

HEALTH & CARE PARTNERSHIP

FORMERLY THE HEALTH AND WELLBEING BOARD

When: Tuesday, 13 June 2023 at 14:00

Where: Room 1.02, Civic, 1 Saxon Gate East, Milton Keynes, MK9 3EK This meeting will not be live streamed, but a recording of the meeting will be available on [YouTube](#) as soon as practical after the meeting.

Enquiries

Please contact Andrew Clayton on 01908 252046 or andrew.clayton@milton-keynes.gov.uk

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For those registering or entitled to speak, facilities will be in place to do so in person or via video / audio conferencing, but this is not guaranteed. From time to time there are technical problems which mean we are unable to enable remote participation. When this happens our meetings will continue, although we will try to provide alternatives options, for example through a telephone call as opposed to a video call.

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Agenda

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Agenda

1. Welcome, Introductions and Apologies

2(a) Minutes (Pages 5 - 14)

To approve, and the Chair to sign as a correct record, the Minutes of the meeting of the Partnership held on 22 February 2023.

2(b) Decision Tracker (Pages 15 - 16)

To consider the Health and Care Partnership Tracker and information regarding actions agreed at previous meetings.

3. Disclosures of Interest

Councillors to declare any disclosable pecuniary interests, other registerable interests, or non-registerable interests (including other pecuniary interests) they may have in the business to be transacted, and officers to declare any interests they may have in any contract to be considered.

4. Integrated Care Partnership (ICP) and Board (ICB) update (Pages 17 - 36)

To consider, BLMK ICP and ICB Update with annexes

5. MK Deal Update (Pages 37 - 46)

To consider, an update on the MK Deal with annexes

6. Date of the Next Meeting

To note, the next meeting of the Health and Care Partnership will be held on 20 September 2023 at 2.00pm

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Minutes of the meeting of the HEALTH and CARE PARTNERSHIP held on WEDNESDAY 22 FEBRUARY 2023 at 14:00

Present: Councillors Marland (Chair), J Carr, E Darlington and D Hopkins, Dr R Makarem (Chair of BLMK ICB) (Vice-Chair), M Bracey (Chief Executive, Milton Keynes City Council), V Collins (Director, Adult Services, Milton Keynes City Council), M Heath (Director of Children's Services, Milton Keynes City Council), V Head (Director of Public Health, Milton Keynes Council), F Cox (Chief Executive, BLMK ICB), J Hannon (Diggory Divisional Director of Operations, CNWL NHS Foundation Trust), J Blakesley (Deputy Chief Executive, Milton Keynes University Hospital NHS Foundation Trust), Dr N Alam (Representative of Primary Care Networks), J Thelwell (Bucks Fire & Rescue Service, Chief Executive), M Taffetani (Chief Executive, Healthwatch Milton Keynes), Supt M Tarbit (LPA Commander, Thames Valley Police), P Wilkinson (Chief Executive, Willen Hospice) and J Held (Independent Scrutineer, MK Together)

Officers: M Carr (Deputy Director Public Health, Milton Keynes City Council), R Dean (Public Health Principal, Tobacco Control and Stop Smoking Services) and A Clayton (Overview and Scrutiny Officer, Milton Keynes City Council)

Observers: R Green (Head of MK Improvement Action Team, BLMK ICB) and M Wogan (Chief of System Assurance and Corporate Services, BLMK ICB)

Apologies: Councillor Robin Bradburn (substituted by Councillor Jane Carr) and J Harrison (Chief Executive, Milton Keynes University Hospital NHS Foundation Trust) (J Blakesley Deputising)

HCP16 MINUTES AND ACTIONS ARISING

The Partnership considered the Minutes of the Health and Care Partnership's meeting held on 12 October 2022 and noted that all actions from the meeting had been completed or were in the process of being completed, with those outstanding being recorded on the Forward Plan.

RESOLVED -

- 1. That the Minutes of the meeting of the Health and Care Partnership held on 12 October 2022 be approved and signed by the Chair as a correct record.**

2. **The actions arising from the previous meeting held on 12 October 2022 were noted. All other actions were completed or in the process of being completed and noted accordingly on the Forward Plan.**

HCP17 DISCLOSURES OF INTEREST

None.

HCP18 PUBLIC HEALTH UPDATE

The Partnership received two reports; a) an update on the Stop Smoking Service in Milton Keynes, and b) the Director of Public Health Report 2022: Taking Local Action to Address Excess Weight in Milton Keynes.

The Public Health Principal, Tobacco Control and Stop Smoking Services presented the first report, and identified the following key points:

- Rates of smoking in Milton Keynes were higher than national averages on a number of measures.
- That there was a disproportionate impact on some sectors of the populace, with particularly high rates of smoking amongst those with a mental health condition for example.
- Smoking resulted in considerable cost to health services, with around 2,000 admissions to MKUH last year for conditions related to smoking.
- Support was both general, though programmes based around nicotine replacement and behavioural support, and targeted on place. Over the past year the service has delivered place-based interventions to seek to address high smoking rates on the Lakes Estate in Bletchley.
- Enforcement of tobacco regulations was also a priority, along with other control measures such as smoke free zones and fire control zones.
- A smoking cessation NHS pathway had been in place for around three years working with MKUH, targeted at inpatients and maternity services. The pathway was proving successful.

Members of the Partnership highlighted the harms of vaping, particularly amongst under eighteen years olds. Whilst it was accepted that it could be a useful aid to help existing smokers quit, there were significant dangers with it drawing in younger smokers.

The products were promoted to a younger audience, and were provided in a range of flavours, such as candy, to appeal to children. Measures to tackle vaping amongst children were delivered through schools and through the regulatory environment, e.g. social media and trading standards. There was currently a campaign underway to prevent supplying these products to young people; whilst it was unlawful to sell such products to under eighteen year olds they could lawfully be given for free, thus promoting future use.

The partnership discussed the need to consider the underlying reasons that some groups stubbornly refused to stop smoking. Increases in the cost of living, alongside existing poverty and the ongoing stresses of life made people unhappy and unmotivated to tackle the difficult task of giving up smoking. People understood that smoking was both expensive and unhealthy, but they would continue to struggle to stop whilst these underlying issues continued. Milton Keynes also had a dynamic international population, with arrivals from parts of the world where smoking cigarettes remained a commonplace activity and a cultural norm. There was no easy fix for any of these issues and it would remain a matter of working through numerous channels and with many partners, such as GPs, public health and schools to keep driving home the message that giving up smoking was ultimately beneficial and in the interests of the individual.

The Director of Public Health presented the second report, and drew the Partnership's attention to the following key points:

- Excess weight affected a high proportion of the Milton Keynes population, with 1 in 5 reception children, 2 in 5 primary school children and 7 in 10 adults overweight or obese
- Excess weight disproportionately affected those living in deprived areas.
- Tackling obesity was a key priority identified by the MK Deal

The Partnership heard that the underlying causes were complex and that assumptions about the reasons that people were overweight could be incorrect. The evidence demonstrated that an interventionist approach was most effective, for example reducing the sugar content of foods, but weight management programmes like NHS schemes and weightwatchers could also help.

The environment in which we live and work also plays a key role in managing weight, and improving the landscape to create healthier places was a major component of the ambitions of the report.

Members of the Partnership could help improve the food environment by:

- Improving the catering and food and beverage procurement across their estates by increasing the proportion of healthy foods against unhealthy foods across their estates.
- Limiting the promotion of unhealthy food.
- Making active travel easier and safer with improved cycle and walking routes.

The numbers attending weight management programmes could be grown by:

- Making them more accessible.
- Increasing referrals.
- Employer promotion of programmes.
- Identifying high risk groups and promoting amongst those groups.

Members of the Partnership considered and discussed the report. The importance of strategies tailored to the relevant community was noted, for example in Luton GPs were well respected figures in Asian communities and had been very successful in promoting healthier lifestyle choices. Community 'Champions' were valuable in promoting initiatives like this, and involving groups such as Community Action MK could be helpful. Other useful initiatives to promote a healthy lifestyle included the "Love Exploring" app that enjoyed huge support, cycling certificates and work being done to promote healthy eating in food banks and larders.

It was difficult to measure the success or failure of weight loss programmes, e.g. it was hard to track individuals over a period of time once the programme ended. On average, individuals on such programmes lost 6Kg, which was a significant weight loss that delivered some health benefits. It was noted that around one third of places on weight management programmes went unused and members commented that it was not always straightforward to refer an individual to the programmes. Learning disability can present an increased risk of obesity, and members queried whether primary care is using the annual health check to identify people who would benefit from support around weight management.

