

**BLMK INTEGRATED CARE SYSTEM AND MK HEALTH AND CARE ALLIANCE - UPDATE****Author:** Richard Alsop (Director of Commissioning [BLMK CCG])**Purpose of Briefing:**

This paper updates the Board on latest developments with:

- the BLMK Integrated Care System (ICS) including the strategic priorities and work to establish the new Integrated Care Board and Integrated Care Partnership; and
- progress with the development of the MK Health and Care Alliance.

1. The Health and Care Bill had its second reading in Parliament in July and is scheduled to receive Royal Assent in March 2022. Subject to the passage of this Bill, a new statutory NHS organisation will be formed in Bedfordshire, Luton and Milton Keynes called the BLMK Integrated Care Board. This organisation will be responsible for the following functions and will subsume the powers, functions and resources of the BLMK CCG.

**Functions of the ICB:**

- Developing a **plan** to meet the health needs of the population.
- Allocating **resources** to deliver the plan.
- Establishing **joint working** arrangements with partners to deliver the plan.
- Establishing governance arrangements to support **collective accountability**.
- Arranging for the **provision of health services**.
- Leading system-wide action on **data and digital**.
- Using data to track delivery, address variation and **drive continuous improvement**.
- Working with Councils to **invest** in local community infrastructure.
- Driving **joint work** on estates, procurement, supply chain and commercial strategies.
- Planning for, responding to and leading recovery from **incidents**.
- Any functions **delegated by NHSEI**.

2. The Bill also requires the creation of an Integrated Care Partnership for BLMK which will be a joint committee formed by the Integrated Care Board and the four local authorities in BLMK. The role of the Integrated Care Partnership is to develop an integrated care strategy to address the health, social care and public health needs of the BLMK system. This strategy should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments. The legislation is permissive rather than prescriptive about how these partnerships will operate and is encouraging systems to develop the partnerships that work best for them based on the following principles:
  - equal partnership across health and local government;
  - subsidiarity;
  - collaboration; and
  - flexibility.
3. Public health experts are expected to play a significant role in the ICP, specifically the Directors of Public Health and their team who can support and guide approaches to population health management and improvement. The ICP will be expected to be transparent in its work and meet in public. The relationship between the MK Health and Wellbeing Board (and the other 3 Health and Wellbeing Boards in BLMK) and the BLMK Integrated Care Partnership will need to be developed and defined in the system's governance arrangements.
4. Initial system discussions have developed a consensus that the BLMK ICP should be a strategic body, with an inclusive and wide membership. Meeting no more than four times a year and focussing on areas of common interest across the four Health and Wellbeing Boards in BLMK.
5. The ICS team have been working with all ICS partner to prepare for the implementation of the new legislation and the creation of the new statutory body and the new ICP. Discussions are ongoing within the ICS about the future membership of the Board, the ICP and how system governance arrangements can be shaped to support the system to deliver improved health and care outcomes for the population. Recently, guidance has been published by NHSEI which sets out more detail of how these new arrangements will work and further guidance on 'Thriving Places' and a SOLACE guide to good practice for working with local authorities is due to be published in early September.
6. Appointments will need to be made to the Integrated Care Board over the next 3-6 months in readiness for the organisation to 'go live' on 1 April 2022. Dr Rima Makarem (current Independent Chair of the ICS) has been appointed

as the Chair Designate of the Integrated Care Board. The next appointment is due to be the Chief Executive of the Integrated Care Board, with a national advert being placed for these roles in all ICSs on 1 September. The appointments process will be inclusive and will include input from a wide range of system partners and residents.

7. A communications and engagement plan has been developed for the programme to involve partners and the public in the development of the new ways of working.

### **Next Steps**

- Continue to work with partners to co-design governance arrangements for the ICB and ICP – discussion at Partnership Board on 1 September 2021
- Appoint to the Board roles, CEO appointment expected by end of October, others to follow.
- Work with partners to develop the system operating model, including the relationship between ICB, Care Alliances, Places and Primary Care Networks.
- Prepare for the legal transfer of CCG assets and staff to the new ICB.

