



Health and Wellbeing Board
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Health and Social Care System Update

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1 Introduction

- 1.1 Responding to COVID-19 pandemic remains our clear priority. This has called for sustained, mature partnership working across all parts of the local health and social care system and all local organisations have responded well.
- 1.2 Alongside this we have been carefully working on building a more integrated local system for Bedfordshire, Luton and Milton Keynes (BLMK). This short paper sets out the more recent developments.

2 BLMK-wide developments

- 2.1 Work has been taking place, supported by CF, a well-respected management consultancy, to support the development of strategic commissioning across the area, not least through helping put in place a leadership model for an effective BLMK-wide Integrated Care System (ICS). A new independent chair (Dr Rima Makarem) has appointed a new executive lead (Felicity Cox).
- 2.2 Alongside this the creation of a new body, the BLMK Clinical Commissioning Group, has been completed, effectively merging the Milton Keynes, Bedfordshire and Luton Clinical Commissioning Groups (CCGs). The new body comes into being in April 2021.
- 2.3 A current focus for the BLMK-wide work is whether or not having two separate organisations is the best way to proceed or if a single body would be best. Another issue is what a strategic commissioner should do and how. Helpfully, NHS England has set out some options for the further development of strong and effective integrated care systems across England in a consultation document¹ which provides some indication of what potential opportunities, including legislative, might lay ahead (for example simplifying procurement rules by removing the commissioning of NHS healthcare services from the jurisdiction of the Public Contracts Regulations 2015).

- 2.4 However, the BLMK-wide developments play out and irrespective of the final model put in place, it is certain there will need to be a strong emphasis on place.

3 Place level developments

- 3.1 CF have also been supporting the development of an MK Integrated Care Partnership (ICP). The starting point for this work is a recognition that operational collaboration in MK is good but that the development of a more formal, overarching arrangement needs more work.
- 3.2 As a result, some early work has taken place to develop the MK Health and Care Alliance. The Alliance is made up of the main health and care providers operating locally, along with the principal NHS commissioner. These main providers are MK Council, the seven Primary Care Networks, Milton Keynes University Hospital (MKUH) NHS Foundation Trust and Central and North West London (CNWL) NHS Foundation Trust.
- 3.3 The key purpose of the Alliance is to facilitate new ways of working between health and care providers such that health and care provision is better integrated, more efficient, and seamless from the perspective of the people we serve. It could be the forerunner of an Integrated Care Partnership for MK, a body which could go further and begin re-designing services and functions to improve effectiveness and ensure their sustainability and perhaps even work towards operating with a single budget, with shared financial risk across the system.
- 3.4 My own view is that for the ICP to be successful it needs to be owned and led by NHS providers locally, perhaps with the council as an associate member recognising the very different financial arrangements the council has. The involvement of other partners can bring fresh thinking and different ways of doing things – but this needs to be balanced with the challenge of how to build ownership and a realistic view of how flexible the NHS might be with its money, at least initially.

4 The future for the Health and Wellbeing Board

- 4.1 As the system develops it is clear there is a need for a strategic board that sets and refreshes the strategic health and wellbeing vision and priorities for MK depending on need. The board also enables involvement from other key partners, like Thames Valley Police and the voluntary and community sector.

- 4.2 The Health and Wellbeing Board also provides a helpful way for partners to input on service redesign and make suggestions as further areas for improvement. It also provides a formal mechanism for endorsing system changes. The board is not a scrutiny committee or a management committee, and care needs to be taken to avoid performing these roles, which are fulfilled elsewhere.
- 4.3 The relationships between the Health and Wellbeing Boards across BLMK and the ICS and CCG continues to be unclear and in need of more thought.

References

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>