Children's Services engaged with the topic on a regular basis, e.g. through Children and Family Centres, and were very aware of the links between physical and mental health in the family. Initiatives such as the "walking bus", encouraging families to walk to school with their children, and cookery education in centres helped, but their reach and effect over time was insufficient. It was important to embed concepts of healthy living within the whole family.

Local initiatives such as the Lakes Club and the Whaddon Walking Group were also valuable in helping residents to manage their weight. They also achieved this aim without stigmatising overweight people, which improved access.

As with smoking, excess weight could be symptomatic of underlying problems, e.g. living in a deprived area with its attendant stresses and strains. Members debated the pros and cons of targeted support versus broad support, i.e. providing the kinds of services considered above versus investing more generally to, for example, increase the number of open spaces in the environment. Resources were limited and it was important for the Partnership to fund projects that produced the most successful outcomes.

Overall, it was felt that in accordance with the aims of integrated care to improve outcomes and reduce inequalities it was important to provide this kind of targeted service to support those that wanted to change their lifestyle, but found it difficult without support.

RESOLVED:

- 1. That the update on the Stop Smoking Service in Milton Keynes be noted.**
- 2. That the Director of Public Health Report 2022: Taking Local Action to Address Excess Weight in Milton Keynes be noted, and its ambitions endorsed.**
- 3. That further consideration be given by all partners to simplifying the referral pathway to improve accessibility of weight loss programmes to those most in need of that support.**

HCP19

INTEGRATED CARE PARTNERSHIP (ICP) AND BOARD (ICB) UPDATE

The Partnership received a report from the Chief Executive BLMK ICB setting out strategic areas of work and updating the meeting on recent developments, an update concerning the development and rollout of two new Community Diagnostic Centres was also presented. Key areas of the report were highlighted:

- The BLMK Health and Care Strategy has been agreed., with the principles of partnership and subsidiarity at its core.

- The ICB is required to produce an operational plan for 2023/24, along with a five year Joint Forward Plan. These are due in March and June 2023 respectively.
- The ICB had recently signed a memorandum of understanding with the VCSE sector. Amongst other things, this aimed to increase the involvement of the sector in the work of the ICB.
- The ICS had developed a Green Plan, setting out its commitments to be net zero by 2035. Work on the plan will be ongoing, with the key areas identified being air pollution, extreme weather, active travel and nutrition.
- The Digitising Adult Social Care programme, delivered in partnership with local authorities, is providing substantial benefits to care homes in Milton Keynes.
- The ICB is currently engaged in public consultation in preparation for a forthcoming tender of musculoskeletal services, with procurement expected to commence in the second part of 2023.
- The ICB is seeking a nomination from the Partnership for a representative to join the ICB's Primary Care Assurance and Commissioning Committee.
- Funding had been provided for 2 new Community Diagnostic Centres for Milton Keynes. These would be based at Lloyds Court in Central Milton Keynes and at the Whitehouse Health Centre, with planned operational starts in October 2023.

Members of the Partnership welcomed developments, but in respect of the new diagnostic centres expressed concern over current staff shortages, which were already leading to long delays in obtaining appointments in local GP surgeries. Access to GP services was amongst the topics most frequently raised by residents, and was leading to delays in treatment and long stays in Accident and Emergency.

GP access problems were well understood and were a national issue, albeit that MK was performing reasonably well in some areas, e.g. face to face appointments. The problems were depressed demand, caused in part by the Covid pandemic, and the shortage of GPs, many of whom had chosen to leave the profession in recent times. It currently takes ten years for a student beginning studies to qualify, and so these problems were likely to continue for some time.

RESOLVED:

- 1. Noted, that the BLMK Health and Care Strategy has been agreed and published and that Milton Keynes City Council has a statutory duty to have regard to the integrated care strategy when exercising any of its functions, in relation to the Council's area (s116B Health and Care Act 2022)**
- 2. Noted, that the Chair of the MK Health and Care Partnership will be reporting on the MK Health and Care Partnership's priorities as described in the MK Deal at the next meeting of the BLMK Health and Care Partnership on 7 March, and that these priorities will be included in the Operational Plan 23/24 and Five Year Joint Forward Plan for BLMK**
- 3. Noted, the memorandum of understanding agreed between the ICB and the VCSE to establish a strategic partnership.**
- 4. Noted, the health impact analysis of the BLMK Green Plan.**
- 5. Noted, the updates provided on the following matters and agree any actions that should be taken in relation to MK:**
 - a. Key items of business considered by the BLMK Health and Care Partnership and Integrated Care Board meetings between November 2022 and January 2023 as listed at Appendix A of the report**
 - b. The digitisation of social care programme**
 - c. The planned procurement for Musculoskeletal (MSK) services for BLMK residents**
 - d. Guidance on the role of Health and Wellbeing Boards published on 22 November 2022 that will be discussed at the next Health and Care Partnership meeting on 7 March 2022**
 - e. The arrangements for the MK Health and Care Partnership commenting on the ICB's first annual report.**
- 6. That members of the partnership be invited to contact the Committee Clerk for further information if they wished to be considered as a representative to join the ICB's Primary Care Assurance and Commissioning Committee.**
- 7. Noted, the report on Community Diagnostic Centres – Milton Keynes.**

MK DEAL UPDATE

The Partnership received an update report on the progress of the MK Deal, presented by the Chief Executive of Milton Keynes City Council.

Progress had been made on priority one, system flow and priority two, tackling obesity. Preparatory work on priority three, children and young people's mental health, had begun and a decision on whether to go live with the current proposal was proposed for 1 April 2023. Priority four, complex needs, was being developed and a proposal would be tabled at the next meeting of the Partnership.

Members of the Partnership considered and discussed the report. It was noted that support for children and young people with their mental health involved two streams. The first was essentially non-medical and aimed to address lower level mental health issues, such as anxiety, in order to prevent escalation. The second was a medical approach for more serious conditions, and there was currently a backlog of children and young people requiring this level of intervention.

It was reported that CNWL NHS were working in partnership with MKCC Children's Services on solutions to support children and young people in Milton Keynes. This included both the medical and early intervention streams, involving work with schools for example. The Independent Scrutineer, MK Together, advised members that she had commenced a scrutiny of emotional wellbeing, resilience and child and adolescent mental health services and needs in Milton Keynes to run in parallel with this work, and to inform it.

Members recognised that the work of the Joint Leadership Team, comprising representatives from CNWL NHSFT, PCN and MKCC was working well and making good progress with the MK Deal Priorities.

RESOLVED:

- 1. Noted, that the progress updates for the two MK Deal priorities that commenced on 1 December 2022 (Priority 1 Improving System Flow and Priority 2 Tackling Obesity).**
- 2. Noted, that the proposal for the third priority, Children & Young People's Mental Health, is to be considered and a decision made on whether to 'go live' on 1 April 2023.**
- 3. Noted, that the fourth priority, Complex Care, remains in the development phase with a proposal to be brought to the Partnership at its next meeting.**

4. Noted, that further potential MK Deal priorities will be brought to the Partnership for consideration as they are developed by the Joint Leadership Team.

HCP21

LOCALITY/NEIGHBOURHOOD WORKING IN MILTON KEYNES

The Partnership received a report on locality/neighbourhood working in Milton Keynes, presented by the Chief Executive of Milton Keynes City Council.

MKCC was keen to progress neighbourhood working in Milton Keynes. It was a good opportunity to engage with the VCSE, community and primary care sector, and to engage other areas such as housing, the Police and social care. The Joint Leadership Team proposed identifying a suitable locality or localities, and running a trial of duration of around eighteen months. This would be tabled at the next meeting of the Partnership for consideration by members. It could be undertaken as a part of the MK Deal, or as a separate project.

RESOLVED:

- 1. That the report be noted.**
- 2. That a pilot locality/neighbourhood working project in one or two areas of Milton Keynes be agreed**
- 3. That the Joint Leadership Team be asked to develop a more detailed proposal for the pilot, potentially as a fifth priority for the MK Deal, to the next meeting of the Health and Care Partnership**

HCP22

DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 7 June 2023 at 2.00 pm.