### **BLMK ICS Strategic Priorities**

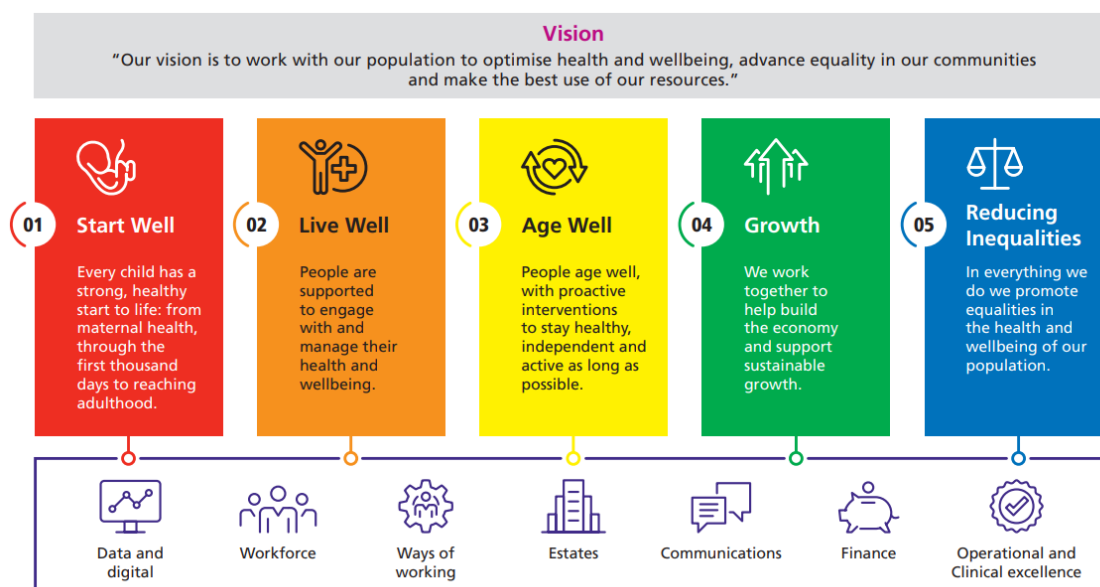
8. Partners have been working together across BLMK to develop a set of strategic priorities that create a medium-long term direction for the system to improve population health and wellbeing outcomes and reduce inequalities. This work builds on the Long Term Plan<sup>1</sup> and takes into account the impact of Covid and perspectives from partner organisations, residents, community groups and other stakeholders. It takes a single system approach, with flexibility at place and care alliance level to meet local population needs.
9. The ICS has together agreed to a vision, five strategic priorities and a set of cross-cutting enablers, as set out in the diagram below. These have been agreed by the boards of the partner organisations of the ICS and will frame the system's work moving forward.
10. These priorities focus on improving outcomes across the life course from birth to death in priorities 1-3. Priority 4 focuses on improving growth across the system, making the most of wider changes such as the Oxford-Cambridge Arc, investment in rail infrastructure, and research and investment opportunities.

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<sup>1</sup> <https://www.blmkpartnership.co.uk/wp-content/uploads/2020/10/10137-BLMK-LTP-SUMMARY-Living-longer-in-good-health-05.03.2020-1.pdf>

The priorities will make the most of technological advances that enable better delivery of health and care.

11. We want to ensure that we are threading a reduction in inequalities throughout all the priorities, as well as looking at reducing systemic inequality as part of priority 5.



12. We have also agreed a set of principles for how we will work together across our system to deliver on these priorities:

- We learn from good practice both from within and outside our system and we embed it, adapting to local circumstances as needed but not reinventing.
- We take a subsidiarity approach, with activity taking place at the lowest possible level, with activity taking place at a higher level only where that is more efficient and effective.
- We are mutually accountable for delivering our priorities, with everyone taking responsibility for delivering their contribution as well as supporting others in delivery of theirs.
- We keep the needs of the population at the centre of everything we do, taking a co-production approach with system partners across all sectors, the VCSE and with people with lived experience.
- We build from where we are now, taking into account different starting points and reflect and adapt as we go along, embedding the principles of a learning system.

