

## **BEDFORDSHIRE, LUTON AND MILTON KEYNES INTEGRATED CARE SYSTEM - PROPOSAL FOR PARTNERSHIP WORKING IN MILTON KEYNES AND PROGRESS UPDATE**

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### **Purpose of Briefing:**

This paper proposes an approach to partnership working in Milton Keynes drive forward improvements in health and care outcomes for Milton Keynes, building on the existing history of partnership working in the patch.

## **1. Recommendations**

- 1.1 That the proposed approach to partnership working in Milton Keynes be endorsed.

## **2. Introduction**

- 2.1 The Milton Keynes Health and Care Alliance (MK HCA) Board has met four times since September 2021.
- 2.2 The October and November 2021 MK HCA board meetings were routine business meetings which received updates on the existing work programme. The meetings in December 2021 and January 2022 board meetings were development sessions considering the future partnership arrangements for Milton Keynes. This report focuses on the outputs from the development sessions.

## **3. Shared Priorities for Milton Keynes**

- 3.1 The December 2021 session focused on the strategic priorities of the main statutory health and care and primary care organisations within Milton Keynes. The session demonstrated a significant alignment between organisations, with key themes including:
  - shared ambition to promoting health & wellbeing within Milton Keynes;
  - commitment to partnership working to deliver more coordinated care;
  - focus on addressing workforce challenges faced by all local organisations; and
  - priority to make better use of digital technology to support improved delivery of care.

3.2 There was a shared ambition to see significant flexibility of decision-making for local decision-making with maximum delegation to place while recognising some functions have to be retained at BLMK level and some will be delivered more effectively at larger scale.

#### 4. Proposed Milton Keynes Deal

4.1 The January 2022 session considered a discussion document from Michael Bracey, Chief Executive of Milton Keynes Council, which put forward a proposed Milton Keynes Deal for future partnership working arrangements in Milton Keynes.

4.2 While recognising that there is considerable further work required to develop the details of the proposed deal, there was unanimous support for the proposed approach.

4.3 The key purpose of the proposed deal is establish a strong local partnership to drive forward improvements in health and care outcomes for Milton Keynes, building on the existing history of partnership working in the patch.

4.4 The proposed deal would include responsibility being given to the local area to:

- Develop better services by supporting the development of our local system through a programme of reviews leading to service development and policy and practice changes to improve co-ordination and integration.
- Increase the focus on prevention and demand management through better use of population health analytics, predictive and preventive interventions and greater integration of services with better use of technology.
- Use national comparative data such as the model hospital, RightCare and Get It Right First Time to identify local services where we are out of line with expectations and to drive improved utilisation and efficiency.
- Act as the commissioning body to manage an agreed range of external contracts for services within Milton Keynes to ensure value for money across the local health and care system with the local area being allowed to decide how to reinvest any funding made available through efficiencies within an agreed BLMK financial framework. The local area would fulfil the statutory duty to consult the public on any significant changes on behalf of the ICB as part of this responsibility.

In return for:

- Delivering better performance - maintaining an overview of local system performance against agreed national, system and local

indicators and targets, identifying any areas where improvement is required and being accountable for taking action in a timely way as part of the BLMK-wide System Oversight and Assurance Framework for NHS targets.

- 4.5 The details would be set out in an *annual remit* letter agreed with the ICB which would set out the mandate for specified set of objectives and priorities to be delivered in Milton Keynes within an agreed budget. It would also set out how details of the accountability arrangements and how the local place will report to the ICB. The document would also scope out how risk should be handled, including financial risk and operational risks.
- 4.6 The proposed approach for delivering the deal is:
- The existing Milton Keynes Health and Wellbeing Board (H&WB) should be reconstituted to become the *Milton Keynes Health Board* (working title), chaired by the leader of the Council and vice chaired by the chair of Integrated Care Board (ICB) with membership from the local NHS Trusts, primary care, VCSE representatives and MK HealthWatch. The MK Health Board would retain the existing H&WB statutory responsibilities but in addition would take on responsibility for delivery of the mandate set out in the *annual remit* letter. It would be accountable to the ICB for any delegated functions.
  - The MK Health Board would be supported by a *MK Executive Management Board* chaired by the Chief Executive of the Council and vice-chaired by the ICB Chief Executive with membership from local NHS Trusts and primary care. The MK Executive Management Board would be accountable to the MK Health Board for delivery of agreed priorities.
  - The MK Executive Management Board would be supported by a core team made up of staff assigned from the ICB to support the delivery of the initial mandate agreed to be delegated to the MK Health Board together with aligned staff from the other partners within MK.
  - The ICB retains an important assurance role for any functions that are delegated to MK Health Board. In addition the ICB will provide expertise to support local decision making and delivery at the MK Health Board. Through delivery of this expertise, the ICB will add value by promoting excellence (positive variation) as well as addressing areas requiring improvement (unwarranted variation). Where this support is provided by the ICB to support delivery of functions which have been delegated to the MK Health Board, this support will be directed to support agreed MK priorities. Where a function is delegated to MK Health Board, the ICB will agree with the MK Health Board the

management capacity (in people or funding) and any other resources which will be made available to support delivery of the function.

- 4.7 The next steps will be to agree the key priorities which would be included in the mandate for the MK Health Board and the functions which could be delegated from the ICB. The priorities will be developed using analysis of population health and other public health data, relative performance data and local knowledge of opportunities for improvement. In addition, work is underway to assess the management capacity which would be assigned from the ICB to support the delivery of these priorities and the functions which could be delegated.
- 4.8 This proposal is also being presented to the BLMK ICS Partnership Board meeting on 9 February and the outcome of that meeting will be reported at the Health and Wellbeing Board.

## List of Annexes

None

## List of Background Papers

None