THE CHAIR CLOSED THE MEETING AT 16:00

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DECISION TRACKER 2022/23 - HEALTH AND CARE PARTNERSHIP

OUTSTANDING ACTION POINTS

COLOUR CODE:

(R) RED: NO OR LIMITED PROGRESS

(A) AMBER: PROGRESS PENDING FURTHER ACTION

(G) GREEN: SIGNIFICANT PROGRESS MADE

(C) COMPLETED: NO FURTHER ACTION

Referrals to Council

Referrals to Cabinet

Presented to Health and Care Partnership: 13/06/2023

HEALTH AND CARE PARTNERSHIP

Date of Meeting	Minute	Subject and Decision	Lead Officer	Action Since Last Review	Current Indicator
22/02/2023	HCP20	<p>MK DEAL UPDATE</p> <p>2. Noted, that the proposal for the third priority, Children & Young People’s Mental Health, is to be considered and a decision made on whether to ‘go live’ on 1 April 2023.</p> <p>3. Noted, that the fourth priority, Complex Care, remains in the development phase with a proposal to be brought to the Partnership at its next meeting.</p> <p>4. Noted, that further potential MK Deal priorities will be brought to the Partnership for consideration as they are developed by the Joint Leadership Team.</p>	Michael Bracey Chief Executive	MK Deal Update Paper to be presented to the Partnership on 13 June 2023	BLACK
22/02/2023	HCP21	<p>LOCALITY/NEIGHBOURHOOD WORKING IN MILTON KEYNES</p> <p>2. That a pilot locality/neighbourhood working project in one or two areas of Milton Keynes be agreed</p> <p>3. That the Joint Leadership Team be asked to develop a more detailed proposal for the pilot, potentially as a fifth priority for the MK Deal, to the next meeting of the Health and Care Partnership</p>	Michael Bracey Chief Executive	To be included in MK Deal Update Paper to be presented to the Partnership on 13 June 2023	BLACK

Integrated Care Partnership and Board Update

Author: Felicity Cox, Chief Executive, BLMK Integrated Care Board

Date: 13 June 2023

Purpose of Report:

This report summarises key items of business from the BLMK Integrated Care Board and BLMK Health and Care Partnership (a Joint Committee between the local authorities and the ICB) that are relevant to Milton Keynes. Key items of business from these meetings are detailed in Annex B. The main items of interest for the Health and Care Partnership are covered in the main paper.

1. Recommendations

That the Health and Care Partnership:

1. **Note** that the BLMK NHS Operational plan 2023/24 was submitted to NHS England at the end of March 2023 and finalised in May 2023.
2. **Review the draft BLMK Joint Forward Plan including the draft content for MK at Annex A and confirm** that Milton Keynes's Health and Wellbeing Strategy has been taken proper account of in the BLMK Joint Forward Plan.
3. **Note** the remainder of the report including the update on the MSK procurement, the development of a Mental Health, Learning Disability and Autism Collaborative across BLMK, the ICB Running Cost Allowance reduction, the plans for joint seminars between the BLMK Health and Care Partnership and the Board of the ICB starting on 21 July 2023, the publication of the Hewitt report and the summary of the business considered at meetings of the BLMK Health and Care Partnership and Integrated Care Board meetings in March 2023 as listed at Annex B .

2. Introduction

- 2.1 The following summarises items of interest that have been considered by the BLMK Health and Care Partnership and the Board of the ICB.

3. Background

3.1 BLMK (NHS) Operational Plan 2023-2024

The Health and Care Act requires the BLMK ICB to produce an Operational Plan (draft submitted to NHS England at the end March 2023, final version submitted in May 2023).

The Operational Plan for 2023/24 describes how the local NHS will deliver against mandated NHSE operating plan requirements, including agreement of the BLMK NHS system budget. This plan takes account of local priorities which were reported to the Board of the ICB on 24 March 2023. A financially balanced

plan has been submitted to NHS England, delivery of this plan is dependent on the delivery of efficiency and effectiveness schemes across the system during the current year.

3.2 BLMK Joint Forward Plan

The Health and Care Act 2022 requires the BLMK ICB and its partner NHS Trusts and Foundation Trusts to produce a Joint Forward Plan covering a minimum of five years (final version due to be agreed by the Board of the ICB on 30 June 2023).

The Joint Forward Plan (JFP) is required to set out a framework for how the ICB and partners intend to arrange and/or provide services to meet our population's physical and mental health needs. This will include narrative on the universal NHS commitments and address the four core purposes and statutory duties of an ICS to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social economic development

The Board of the ICB agreed that the BLMK JFP, which at this stage is a 'plan for a plan' will extend from 2023 to 2040 to address:

- i) the expected and sustained expansion of our population to 2040 and beyond.
- ii) multi-agency very complex issues which are best resolved through partnership delivery to improve health outcomes, tackle inequalities in local communities whilst ensuring optimal use of public money to deliver services.
- iii) wider determinants of health and well-being to maximise prevention and supporting communities to thrive.

The extended timeframe of the BLMK JFP will enable all partners of the BLMK ICS to develop longer-term plans in collaboration to best deliver the ICS' statutory duties in the local context of sustained population growth over this period. The first iteration of the detailed Joint Forward Plan is expected to be signed-off by March 2024, and local residents and Health and Wellbeing Boards will have an opportunity to shape this more detailed plan and the place-specific elements within it from the summer onwards.

The Plan has been developed based on prior engagement with the public and partners will be agreed and published in June 2023 following further engagement with Health and Wellbeing Boards, NHS Trust Boards and VCSE groups. As the JFP focuses on longer-term delivery of existing plans, the plan will not require full formal public consultation.

The current working draft JFP is available on the ICB Website ([here](#)) and a chapter on Milton Keynes will be included. The current draft content of that chapter is attached as Annex A. The MK Health and Care Partnership is asked

to discuss and comment on the draft Joint Forward Plan. Any comments will be reported to the Board of the ICB for consideration prior to approval of the plan and submission to NHSE by 30 June 2023.

The City Council's health and wellbeing strategy is incorporated within the BLMK Health and Care Strategy which the Joint Forward Plan has been developed in response to. Therefore the MK Health and Care Partnership can confirm, as required by the guidance [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards) that the Joint Forward Plan 'takes proper account' of the City Council's Health and Wellbeing Strategy.

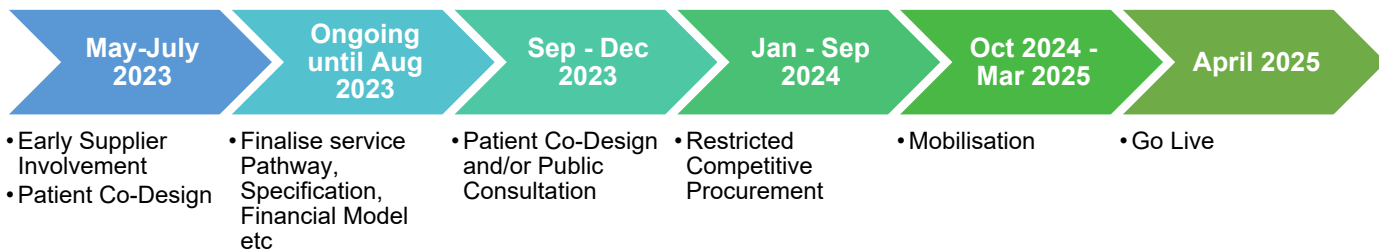
3.3 The Future of Musculoskeletal (MSK) Health Services

As reported at the last meeting, due to the expiry of Musculoskeletal (MSK) contracts on 31st March 2024, BLMK Integrated Care Board (BLMK ICB) intended to undertake a procurement exercise to secure a new MSK Health Services provision from 1st April 2024. The four Health Overview and Scrutiny Committees (HOSCs) were updated on the programme between November 2022 and February 2023.

Following the ICB Board in March 2023, further factors arose necessitating the need to review the procurement timetable. As a result of this review, the ICB has enacted the one-year extension options within the current provider contracts to allow further market engagement, a robust competitive procurement and additional time to continue to engage with patients and residents. This decision was based on the following factors.

- Bedford Borough Council Overview & Scrutiny Committee comments.
- Good market testing response, but the complexity of feedback along with potential bidders suggesting a structured competitive dialogue would enhance the partnership development needed to achieve all the benefits.
- Opportunity to align with Sussex ICB who plan to undertake a similar procurement exercise, learning from their approach to the finance and outcome measures.
- The need to adjust other contracts to ensure components of the MSK specification are not duplicated elsewhere (maximise value and reduce repetition).
- Development of an MSK Estates Strategy to design locations based on need and footfall rather than historic arrangements

Maintaining the original programme timeline would lead to a sub-optimal procurement and mobilisation process, risking the quality of the procurement outputs and the ability for the new provider to act as an integrated partner with primary, community and acute services. In the interim period, the ICB will continue to work with existing providers to improve care with a specific focus on the points raised in the patient engagement events. The revised timeline is below:



3.4 Developing a Mental Health, Learning Disability and Autism (MHLDA) Collaborative across BLMK

In November 2022, BLMK ICB agreed a programme of work to scope and develop a provider collaborative for mental health services, services for people with learning disabilities and for people with autism. This recognised both the importance of these areas within our Strategy as an ICS and in each of our Places; and the success of our ways of working on the BLMK mental health programme, developing a “one team” approach across commissioners and providers, testing new more blended ways of working with commissioning expertise embedded into providers.

