

**BEDFORDSHIRE, LUTON AND MILTON KEYNES INTEGRATED CARE  
SYSTEM - PROGRESS UPDATE**

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**Purpose of Briefing:**

This paper provides an update on:

**Section 1:** the work of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System as it relates to the Milton Keynes population

**Section 2:** the establishment of new governance arrangements for the BLMK ICS which are expected to come into effect on 1 July 2022 and how Milton Keynes colleagues will be included in these arrangements

There is a separate paper on the agenda proposing new partnership arrangements for BLMK.

**1. Recommendation**

1. That the update on the work of the BLMK ICS be noted, as it relates to the Milton Keynes' population and the new governance arrangements that are being developed for the ICS, which are expected to come into effect on 1 July 2022.

**2. Section 1: BLMK ICS working in Milton Keynes****BLMK ICS Strategic and Operational Planning and Milton Keynes Place Plans**

The Integrated Care System (ICS) exists to improve the health and wellbeing of our population, working together in local areas across health, local authority, VCSE and other services to:

- improve outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money; and
- help the NHS support broader economic development.

BLMK ICS has developed five overarching strategic priorities to help shape our cross-system working and improve population health for people across Bedfordshire, Luton and Milton Keynes and these were reported at the last Health and Wellbeing Board.

As part of establishing the ICS new governance arrangements are being developed and more detail on this is later in the report. The Integrated Care Partnership (ICP) will work with the Health and Wellbeing Boards to develop an integrated care strategy to address the broad health and social care needs of the BLMK population, including taking into account wider determinants of health. The Integrated Care Board (ICB) will develop a system plan, which has regard to delivering the integrated care strategy set by the ICP. The ICP and ICB plans will be built up from local plans including the Milton Keynes Joint Strategic Needs Assessment, Health and Wellbeing Plan and the plan being developed by the Health and Care Alliance.

Plan	Signed-off by	Purpose	Timeframe	Draft due by
ICS Health and Care strategy	ICP	<ul style="list-style-type: none"> <li>Sets out the system vision and priority outcomes for our population.</li> <li>Provides a framework to support delivery against strategic priorities.</li> <li>Informed by JSNA, health and wellbeing board's plans and place plans.</li> </ul>	10 years	November 2022
ICS Delivery Plan	ICB	<ul style="list-style-type: none"> <li>Sets out the detail of how partners across the system will collaborate to deliver the strategy.</li> <li>Defines how we will get from the current state to deliver our priority outcomes.</li> <li>Identifies roles and responsibilities for delivery and how we plan to delegate resources</li> </ul>	5 years Initial focus on 22/23	March 2023 April 2022
MK Place Plan	MK Health & Wellbeing Board	<ul style="list-style-type: none"> <li>Identify need: using data on population health and health outcomes, and taking forward view on future needs where possible</li> <li>Link to the ICS priorities: what could benefit from alliance/system-led input and what is solely delivered at place?</li> <li>Define activities: identifying timelines and ensuring that these map to the stated outcomes, outputs and population health data.</li> <li>Establish governance and accountability.</li> <li>Ensure a clear line of sight between the identified population health challenges, priorities and activities.</li> </ul>	3-5 years Initial focus on 22/23	By March 2023 April 2022

### Population Health Management (PHM) data for Milton Keynes

The ICS development team have produced population health data packs for Milton Keynes to support prioritisation and what is best planned and delivered at place, and what it is useful to consider at the system-wide level, link: [Population Health - BLMK CCG](#). These are currently being refreshed and the updated version will be circulated to Health and Wellbeing Board members in early summer.

Milton Keynes is around average or better compared to England on many metrics, but the data has also identified:

- Significant life expectancy differences between the more affluent parts of Milton Keynes and the more deprived areas.

- Cancer screening and vaccination rates lower than the national average.
- Higher rates of smoking, and more years of life lost to smoking related illness including lung cancer and chronic obstructive pulmonary disease (COPD).
- More widely, cancer is a significant and increasing cause of early death, especially colorectal cancer, with emergency presentations higher than comparators and one year survival from all cancers lower than national comparators.
- Similar to other places, there is rising demand for mental health services and the impact of the pandemic is yet to be fully felt in terms of children's mental health and obesity.