- We take into account others' perspectives and are open with each other about our challenges, supporting each other in resolving any difficulties to better deliver continuous improvement.
13. When the ICS priorities were discussed at the last health and wellbeing board meeting, the following points were made:
- (i) We need to prepare for an ageing population in Milton Keynes, including through expansion of dementia provision and good end of life care.
  - (ii) We need to make a reality of the reducing inequalities commitments, including in maternity outcomes, through shifting resources to where they are most needed.
  - (iii) To avoid jargon in documentation and discussion.

This feedback will influence the development of more detailed plans at BLMK and MK levels.

#### **Next Steps**

14. The next stages are:
- Continuing to develop the plans for each of the four places across the BLMK, sharing best practice and developing clear commitments for how we will improve population health.
  - Developing our performance framework so that we are tracking progress against delivery of our priorities and holding ourselves to account for success.
  - Finalising leadership and governance for each of the priorities and enablers.
  - Developing our communications to our workforce and public to help deliver the priorities.

#### **MK Health and Care Alliance (MK HCA) - Progress**

15. The MK Health and Care Alliance has a membership of key system leaders in Milton Keynes. It continues to support the aims of the wider system in improving the outcomes for the people within the BLMK area and has a specific focus on improvements for the population of Milton Keynes. The MK HCA has benefited from consistent and engaged attendance from all partners leading to deeper and more trusting relationships between leaders from all sectors. This is an essential element of further development of the MK HCA.
16. The MKHCA has outline plans in place for the delivery of the expected outcomes from our 3 key objectives for 2021-2023 focussing on:

- Adults waiting for 3 or more acute medical interventions who also frequently use urgent and emergency care services - led by Dr Ian Reckless, MKUH.
  - Children's and young people's mental health – led by Jane Hannon, CNWL.
  - Exploring the potential of area-based, concentrated action to improve health outcomes – led by Michael Bracey, MKC.
17. The MK HCA 3 key priority areas will support the delivery of the strategic aims of the MK Health and Wellbeing Board and the BLMK ICS strategies.
18. All are expected to support the core purpose of an ICS to improve outcomes, tackle inequalities in outcomes, enhance productivity and support social and economic development. We are embracing the principles of working with people and communities as described in the Integrated Care Systems; design framework, for example for each of the priority schemes, we are gathering intelligence about the experiences and aspirations of people who use our services in the knowledge that decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes.
19. All Alliance partners continue to work together in several areas that will be of benefit to MK residents and the wider population across the ICS, for example:
- Mapping a large number of workstreams and activity that teams (including PCN's, residents, social care, acute and community care colleagues) are working on together to develop and improve models of care. The workstreams have been mapped against the ICS priorities demonstrating that they all contribute to the wider system ambitions.
  - Clinicians supporting the development and planning of a Milton Keynes based radiotherapy service. The unit will be hosted by MKUH with Oxford University Hospital providing the specialist clinical management of patients.
  - Developing plans and processes to ensure that all MK system partners are able to understand and contribute to the ICS planning requirements and specifically the elective care recovery.

#### **Next Steps for the Milton Keynes Health and Care Alliance**

- To build on our existing arrangements and be actively involved with wider ICS partners to develop new agreements and approaches in preparation for the publication of the statutory framework.
- To work with citizens and partners to further refine the detailed plans and resource requirements for the delivery of our key objectives.

- To progress and refine the reporting of relevant measures that the MK HCA will receive to enable them to:
  - (a) understand the status of the local system and mobilise any required interventions; and
  - (b) to support appropriate strategic planning at Place and across the wider ICS.

### **Recommendation**

**The Board is recommended to note the contents of this report and provide steers on how the work can best address the challenges and opportunities for the people of Milton Keynes.**

Background Papers:

Integrated Care Systems: Design Framework - June 2021