We are working with colleagues at East London Foundation Trust (mental health providers in Bedfordshire) and CNWL (MK’s mental health providers), and with partners across the system, to formalise our currently informal way of working across commissioners and providers, developing and extending our collaboration more deeply across the ICS and our Places. This will allow us to make progress more quickly and develop an integrated approach to whole population planning and delivery that includes prevention through to complex care. Our initial vision, which we are further co-developing with service users, patients, local communities and system partners, puts patient and service user voice and a focus on place at its heart, refocusing our efforts on addressing inequalities and unwarranted variation, and working at scale where it makes sense to do so. We see the BLMK service user led summit held in March 2023, the emerging codesigned priorities, and our investment in people participation for the collaborative, as key to this approach.

Now and over the coming months we are working with each of our Places to understand local challenges and priorities across the scope of the collaborative and to shape its design and operating model. In Milton Keynes, colleagues from CNWL are in the process of holding sessions with partners and will oversee this work via the Joint Leadership Team. A proposal for the model and priorities for the collaborative will be brought to the September Integrated Care Board, along with a proposal for a more formal group working across the ICB to oversee continued development. Some of the areas that we are exploring with partners as initial priorities include:

- How we work together to improve mental health services for children and young people.
- Improving the crisis pathway, addressing the challenges of increased demand in urgent and emergency care and ensuring that patients are supported in the best environment.
- Taking a more joined up approach to support patients requiring complex mental health placements.

- Working with the East of England Mental Health Collaborative to improve specialist tertiary services.
- Where we can, take more joined up approaches to improve outcomes for people with learning disabilities and people with autism.

3.5 BLMK ICB – Running Cost Allowance Reduction

In March 2023, NHS England wrote to the CEOs of ICBs and advised that every ICB was required to reduce its running costs by 30% by 1 April 2025. BLMK ICB has a running cost allowance of £18.5M and is required to achieve a £5.5M cash reduction. The ICB is responding to this requirement by reviewing its pay and non-pay spend (the majority of its running costs are pay). The ICB has been engaging with staff and partners on ideas for how this could be achieved by implementing a Target Operating Model that was developed with system partners in Autumn 2022. The Target Operating Model is based on the principle of subsidiarity and supporting places to deliver improved outcomes for residents. Formal consultation with the Trade Unions on the proposed organisational change is expected to start week commencing 26 June and will be for 45 days. Updates will be provided to the Health and Care Partnership at future meetings.

3.6 BLMK Health and Care Partnership – Future Meetings

The BLMK Health and Care Partnership is a statutory joint Committee of the Board of the ICB and local authorities. It has membership from local authorities in BLMK and Buckinghamshire Council, NHS Trusts, the ICB, Healthwatch and the Voluntary, Community and Social enterprise (VCSE) sector. Each local authority (with the exception of Buckinghamshire Council) can appoint up to three members on the Health and Care Partnership. Wider stakeholder including the Police and Fire Service are invited to the meetings.

In December, the Health and Care Partnership approved the BLMK Health and Care Strategy which set five strategic priorities of Start Well, Live Well, Age Well, Growth and Inequalities. The Chair of the ICB, Dr Rima Makarem, based on feedback from members of the Health and Care Partnership, has proposed holding system-wide joint seminars for ICB and H&CP members and wider stakeholders on each of the key priorities. The first will take place on 21 July 2023 and will focus on economic growth and how we can work together as partners to support unemployed adults into employment, with a focus on our residents who are impacted by health issues. Further seminars are planned for 24 November 2023 on the start well priority and 16 February 2024 on the live well priority.

3.7 Hewitt Review

In April 2023, Rt Hon Patricia Hewitt, Chair of Norfolk and Waveney ICB, published an independent review of Integrated Care Systems. ([Here](#)) Felicity Cox, CEO of BLMK ICB was a co-author of the report.

Executive Summary

Integrated care systems (ICSs) represent the best opportunity in a generation for a transformation in our health and care system. Effective change will require the

combination of new structures with changed cultures. Everyone needs to change, and everyone needs to play their part.

The review has identified 6 key principles, that will enable us to create the context in which ICSs can thrive and deliver. These are:

- collaboration within and between systems and national bodies;
- a limited number of shared priorities;
- allowing local leaders the space and time to lead;
- the right support,
- balancing freedom with accountability
- and enabling access to timely, transparent and high-quality data.

4. Key Issues

- 4.1 BLMK (NHS) Operational Plan 2023-2024 has been submitted to NHS England.
- 4.2 BLMK Joint Forward Plan will be submitted to NHS England by 30 June 2023 and comments are invited on the draft Plan and the Milton Keynes content.
- 4.3 MSK contract - the ICB has enacted the one-year extension options within the current provider contracts to allow further market engagement, a robust competitive procurement and additional time to continue to engage with patients and residents.
- 4.5 BLMK ICB is required to reduce its running costs by 30% by April 2025. A formal consultation with unions and staff starts w.c. 26 June 2023.
- 4.5 BLMK Health and Care Partnership proposal to have formal meetings twice a year and joint seminars with ICB Board members on each of the strategic priorities commencing on 21 July with economic growth.
- 4.6 MK Place will continue to be invited to contribute to the development of the Mental Health, Learning Disability and Autism Collaborative across BLMK.
- 4.6 The independent review of Integrated Care Systems undertaken by Rt Hon Patricia Hewitt was published in April 2023 which identified 6 principles in order for ICS's to thrive and deliver.

List of Annexes

Annex A Draft content from Milton Keynes Health and Care Partnership for inclusion in the BLMK Joint Forward Plan

Annex B Summary of BLMK Health and Care Partnership and Integrated Care Board meetings in March 2023

List of Background Papers

None

Annex A

BLMK ICB – The Joint Forward Plan (2023)

Place Chapter: Milton Keynes

What is the problem we are trying to solve?

Milton Keynes is one of the most successful cities in the country. The population growth is exceptional. The challenge for the health and social care family in the city is to keep pace with this growth. To do that, even stronger local partnerships will need to be forged, existing services will need to be further improved, re-sized and better integrated, and facilities extended to meet current and future demand including a stronger focus on prevention. Given the very buoyant labour market, high employment rates and limited local education and training provision, there are also significant workforce problems to address.

Population Growth

Population growth between 2011-2021 was calculated to be 15.3% by the Office of National Statistics¹, making Milton Keynes one of the fastest growing places in the country. This growth is expected to continue, reaching 410,000 by 2050. If we look at the 2011-2021 growth by age profile, we see a 51% increase in people aged 65-74, and a 34% increase in those aged 75+. Demand for health and care services is therefore rising rapidly.

The majority of MKUH's patient population comes from MK (80%) with 89% coming from within BLMK. MKUH is therefore impacted by population and demand growth from neighbouring boroughs Central Bedfordshire, Buckinghamshire and Northamptonshire where there has also been significant housing growth.

The East expansion zone is a significant area of new housing growth in MK (estimated 5000 new homes with development expected to start in 2024) and in line with MKCC's approach to investment through the Housing Infrastructure Fund and the MK Tariff, plans are being progressed to build a community health hub in the area early in the development of the new housing. This hub is planned to accommodate primary care and other integrated health and care provision with wider community services and facilities. The City Council, the ICB and health partners have established joint working arrangements to plan for and respond to housing growth.

Current landscape in BLMK

Where are we now?