MK priorities have been identified for each of the seven Primary Care Networks (PCNs) in Milton Keynes and these are being shared and discussed with PCNs individually by the Public Health and the PHM teams. For example, two PCNs have identified Young People's mental health as a priority given their population data and have commissioned bespoke services from the voluntary sector (Arthur Ellis) and a third PCN is also exploring this option. The data has also highlighted the areas of widest PCN inequalities giving PCNs a target population group to focus on as part of the PCN contract requirements.

### **MK Primary Care Developments**

Primary care has changed a lot during the pandemic, also practices have moved over the last 18 months to working with a wider range of front-line clinical staff. PCNs have employed new roles into primary care to help manage the increasing demands. These roles include professionals such as physiotherapists, pharmacists, social prescribing link workers, mental health practitioners and occupational therapists. In addition, the pandemic has forced a more innovative approach to patient care with majority of MK practices now using remote consultation models. This has meant using digital solutions so that more patients can conveniently access their GP practice digitally to get the care they need. GPs have been able to offer 25% more appointments and care to patients than they did prior to the pandemic, despite the workforce challenges. We are conscious that digital innovations can exclude a proportion of the population, so steps are taken to ensure that patients who are not digitally enabled are not disadvantaged, for example providing priority telephone lines for those high risk or vulnerable patients who would otherwise struggle to access practice services.

## **Voluntary, Community and Social Enterprise Sector (VCSE)**

The VCSE in Milton Keynes is a strategic partner within the health and social care economy. The sector has benefitted from NHSE funding via the ICS, which has provided extra capacity to explore how it can effectively engage in decision making processes as the new health and social care architecture emerges. Community Action:MK has been working with a steering group of leaders within the VCSE to develop a Network of Networks. This is a collective of alliances, partnerships and forums from the VCSE which coalesce around issues or neighbourhood interests and will provide:

- a means for the VCSE to self-organise around issues or geography to better understand grassroots experience and provides avenues for this insight and intelligence to influence strategic planning and priority setting; and
- an interface for the VCSE to be more visible and accessible to the public sector to facilitate more frequent and effective partnership working in terms of the design and delivery of place based plans.

A VCSE Alliance is in development which will act as the strategic voice of the VCSE in Milton Keynes which will feed into the BLMK system-wide VCSE Alliance where this would be of benefit.

### **ICS funding**

Working as a system, additional funding has been secured for Milton Keynes during 2021/22 in a number of areas. Notably, investments of £7.3m to support the system over the winter period (funding NHS, third sector and local authority to support the retention of staff, expand diagnostic services and reduce admissions, increase flow of patients and reduce waiting lists); £3.3m of Accelerator funding to trial new ways of working to tackle waiting lists; £10.7m from the Elective Recovery Fund to increase capacity in elective services; £2.8m for Mental Health (especially Mental health teams in schools and adult community services); and £2.7m to support primary care (particularly to improve access, support increased costs for dealing with covid and long covid services). £180k was secured from NHS Charities together for the Shine Project to address inequalities heightened by the pandemic and for South Central Ambulance Service for community first responders, out of hospital cardiac arrest and community care home support.

### **Digital**

Working closely across our health and care settings our digital programme continues to build on the existing work of all the partners as well as bringing in digital innovation and funding for the benefit of the MK resident. Over £2.6M

of additional funding has been invested in Milton Keynes to support new digital initiatives this financial year.

Our hospital continues to expand services to our residents taking elements of their care pathway that can be undertaken or delivered at home. Expansion of perioperative services to support our elective recovery as well as secure expansion of access to services from residents' mobile devices.

Monitoring oximetry at home to allow earlier safe discharge is also used by our GPs to assist in admission avoidance. We are expanding physical health checks in our care homes through the introduction of digital monitoring equipment and video capability to improve remote assessment and prevent or accelerate transfer to a different care location.

Many elements of the programme are leading innovations such as the yellow bracelet programme for any resident in receipt of domiciliary care which provides simple, safe and secure access to key information about the resident to health and care providers. Acoustic monitoring in our care homes provides a 'listening ear' to support a good night sleep or alert if action is required.

Digital and cyber go hand in hand, and we continue to maintain the highest level of cyber protection.

