

The background of the slide is a photograph of several people in a meeting or workshop setting. They are looking at documents and appear to be engaged in a collaborative discussion. The image is overlaid with a semi-transparent blue filter. The text is centered over this image.

Developing the Sustainability and Transformation Plan for Bedfordshire, Luton & Milton Keynes Footprint

9th June – Approach and Emerging Priorities in BLMK
STP

9th June 2016

Our approach to creating the right environment for transformation in BLMK



What are we starting with?

Stocktake BLMK As-Is position across:

- Public engagement
- Service user involvement
- Social capital
- Quality of intelligence about population's health
- Quality of commissioning
- Workforce
- Care records
- Fit for purpose services (out-of-hospital, secondary & social care)
- Spending well beyond our means with worse to come

Who are we changing with?

BLMK is a new footprint so...

- Is everyone on board?
- Do we even know each other?
- Do we work well together?
- Do we respect each other?
- Can we change together?

Our approach to creating the right environment for transformation in BLMK



How will we plan and deliver that change?

By:

- Engaged leadership across H&SC
- Commonly developing and collectively-owning a clear vision
- Developing change plans by staff working together in place-based teams
- Engaging with key stakeholders
- Engaging with service users
- Making targeted use of 3rd party support and only for “rifle-shot” technical assistance

What are we transforming to?

- Engaged and informed public
- High quality local social capital
- Active service users and carers
- Engaged self-confident workforce, eager to empower service users
- Shared and accessible care records, “owned” by service users not clinicians
- Fit for purpose services (out-of-hospital, secondary & social care)
- Living within our financial means

What's the STP process telling us so far...(1)?



- **Triple aim** - all three present challenges in BLMK, some have been around for some time and are hard-to-shift (e.g. life expectancy), some developed in last couple of years but now pressing (e.g. finance gap) and some emerging and likely to worsen if no change (quality gap)
- **As-Is** - case for change is compelling in almost all areas of STP interest
 - ✓ Not very engaged public
 - ✓ Low levels of service user involvement or self management of care
 - ✓ Flimsy social capital platform
 - ✓ Poor quality of intelligence about population's health
 - ✓ Quality of commissioning is patchy and lots of leadership change in recent years
 - ✓ Overly stretched workforce, very difficult to recruit in primary and social care, lack of resilience of medical workforce across 3 hospital sites, paternalistic in approach
 - ✓ Fragmented working across primary care, absence of strong self-starting GP federations
 - ✓ Low levels of digitisation and absence of inter-operability preventing easy access to care records
 - ✓ Poor quality estate in primary and community care
 - ✓ Lack of sustainability of secondary care services across 3 hospital campuses
 - ✓ Over-spending

What's the STP process telling us so far...(2)?



- **Coalition of the willing?** - BLMK is new footprint and there are a number of new leaders (esp. in CCGs) so relationships are not all well developed (crucial to transformation); but STP has worked hard on “atmospherics”:
 - ✓ To make sure CCGs continue to significantly influence the process
 - ✓ To ensure Councils are central players in plotting and delivering the transformation journey
 - ✓ To persuade secondary care leaders that their interests must align and their futures converge
- **Localised STP planning activity:**
 - ✓ 9 primary workstreams plus HCR, each with an STP Steering Group sponsor and a subject matter Workstream Lead (typically executive director level from STP Partner. Workstream Groups populated from across STP Partners
 - ✓ Optum is undertaking bottom-up population health analysis across BLMK having secured access to all 16 STP partners pseudonymised data (via formal ISAs), plus some from GP practices
 - ✓ Optum is also connected into each of the 9 Workstreams ensuring that insights and observations from Optum’s work informs planning activities of each work stream
 - ✓ STP is running periodic “congresses” where Optum update on findings to an audience from across the footprint

What are the 3-5 big themes emerging across BLMK...?



The Health Care Review

- ✓ Endorse cross STP support for outcome re HCR preferred option for clinical and financial sustainability, expedite further planning and consultation activities under programme management by STP.
- ✓ Implement preferred HCR solution via a Single STP Secondary Care Provider Transformation Board, supported by integrated clinical leadership across the three hospital via a uni-institutional, tri-hospital campus model, with detailed service configurations harmonised with STP plans to strengthen out-of-hospital care.

What are the 3-5 big themes emerging across BLMK...?



Out-of-Hospital Services

- ✓ Systematically invest to strengthen health and social care “outside of hospital” across BLMK (short term underpinning and long term sector development)
- ✓ Prioritise recurrent and non-recurrent investment in:
 - Adding to, up-skilling and building the self-confidence of the out-of-hospital (health and social care) workforce
 - Maximising the contribution from BLMK’s “virtual” workforce (the contribution of family and informal carers personal and corporate volunteers)
 - Bring about a step-increase in the contribution from self-managed care (empowerment of service users and family carers through promotion, education and training, through development of health coaching skills amongst the BLMK workforce, supported by accessible shared care records)

What are the 3-5 big themes emerging across BLMK...?

Commissioning

- ✓ Recognise the need to make a step-change in the way in which the system commissions health and social care:
 - At a technical level (by improving, inter alia, population health intelligence and skills required to specify, calibrate and source outcome-based and/or capitation risk based relationships across the BLMK system)
 - In terms of scale (both by pooling scarce commissioning skills across CCGs and across CCGs and Councils and seeking to commission health and social services in an integrated way)
 - In terms of scope (by shifting the emphasis to strategic commissioning, and reformulating the traditional commissioner-supplier relationship by introducing accountable-care type approaches)

What are the 3-5 big themes emerging across BLMK...?



Key Enablers

- ✓ Workforce development including:
 - Cultural change (shift to enabling self-managed care and maximising care as an increasingly “self-service” phenomena)
 - Empowering the front-line (training but also by removing factors driving risk-averse practice)
 - Investing in BLMK social capital (our “virtual workforce”)
- ✓ Faster and broader digitisation to enable:
 - Co-ordinated care planning
 - Reduced need for face-to-face contacts in H&SC
 - Greater self-management of care
- ✓ NMOCs - building on work being done at a national level, to:
 - Size and shape the organisational capacity, capabilities and structure of a strategic commissioning BLMK contracting Authority
 - Define, test and codify the mechanisms of exchange (e.g. contract terms, payment mechanism etc.) between such an Authority and an accountable care-type delivery vehicle(s)
 - Size and shape the organisational and financial capacity, capabilities, structure, ownership and governance of that accountable care-type delivery vehicle(s)

BLMK STP themes and workstreams

