on the ideas contained in this paper, as well as any new ideas you have.

| Date | Venue | Times |
|---------|--|----------------------------------|
| 6 March | Milton Keynes Christian Centre, MK6 2TG | 2.30pm to 5pm 6.30pm to 9pm |
| 7 March | Rufus Centre, Flitwick, Central Bedfordshire, MK45 1AH | |
| 8 March | Addison Centre, Kempston, Bedford, MK42 8PN | |
| 9 March | Chiltern Hotel, Luton, LU4 9RU | 10am to 12.30pm 6.30pm to 9pm |

As well as getting feedback from public and patients, we will be talking to staff across our partner organisations.

We will also be looking for other opportunities to get out and talk to specific groups in the community.

To support our face to face events, there is also an online questionnaire available via www.blmkstp.co.uk

STP partner websites also encourage feedback from those who are not able to attend public partner event meetings, and will use social media to encourage wider participation.

So, what does the STP mean for a patient?

Mrs Smith breaks her leg and is taken to the L&D Emergency Department by ambulance. She is then admitted onto a ward as she needs surgery the following day.

Thanks to the new, secure shared records system her GP and local social care team are immediately informed about her injury so they can start putting the necessary support in place for when she is discharged. With Mrs Smith's permission and the help of a neighbour to let them in, community carers visited her home to do a safety and access assessment. They made recommendations to Mrs Smith about using some equipment temporarily while bathing and doing jobs in the kitchen. Mrs Smith agrees so these were dropped off at her house before she was discharged from hospital.

Surgery goes well, so Mrs Smith is discharged home a few days later. The community carers are there to greet her and explain how to use the equipment. They check she has all the medications she needs and explain who she needs to call if she has any questions or feels unwell.

The carers check on her the following day to ensure she is well enough to get to her physio appointment which is at a clinic near where she lives. Her GP and the consultant from the hospital are kept up to date about her progress via carers and physios on the shared records system. When Mrs Smith goes back to the L&D for an outpatient appointment and x-ray the consultant knows about all her previous rehabilitation appointments and can do a final assessment before discharging her from hospital care back into the community team.



Your STP team

The team working hard on the STP bring a wealth of experience to the work in BLMK from a mixture of different backgrounds and disciplines.

The Programme Management

Mark England

Chief of Staff & Joint Programme Director
(Priority 4)

Emma Goddard

Programme Director
(Priorities 1 & 2)

Cathy Jones

Programme Director
(Priority 3)

Pam Garraway

Joint Programme Director
(Priority 4)

Matthew Webb

Joint Programme Director
(Priority 5)

David Harrison

STP Advisor & Joint Programme Director
(Priority 5)

Tom Joyce

Programme Manager

Priority Leads

Ian Brown

Bedford Borough Council
Priority 1 Lead

Matthew Tait

NHS Bedfordshire CCG
Priority 2 Lead

Cathy Jones

Luton & Dunstable University Hospital
Priority 3 Lead

Pam Garraway

Luton Borough Council
Priority 4 Lead

Matthew Webb

NHS Milton Keynes CCG
Priority 5 Lead

Workstream Leads

Staff from all 16 partner organisations are also involved in different work streams, looking at different components of care and service provision in the STP. Here are the leads for that work.

David Hartshorne

Luton & Dunstable University Hospital
Estates

Kate Burke

Milton Keynes University Hospital
Communications

Jane Meggitt

NHS Bedfordshire CCG
Engagement

Clare Steward

Bedford Hospital
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Mike Keech

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Workforce