To respond to these challenges, the MK Health and Care Partnership and the ICB agreed the MK Deal in October 2022. The Deal is the first of its kind across Bedfordshire, Luton

¹ Source: ONS, Census 2021

and Milton Keynes (BLMK) and is a formal agreement between the Milton Keynes Health and Care Partnership and the BLMK Integrated Care Board. It has three central aims:

- **Closer working:** The MK Deal formalises the commitment of the main local NHS partners in MK and the city council to work more closely together. This includes forming and sustaining a Joint Leadership Team. The Joint Leadership Team, or JLT for short, reports directly into the MK Health and Care Partnership. It has been in place for a year and widened its membership to include the ICB Place Link Director in October 2022. After initially meeting fortnightly, the JLT now meets every three weeks and the relationship between the partners has matured into one where they assist and encourage each other by providing candid and constructive support and challenge.
- **Drive forward change in key local priorities:** The MK Deal focuses on priorities which the local area want to improve, as endorsed by the MK Health and Care Partnership and fully in line with the BLMK Health and Care Partnership's strategic priorities. It's informed by evidence of population health needs and a pragmatic assessment that the areas are ones where progress can be made.
- **Establish a clear remit and resourcing:** The MK Deal sets out the remit and resources that the ICB agrees to pass to the local partners in the MK Health and Care Partnership to both help with the delivery of the specifically agreed improvement areas and to the general effective running of the local health and care system. Over the last five months we have achieved a good awareness of the MK Deal and, in turn, our shared local commitment to taking more responsibility and accountability. As part of the development of the Deal each of the agreed priorities identified existing capacity and resourcing which could be allocated to place from the ICB.

What have we achieved?

Improving System Flow – This priority went live on 1 December 2022. Improving system flow (ISF) focuses on urgent and emergency care services for older and/or frail and/or complex service users. An ISF Steering Group was established in December to provide strategic oversight with senior clinical and managerial members from across health and social care providing their time. All parties recognise that large scale transformation of Urgent and Emergency Care services, if it is to be successful and sustained, must take place at a local level with providers working together to reshape demand, and the delivery of care.

A core project team made up of staff seconded from MKCC, MKUH, CNWL and the ICB is now in place to ensure there is sufficient dedicated staff capacity to deliver the assessment, planning, securing services and review process. Established in time for the busy winter period, an operational focus group leads the ongoing operational management of urgent and emergency care services. Mapping of existing hospital admission avoidance and hospital discharge schemes has been completed with this review showing complexity of the

current system and the opportunities offered by the new Same Day Emergency Centre (SDEC) opened at MKUH in 2022, enhancement of the virtual ward offer, and development of a MK Care and Therapy Academy. The development of the business case for an integrated multi-disciplinary team 'without walls' is in production and is due to be brought for review to JLT shortly. This workstream also links to City-wide work on same day access to primary care being led by Dr Jon Walter.

The development of two Community Diagnostic Centres in MK (Whitehouse and Lloyds Court) and a radiotherapy unit at MKUH will also improve access and reduce waiting times for MK and BLMK residents by providing additional capacity and care closer to home. Lloyds Court will enhance the number of diagnostic tests available by 44%, and Whitehouse by 12%. In response to the significant demand and population growth on MKUH, it has been included in the national New Hospitals Programme and funding has been approved. The new hospital will deliver a world class elective surgery centre and imaging centre combining new clinical space with state-of-the-art facilities and equipment. MKUH is established as a leading Trust for pioneering use of new digital and robotic surgery techniques, and this new facility will enable MKUH to become a centre of excellence in certain treatments and specialities ensuring the Hospital attracts and retains the best talent. The plans include a new Women and Children's Hospital which will co-locate maternity and paediatric services to transform the care offered to families. The ISF programme is a key contributor to mitigating the demand impact on MKUH to ensure that the additional capacity from the new hospital is sufficient.

Tackling obesity also went live as an MK deal priority on 1 December 2022. Jointly led for JLT by Vicky Head, Director of Public Health and Dr Omotayo Kufeji, a local GP and a Primary Care Network (PCN) Director, this priority is focused on helping people lose weight through easily accessible weight management programmes and use of technology, alongside system working to build a healthier food and physical activity environment in MK.

The workstream is focused on increasing referrals and engagement with existing weight management services by streamlining the referral process for healthcare professionals. This process will be in place by August 2023. This is the first step towards developing a referral hub for weight management and smoking cessation services as part of a more integrated behaviour change service.

In addition, a local training package has been developed utilising expertise from public health colleagues and primary care GP registrars to increase awareness on national and local weight management services, focusing on increasing confidence in discussing weight, cultural humility training, active lifestyle and physical activity. This is being delivered as a phased approach with the first session being delivered to Primary Care clinicians in July 2023. Further sessions will be rolled out of the year across secondary, community services including community pharmacies. A 'train the trainer' package is being created with a plan to engage community champions in hard-to-reach communities across MK who would promote key messages and signposting to national and local weight management options.

This piece of work will be undertaken in conjunction with MK Community Action and will start in December 2023.

A review on the provision of Tier 2 plus services for Children and Young People and Tier 3 services for Adults will commence in July 2023. The review will focus on identifying current gaps and explore options for improving access and support and, will be led by MKUH consultants, supported by public health colleagues and other subject matter experts.

Running alongside the above programme of work is the digital incentive scheme which consists of three components: a wrist worn watch; a phone app that monitors physical activity, sets physical activity goals tailored to the individual and provides nudges and tips to increase activity; and a set of vouchers as a reward for being physical active (worth up to £200 per year). This is being conducted as a randomised trial (2 years) to establish whether it is effective and will be complemented with focus groups or interviews with a small number of participants to understand people's experience of the scheme as well as enablers and barriers to engagement. Approval from the National Institute for Health & Care Research is expected in June 2023 and engagement with Primary Care GP's will commence in July 2023 with the trial commencing in September 2023, i.e., first patient recruited. A final report based on 24 months data will be produced in the Autumn of 2026.

We are also seeking to create a societal shift in eating habits and physical activities by changing cultural, social and economic and environmental factors. JLT members have supported this approach and 'a call to action' proposal is being developed for system partners to make specific commitments within a focused timescale.

Children's Mental Health – This priority went live on 1 April 2023 and is therefore in its infancy. The JLT lead is Jane Hannon, Managing Director of the Diggory Division at CNWL. The four key themes of this priority are closer working, getting help and advice, neurodevelopmental pathways and crisis response. Closer working between system partners including sharing data, prioritisation and exploring co-location of teams has made good progress. Development of the local 'getting help' offer in Milton Keynes is underway and will provide appropriate community-based support, including more face-to-face options.

Complex care Work to initiate this workstream is underway. It will focus on developing an integrated approach to improving the planning, assessment, commissioning and case management for people who have the most complex needs, initially focussed on the 14-25 client group.

Neighbourhood working – In addition to the four areas agreed in the MK Deal, the JLT is also undertaking scoping work to determine how integrated neighbourhood working can improve outcomes for local residents, incorporating the learning from the Fuller Report. Recognising the high levels of need in the area, Bletchley is being explored as a potential pathfinder project to bring a wide group of local partners and residents together to develop work to:

- Provide more proactive, personalised care and support to people through a multi-disciplinary team approach
- Help people to stay well for longer as part of a stronger focus on prevention of ill-health.

Subject to agreement by the MK HCP, the background work (June-Sept 23) includes completing a workforce survey, looking at options for multi-disciplinary teams, looking at data to identify support needs and make greater use of local assets including the VCSE and developing potential governance for the work.

What does good look like?

For System Flow, good looks like:

- All parties recognise that large scale transformation of Urgent & Emergency Care services, if it is to be successful and sustained, must take place at sub-system level with providers working together to reshape demand, and the delivery of care. Together we are seeking to transfer clear responsibility for system flow to the MKHCP with partners working together to:
- Deliver better outcomes, with local people able to live healthier independent lives
- Get people home as quickly as possible after a hospital or community bedded stay is completed, in order to maintain people's independence and minimise decompensation
- Reduce average lengths of stay in hospital and other bedded care removing barriers to early discharge, and focusing on reablement from the point of admission
- Better integrate discharge services to avoid duplication and maximising opportunities to resolve issues creating unnecessary admissions and attendances
- Reduce reliance on long term care caused by delay and decompensation
- Ensure people are seen in the right place for their condition, with attendances, conveyances and admissions to hospital reduced from currently projected levels by services
- Secure system capacity to support these aims
- Reduce overall system costs in relation to the provision of urgent and emergency care, in order that a) that MK and wider ICS are financially sustainable AND b) provide headroom for upstream investment in prevention and out of hospital care.
- Review Better Care Fund schemes to ensure coherence with the aims of the MK Deal: value for money and effectiveness
- Utilise S256 funding in a way that maintains discharge and flow in the short term, while the system transforms

For Tackling Obesity, good looks like:

- Clear and accessible support for individuals in MK who want to lose weight, with a BLMK system responsibility to ensure an equitable service offer in order to address inequalities, particularly for people at higher risk due to socio-economic circumstances and physical and mental health conditions that make it harder to maintain a healthy weight;

- Delivery of the national and local digital weight management offers are optimised within the local system, alongside increasing access and provision to Tier 2 plus services for children and young people and Tier 3 services for adults; Effective and appropriate use is made of community voluntary and social enterprise capacity
- Increased access to healthy food in MK, including while using health services;
- Improvements to the environment in MK to make it easier for people to maintain a healthy weight
- Over time. a reduction in the proportion of people aged over 18 with BMIs over 25;
- Over time. a reduction in the proportion of Reception and Year 6 children who are overweight or obese.