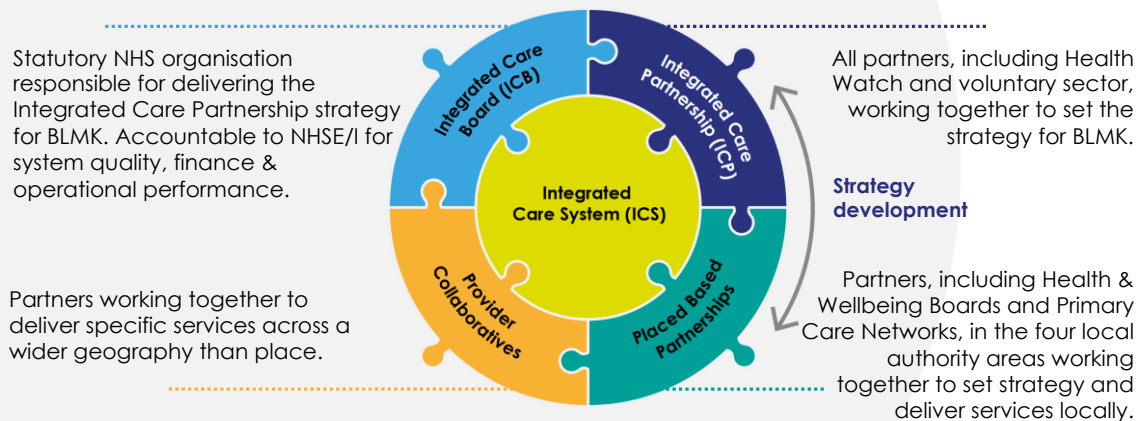
We commissioned work to explore digital exclusion so that we understand the barriers to using digital and alternatives so as we move to digital by default, we do not unintentionally exclude anyone and have alternative processes. This programme will be co-developed with resident for the lived experience in the coming months.

(b) **Section 2 - ICS Governance and Milton Keynes**

The Health and Care Bill is progressing through Parliament and when passed will introduce new statutory requirements for local health and care partners. The implementation date has been extended to 1 July 2022 (from 1 April) when the CCG will be dis-established and succeeded by the Integrated Care Board (ICB) which will inherit the CCG's statutory duties and some additional functions set out in the legislation. The ICB and the four local authorities in BLMK will be required to establish an **Integrated Care Partnership** as a statutory joint committee with the responsibility of setting the integrated care strategy for the population of BLMK. The new arrangements are summarised below. There is a separate agenda item which follows this item and proposes a new approach to partnership working for BLMK, in ICS design terms this is the proposal for the MK 'Place Based Partnership'.



## New roles in the ICS (from 1 July 2022)



### BLMK Integrated Care Partnership (ICP)

A Task and Finish Group which includes the Leader and CEO of MK Council, the Chair of the ICB and representatives from the other three local authorities in BLMK is leading the work to establish the BLMK Integrated Care Partnership. The Integrated Care Partnership (ICP) will be a statutory joint committee between the four local authorities in BLMK and the Integrated Care Board (once legally established).

#### The ICP role is to:

- Facilitate joint action to improve health and care outcomes and experiences
- Influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies
- Create a dedicated forum to enhance relationships between the leaders across the health and social care system
- Build a culture of partnership and broad collaborations to promote and support holistic care
- Highlight where coordination is needed on health and care issues and challenges partners to deliver the actions required.

#### Expectations of the ICP:

- ICPs are a core part of ICSs, driving the ICS' direction and priorities.
- ICPs will be rooted in the needs of people, communities and places.

- ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
- ICPs will support integrated approaches and subsidiarity.
- ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

The ICP will work closely with the Health and Wellbeing Boards in the four local authority areas. The Integrated Care Strategy developed by ICP will be derived from population health data, Joint Strategic Needs Assessments and Health and Wellbeing Strategies from each local authority.

A proposed approach to establishing the ICP was agreed by the ICS Partnership Board on 8 December 2021 and work is ongoing to finalise the terms of reference for this joint committee so that it can progress through MK Council's governance processes. It has been agreed that the Chair of the ICP will come from one of the four local authorities and will hold office for two years to ensure continuity and a proposal from the local authorities on this is in development. The ICP will hold formal committee meetings in public with a core membership to conduct required business and then less formal 'workshops' to bring in wider partners to discuss specific topics that have been identified by the ICB and local authorities or meriting a discussion as a system level across BLMK.