For Children and Young People's Mental Health, good looks like:

- Leading Health & Care Partnership-based work plans to improve outcomes for children and young people's mental health.
- Interfacing with the ICB Mental Health Transformation Programme to ensure join up for key deliverables and recovery plans.
- Ensuring that plans will address inequalities across MK.
- Providing assurance as required to NHSE
- identifying and deciding the services necessary to meet the needs of the population including design of new pathways, services, working with finance, contracting, primary care and quality colleagues to ensure this is done to provide high quality care at best value.

For complex care, good looks like:

- Agree a shared definition of complex needs to identify potential opportunities for integrated systems.
- Conduct a high-level review of the ways the budget is spent with a view to identifying medium to long term efficiencies in any placement and/or support costs, agreeing to stop doing things that do not have evidence of positive impact.
- Agree with the ICB how funding for complex needs including CHC decision-making and funding will be managed in Milton Keynes focussed on delivering a robust, simplified approach.
- Develop proposals to achieve a jointly coordinated approach to early identification and support, management, and review of people 14-25 years with complex needs. To include people funded by social care, health or jointly between health and social care.
- Reduce the use of placements outside of Milton Keynes (out of area placements) by using the data and intelligence we have across the system to identify and decide the services necessary to meet the needs of the population including support 'closer to home'.
- Introduce an integrated case management approach for children, young people and adults, 14-25 years who have complex needs.
- Provide headroom for upstream investment in prevention and early intervention. For example, reducing waits for autism and attention deficit hyperactivity disorder (ADHD) followed by pro-active intervention where these are needed.

- Explore the opportunities for market development for complex needs provision within Milton Keynes (or a wider footprint for highly specialist care and support)
- Ensure that links to the MK Deal work for Child and Adolescent Mental Health Services are maintained to reduce duplication of effort and capitalise on potential opportunities.
- Secure system capacity to support these aims

What do we need to do to create the JFP chapter for this workstream?

No further work on narrative required – the MK Deal is the place plan for MK. As part of the work to deliver the MK Deal, JLT oversees the ongoing work to develop and deliver:

- Workstream plans
- Workstream metrics including outcome measures
- Resource plans including agreeing with the ICB the allocation of sufficient ICB resources to respond to place priorities
- Workstream plans and timelines

How can we measure benefits/outcomes for residents

Improving System Flow metrics

- Percentage of patients in MKUH not meeting criteria to reside
- 78 week waits at MKUH for elective care
- Number of 30 minute ambulance handover delays at MKUH
- The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Percentage of two hour Urgent Community Response referrals that achieved the two hour standard

Obesity Metrics

- Prevalence of overweight (including obesity) among MK pupils of Reception age (Source: National Child Measurement Programme)
- Prevalence of overweight (including obesity) among MK pupils in Year 6 (Source: National Child Measurement Programme)
- Percentage point gap in the prevalence of overweight (including obesity) between the most and least deprived areas, as measured in year 6 (Source: National Child Measurement Programme)
- Adult prevalence of overweight/obesity (Source: Active Lives Adult Survey)

CYP MH Metrics

These are in development.

High level timeline

Workstream	2023/24	2024/25	2025/26	2026-2030	2030-2040
MK Deal	<p>Q1 Decision on neighbourhood working (June)</p> <p>H2 Review Deal with ICB</p>	Annual review of Deal	Annual Review of Deal	Annual Review of Deal	Annual Review of Deal
ISF	<p>H1 Business Case for integrated team to JLT</p> <p>H1 Winter Plan agreed</p> <p>National decision on New Hospital Programme</p> <p>Q3 both CDCs open</p> <p>Q1 Planning permission for MK East Community Health Hub</p> <p>H2 Integrated Discharge Hub establishment commences (subject to approval)</p>	Q1 – MKUH radiotherapy centre opens	MK East Community Health Hub opens (check)	New Hospital Opens subject to build start date	
Obesity	Q2 launch streamlined		Q3 Review of digital		



	<p>referral process</p> <p>Q2 1st phase of training starts in primary care</p> <p>Q2 review of provision starts</p> <p>Q3 community champions work starts</p> <p>Q3 digital incentive scheme starts</p>		incentive scheme		
CYP MH	<p>Q2 deliver neurodiversity training</p> <p>H2 Decide on potential Co-location of CNWL and Council teams</p> <p>H2 – Respond to Independent Scrutineer report on getting help</p> <p>H2 – revise crisis pathways</p>	Plan being developed			
Complexity	Q2/3 Decision on Workstream initiation	Plan to be developed when workstream is initiated			

Neighbourhood working	<p>Q1 Approval for background work June 23</p> <p>H1 Background scoping work June-Sept</p> <p>H2 Decision on workstream initiation</p> <p>H2 Agree indicator of success metrics</p> <p>H2 18 month pilot starts Sept</p> <p>H1 City-wide Same Day Primary Care Access workstream starts</p>	<p>Q4 review of pilot and decision on next steps</p>			
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Interdependencies:

Delivery of the MK Deal ambitions is dependent upon the continuing commitment and resources of all MK Partners including agreements on the allocation of financial and staffing resources from the BLMK ICB via the MK Deal. There is therefore a dependency on the development and implementation of the BLMK ICB TOM.

Other key dependencies are:

- Approval of the New Hospitals Programme building start date for MKUH by Central Government
- Funding for the radiotherapy centre
- Access to inequalities funding from the ICB to support local priorities including the Bletchley pathfinder for integrated neighbourhood working

- Investment in primary care estates – particularly in the East Community Health Hub
- National Institute for Health & Care Research approval for digital incentive scheme

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Annex B – Summary of BLMK Health and Care Partnership and BLMK Integrated Care Board Business March 2023

1. Health and Care Partnership 4 March 2023

- **Joint forward plan** - The plan for the development of the joint forward plan was agreed.
- **Workforce** pressures has been highlighted in a number of reports and an update will be provided at the next meeting on what the system is doing to retain and recruit staff.
- **Place plans, Health and Wellbeing Board updates and Health and Wellbeing Board guidance** –Place plans and the local priorities were presented and key areas of discussion from the Health and Wellbeing Board meetings. Health and Wellbeing Board guidance that was published in November 2022 and the requirements it on the Health and Wellbeing Boards, ICBs and ICPs was noted. [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance)
- **Delegation of Dentistry, Optometry & Community Pharmacy** – an update on the delegation of responsibility from 1 April 2023 to the ICB of dentistry, optometry and community pharmacy was provided. It was noted that 2023/24 would be a transitional year and provides an opportunity to build relationships with contractors. It was reported that there are significant challenges with the national contracts and partners supported the lobbying for change in contracts to enable more local flexibility. Access to NHS dentists was a real concern for residents and coupled with community pharmacy closures, increases the workload for GPs.
- **Mental Health, Learning Disability and Autism collaboration** – information was shared on the progress that had been made in provision of mental health services since the Mental Health Five Year Forward view was published in 2016 and the investment through the Mental Health Investment Standard. There was an opportunity to have greater collaboration for people with mental health, learning disabilities and autism and the ICB Board had agreed the development of this collaborative. The report contained an update on feedback from engagement that has taken place and what areas of focus service users are identifying.
- **Community Engagement** – a presentation was given on the new approach of pooling partner resources to avoid engagement duplication, agreeing co-production principles and highlighted areas of work e.g. the Denny review.

2. Board of the BLMK ICB – 24 March 2023

- **Resident’s Story** – the Board heard from a Milton Keynes resident about their journey to address back pain and the difficulties she faced in gaining appropriate diagnosis and support. There were numerous opportunities cited where the patient was not listened to and where their care was compartmentalised and not joined-up.
- **Integrated musculoskeletal (MSK) and pain service** – the approach to tendering for MSK services across BLMK was supported including the

development of place-based services. Reference was made to the resident's story and how the proposed approach will aim to address the issues raised. A representative is being sought from each local authority in BLMK to work in partnership with the ICB.

- **Fuller programme** – the Board reflected on the useful Board seminar session held on 24 February 2023 with Claire Fuller and committed to support the development of integrated neighbourhood teams.
- **Core20PLUS5 - for Children and Young People** – the Board agreed to adopt a targeted approach to adapting the Core20Plus5 approach to tackling health inequalities in relation to children and young people. The focus of Core20PLUS5 is on five key areas: asthma, diabetes, epilepsy, oral health and mental health.
- **Delegation of Community Pharmacy, Optometry and Dentistry (POD)** – the Board formally approved the transition of the management of these contracts from NHS England to the ICB from 1 April 2023.
- **BLMK Joint Forward Plan (JFP)** – NHS England has asked for draft Joint Forward Plans for each integrated care system (ICS) to be submitted by 31 March 2023 with final plans published by 30 June 2023. The JFP will cover at least a 5-year time horizon explaining how the four core requirements of ICSs and NHS priorities are to be delivered. The Board agreed the approach including how targeted public engagement work about the JFP will be carried out.
- **Financial and Operating Plan 2023/24** – the Board agreed for the final plan to be signed off by the Chief Executive following a meeting of system chief executives on 29 March 2023. The Board discussed bridging the financial gap, addressing capacity issues to achieve the target for elective activity of 109% of pre-Covid levels and plans to manage hospital flow.
- **Board Assurance Framework (BAF)** – the latest iteration of the BAF was presented. The BAF sets out the key system risks which the Board monitors at each of its formal meetings. Currently, the highest three risks (all scoring 20 out of 25) are as follows.
 - Developing suitable workforce
 - System pressure and resilience
 - Population growth

MK Deal Update

Author: Michael Bracey, Chair of the Joint Leadership Team (JLT)
Rebecca Green, Head of Milton Keynes Action Improvement Team

Date: 13 June 2023

Purpose of Report

To provide an update on progress within the first six months of the MK Deal and to seek support from the Partnership to agree Bletchley as the priority area for the integrated neighbourhood pilot.

1. Recommendations

- 1.1 That the update on the first six months of the MK Deal be noted.
- 1.2 That the recommendation of the Joint Leadership Team to select Bletchley as the area to pilot integrated neighbourhood working be agreed.
- 1.3 That Joint Leadership Team (JLT) be asked to undertake background work to prepare for a potential start of the Bletchley pilot in September 2023.

2. The MK Deal

- 2.1 The MK Deal is an agreement between the Milton Keynes Health and Care Partnership and the Bedfordshire, Luton and Milton Keynes Integrated Care Board which formalises the commitment of the main local NHS partners in MK and the City Council to work more closely together.
- 2.2 The objective of the 'deal' is to drive improvements in population health and improvements in the quality and efficiency of the health and care services provided to local people through the development of stronger local partnerships. The MK Deal aims to provide the foundation for both the local delivery of the strategic objectives of the BLMK integrated population health strategy and the opportunity for BLMK Integrated Care System to become a national leader in the establishment of inclusive and impactful place-based working.
- 2.3 On 1 December 2022 the MK Deal went live with its first two priorities of Tackling Obesity and Improving System Flow (hospital discharge), Children and Young People's Mental Health commenced on 1 April 2023 and Complex Care

is currently in the pre-start phase to further develop a detailed proposal and start date.

2.4 An update on the first six months of the MK Deal is provided in **Annex A**.

3. Neighbourhood Working

3.1 At the last meeting of the Partnership 'The Fuller Stocktake of Primary Care' was considered. The Fuller stocktake set out a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

3.2 At the heart of the new vision for integrating primary care is bringing together previously separate teams and professionals to do things differently to improve patient care for whole populations. This is usually most powerful in neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

3.3 The report noted that the development of PCNs, established just prior to the pandemic, has already enabled many neighbourhoods to make progress in this direction. However, a lack of infrastructure and support has held them back from achieving more ambitious change.

3.4 The report set out an expectation that ICB areas should aim to have integrated teams up and running in neighbourhoods in the most deprived areas first. This would not only ensure that we can start to better support those communities who need it most, it would create the necessary pace and ambition to move to universal coverage.

3.5 The Partnership agreed that the best way to approach this work would be to focus on a smaller area initially and test out new ways of working and then

apply them elsewhere in Milton Keynes if we are sure they are having a positive impact.

- 3.6 The Joint Leadership Team was asked to develop a more detailed proposal for the pilot, potentially as a fifth priority for the MK Deal, to the next meeting of the Health and Care Partnership
- 3.7 The remainder of this report sets out the proposal for the pilot 'The Bletchley Pathfinder' for consideration by the Partnership.

4. The Bletchley Pathfinder

- 4.1 Following a review of the population health and other data, the JLT concluded that Bletchley was the most appropriate locality for the focus of the first integrated team pilot.
- 4.2 The Fuller stocktake recommends that people need to be able to describe the geography of a neighbourhood, Bletchley has a strong neighbourhood identity with an easily recognised area. A number of organisational boundaries, including children's services within MKCC, are already aligned with Bletchley.
- 4.3 A key part of the Fuller approach is the focus on tackling health inequalities with the recommendation priority should be given to the areas of highest need. 23.4% of people within Bletchley live in the 20% most deprived areas in England compared to 14.1% of people in the ICB overall as defined by the Index of Multiple Deprivation. Underneath this headline figure are a range of 'red' indicators showing Bletchley East in the worse 95% nationally for emergency hospital admissions, life expectancy and mortality.
- 4.4 The Bletchley Pathfinder would broadly follow the three Bletchley ward boundaries of Bletchley East, Bletchley Park and Bletchley West and will include those residents which are registered with one of the five Bletchley general practices. These are: The Crown Primary Care Network : Whaddon Healthcare (includes the Water Eaton branch surgery) 21,757 patients and The Red House Surgery - 13,518 patients. South West Primary Care Network : Parkside Medical Centre - 10,659 patients, Westfield Road - 7,969 patients and Bedford Street (includes the Furzton branch surgery) - 14,784 patients. In total the registered list size of these practices is 68,687 patients.
- 4.6 At a meeting with the PCN clinical and business leads across Milton Keynes and subsequent follow up with the Bletchley general practices there was widespread support for the proposed pilot. PCNs from outside of the Bletchley area would like the learning from the pilot to be disseminated quickly to support Fuller development in other areas.

- 4.5 The response from other public sector organisations who provide services to Bletchley residents to being involved has been encouraging. For example, Thames Valley Police are interested in looking at how they can engage with any opportunities for closer neighbourhood working in the area.

5. Next Steps

- 5.1 To lay the groundwork for a potential start of the Bletchley pilot in September 2023 the Partnership are asked to task JLT with undertaking a period of intensive background work over the next 12 weeks.
- 5.2 An outline of this three month development period is attached as Annex B.
- 5.3 During this initial phase the leadership and governance arrangements through the MK Deal will be developed. This will include detailing the linkages with the wider Fuller programme across BLMK.
- 5.4 There will be a report back to the Health and Care Partnership at the next meeting on 20 September.

List of Annexes

Annex A – MK Deal the first six months

Annex B – The Bletchley Pathfinder development phase

Place based working

The MK Deal

Our first six months

The place-based partnership arrangements within Milton Keynes progressed into the delivery phase in October 2022 with the establishment of the MK Deal. The Deal is the first of its kind across Bedfordshire, Luton and Milton Keynes (BLMK) and is a formal agreement between the Milton Keynes Health and Care Partnership and the BLMK Integrated Care Board with three key aims:

- Closer working
- Drive forward change in key local priorities
- Establish a clear remit and resourcing

Closer working

The MK Deal formalises the commitment of the main local NHS partners in MK and the city council to work more closely together. This includes forming and sustaining a Joint Leadership Team.

Joint Leadership Team, or JLT for short, reports directly into the MK Health and Care Partnership. It has been in place for a year and widened its membership to include the ICB Place Link Director in October 2022. After initially meeting fortnightly, the JLT now meets every three weeks and the relationship between the partners has matured into one where they assist and encourage each other by providing candid and constructive support and challenge.

“The MK Deal has really brought partners together and we are seeing issues as our collective challenges, rather than the problems belonging to individual organisations. Having a shared view of what’s on the horizon is refreshing and there is much less scope for inaction on the basis that somebody else must be leading on a topic.”

**Dr Ian Reckless, Medical Director,
Milton Keynes University Hospital**

To broaden knowledge and understanding of each sector JLT has covered a range of briefings and presentations on topics including general practice funding model, primary care estates, digital innovation, and virtual wards.