It is proposed that the core membership of the ICP Joint Committee should include the following colleagues from Milton Keynes:

<b>Organisation</b>	<b>Members</b>
MK Council	Chair of Health and Wellbeing Board  Plus up to 2 other individuals (Officer or elected member) – to be determined by the Council  Plus Director of Public Health (joint role with Bedford Borough and Central Bedfordshire)
MK University Hospital	Chair
CNWL	Chair
South Central Ambulance Trust	Chair
Primary Care MK	1 Clinical Director of a PCN in MK
Healthwatch MK	Representative

There will also be a representative from the BLMK Clinical Senate and BLMK VCSE in the core membership.

Wider colleagues from MK (and Bedfordshire) will be invited to be regular participants in meetings and workshops including other Council Directors and staff, CEOs and staff from the NHS Trusts, Bucks Fire and Rescue Service, Thames Valley Police and leaders from housing, education, criminal justice, VCSE and community groups to enable the work of the ICP to support addressing the wider determinants of health.

The ICS is aiming to establish the ICP in shadow form during April-June and is planning to hold shadow meetings to test these new ways of working. It is proposed that the local authority and other partners should nominate their members to the ICP to enable the shadow meetings to take place. Formal confirmation of the local authority's members and the terms of reference for the ICP will need to be agreed by 1 July 2022. As MK Council is holding elections in May, it is proposed that this should come to the full Council meeting in June.

### **BLMK Integrated Care Board (ICB)**

The BLMK ICB will be a new statutory NHS organisation with responsibility for developing and delivering the plan to achieve the strategy set by the ICP. The ICP will also take over the responsibilities of the BLMK CCG and will have some additional duties related to population health management, digital and data and workforce. The partners in the ICS have been working together to develop the Board membership for the ICB, working within NHS England's guidance. The Board membership requires the approval of NHS England because it forms part of the ICB Constitution.

The ICB will be a 'unitary board' and will include partner members from Milton Keynes Council and Milton Keynes NHS Trusts. The nomination process for these roles will start in February and it is for the Council and the Trusts to determine their internal processes for making these nominations. The total Board membership and the current position in relation to appointments is described in the table below. Confirmation of the Board structure is subject to the legislative process and may change up to the point of Royal Assent:



Board Member Type	No	Notes & Update
Independent Chair	1	Rima Makarem (Designate)
Independent Non-Executive Directors	3	Andrew Blakeman appointed designate Audit Committee Chair Appointment offered to designate Remuneration Committee Chair subject to checks Appointment offered to 3 <sup>rd</sup> NEM subject to checks
Executive Directors	1	Chief Executive – Felicity Cox
	1	Chief Finance Officer – Appointment offered subject to checks
	1	Chief Nursing Officer – interview on 16 February 2022
	1	Medical Director – interview on 23 February 2022
Partner Members:		Process to start February 2022 (confirmation dependent on Royal Assent)
NHS Trusts/FTs providing services within BLMK	2-3	There must be at least 1 member each from Bedfordshire and MK health economies. Should acute, community or mental health sector experience be missing from these 2 members, a 3rd partner member with knowledge of the missing sector/s will be appointed. CEO or Director level.
Primary Medical Services Providers within BLMK	3	3 members from primary care from different parts of BLMK. Minimum of 2 GPs, the 3 <sup>rd</sup> member could be a dentist, optometrist, pharmacist or non-clinical
Local Authority	4	1 member from each local authority in BLMK. CEO or Director level.
<b>TOTAL Board members:</b>	<b>18</b>	<i>Maximum of 18 to be appointed initially</i>
<b>Participants</b>		
Associate Non-Executive Directors	1-2	To provide a development opportunity and broaden the range of NED skills on the Board. Recruitment may be after 1 July 2022.
Directors of Public Health	2	To provide independent public health advice to the Board
Other ICB Executive Directors	TBA	CEO to agree Executive Team structure on appointment
Healthwatch	1	1 individual on behalf of 4 Healthwatch organisations

## Quality and Safeguarding

The National Quality Board has clearly determined governance in relation to quality assurance work and escalation mechanisms. Recognising provider quality committees at an assurance level, but also the need to have in place a System Quality Group where information, intelligence is shared by all stakeholders with a view of overseeing and acting promptly to issues of safety, poor experience or ineffective delivery.

The proposal will also be to have a sub-committee of the ICB to ensure oversight of quality concerns, performance links to quality and oversight of system safeguarding priorities which will enable the focus on the wider determinants of health and place based contextual safeguarding concerns. The multi-agency safeguarding statutory arrangements will remain at place level. This work is in development and will be co-produced with partners.

## List of Annexes

None

## List of Background Papers

None.