Drive forward change in key local priorities

The MK Deal focuses on areas which the local area wants to improve, as endorsed by the MK Health and Care Partnership and fully in line with the BLMK Health and Care Partnership's strategic priorities. It's also informed by evidence of population health needs and a pragmatic assessment that the areas are ones where progress can be made.

“The four priorities in the MK Deal were identified by each partner at place highlighting a particular issue that needed the wider Place system partners to help address. From a primary care perspective JLT has been a very collaborative meeting of MK partners from inception, with all partners equally recognised.”

**Dr Tayo Kufjeji, GP and PCN
Clinical Director**

Improving system flow

The first two priorities of the deal went live on 1 December 2022. **Improving system flow (ISF)** focuses on urgent and emergency care services for older and/or frail and/or complex service users. This priority also covers End of Life services. The JLT lead is the Medical Director of Milton Keynes University Hospital, Dr Ian Reckless.

An ISF Steering Group was established in December to provide strategic oversight with senior clinical and managerial members from across health and social care providing their time. All parties recognise that large scale transformation of Urgent and Emergency Care services, if it is

to be successful and sustained, must take place at a local level with providers working together to reshape demand, and the delivery of care.

A core project team made up of staff seconded from MKCC, MKUH, CNWL and the ICB is now in place to ensure there is sufficient dedicated staff capacity to deliver the assessment, planning, securing services and review process. Established in time for the busy winter period, an operational focus group leads the ongoing operational management of urgent and emergency care services. Mapping of existing hospital admission avoidance and hospital discharge schemes has been completed with this review showing complexity of the current system. The development of the business case for an integrated multi-disciplinary team 'without walls' is in production and is due to be brought for review to JLT shortly.

Tackling obesity

Tackling obesity was the second MK Deal priority to start on 1 December 2022. Primary care identified Tackling Obesity, with its potential link to other co-morbidities such as diabetes, hypertension and depression as a MK Deal priority to help reduce the burden of disease across the MK health system. Jointly led for JLT by Vicky Head, Public Health and Dr Omotayo Kufjeji, Primary Care this priority is focused on helping people lose weight and maintain a healthy weight through easily accessible

Drive forward change in key local priorities

weight management programmes, use of technology, pharmacological therapies and education/prevention work.

Within the steering group and working groups, system partners are both reviewing capacity and demand for commissioned weight management services and developing tailored opportunities to support people to lose weight. Part of this approach will be through a digital incentive scheme to promote physical activity to at least 600 people with type 2 diabetes in Milton Keynes. This ambitious clinical trial consists of three components: a wrist worn watch; a phone app that monitors physical activity, sets physical activity goals tailored to the individual and provides nudges and tips to increase activity; and a set of vouchers as a reward for being physically active.

The procurement process concluded in March with a digital provider selected. The next milestone is the completion and submission of a full research protocol for the necessary approvals to proceed. The trial will run for 24 months to test whether the effects on physical activity and health measures are sustained.

“I’ve been impressed with the way the ICB has recognised that to bring about improvements in the local health and care system it is essential that local leaders are empowered and encouraged to take the initiative.”

**Michael Bracey, Chief Executive
Milton Keynes City Council**

The third strand of the tackling obesity priority is to locally create a societal shift in eating habits and physical activities by changing cultural, social, economic, and environmental factors. JLT members have supported this approach and a ‘call to action’ proposal for system partners to make specific commitments within a focused time scale, currently under development.

“The MK Deal has given us a clear focus to make improvements for the city's residents. It’s exciting and inspiring to be part of a team that brings such wide-ranging skills, perspectives, and experience together to deliver the Deal.”

**Maria Wogan, Milton Keynes Place Link
Director BLMK ICB**

Children’s mental health

For the third priority, **children and young people’s mental health** a development proposal was taken to Milton Keynes Health and Care Partnership in February and permission was obtained to move to a go live date of 1 April 2023. The JLT lead is Jane Hannon, Managing Director Diggory Division CNWL. The four key themes of this priority are closer working, getting help and advice, neurodevelopmental pathways and crisis response.

Closer working between system partners including sharing data, prioritisation and exploring co-location of teams has made good progress. Development of the local ‘getting help’ offer in Milton Keynes is underway and will provide appropriate (43)

community-based support, including more face-to-face options. We are building shared oversight of mental health input for looked after children, to ensure that we prioritise this at-risk group in line with their needs.

Complex care

The fourth priority is **complex care**, led by Victoria Collins, the council's Director of Adult Services. An integrated approach to the funding and case management of children, young people and adults who have complex needs is being developed. A proposal targeting the 14 to 25 age group is due for consideration by JLT shortly.

"It's been such a positive experience being involved in this process. Meeting regularly face to face has enabled us to focus on our positive intent to make improvements, tussle with challenging questions and even tap into some creativity. I'm grateful to all partners and I am looking forward to the next steps in the journey. It is a big time investment but it is the right thing for local people that we do this."

**Jane Hannon, Managing Director
Diggory Division, Central and North
West London NHS Foundation Trust**

Establish a clear remit and resourcing

The MK Deal sets out the remit and resources that the ICB agrees to pass to the local partners in the MK Health and Care Partnership (both formal and informal) to both help with the delivery of the specifically agreed improvement areas and to the general effective running of the local health and care system. Over the last five months we have achieved a good awareness of the MK Deal and, in turn, our shared local commitment to taking more responsibility and accountability.

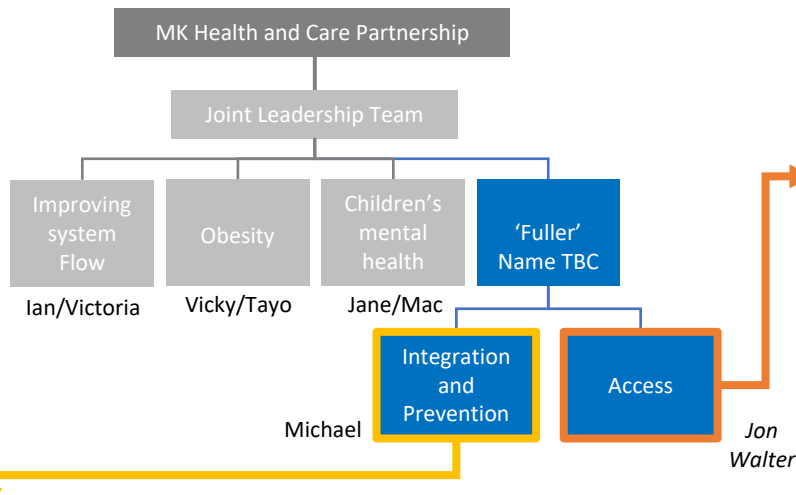
As part of the development of the Deal each of the agreed priorities identified existing capacity and resourcing which could be allocated to place from the ICB. There has been some successes in this regard, for example establishing and resourcing a MK co-ordinator role and funding a budget to help pay for improvement work.

However, it is recognised that there is more to do to ensure appropriate resources and support are provided by the ICB for our work on our key local priorities.

In addition to the support from the ICB, each of the local partners have identified experienced colleagues with dedicated time to focus on our local priorities. This is in addition to the significant leadership time and energy that the partners are giving to the MK Deal.

For more information on the work going on in Milton Keynes, please contact:

Rebecca Green
rebecca.green@nhs.net



This work overlaps with the 2023/24 DES requiring practices to submit Access Improvement Plans in May 2023 and linked to the national Primary Care Recovery Plan

A	Streamlining access to care and advice	City-wide	Next steps...
Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it		<ol style="list-style-type: none"> 1. Increase pharmacy access 2. Improving Clinical Navigators training to signpost to appropriate service for advice and care 3. Improve practice website navigation and signposting 4. All GP practices to be on the same cloud based telephony system 5. With ISF improve access to resources for reducing hospital admission, access to palliative care & access to MH services 6. Increase access to remote consultations 7. Broaden the clinical roles in primary care so that a patient gets seen by the most appropriate clinician 	

B1	Proactive, personalised care with a multidisciplinary team of professionals	Bletchley pathfinder
<p>Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions</p>		<p>Next steps...</p> <ol style="list-style-type: none"> 1. Complete a workforce audit in the area and map existing multi-disciplinary team arrangements <i>Primary care, community and mental health, local authority, town councils, police, voluntary sector, schools</i> 2. Agree what case management approaches will be used to identify and support specific groups 3. Develop the operating model for the teams <i>What will the remit be? How many teams? How will they operate? How will we build relationships and ownership?</i> 4. Work out how they will inter-relate to city-wide services, like the hospital 5. Decide what indicators of success would be appropriate

B2	Helping people to stay well for longer	Bletchley pathfinder
<p>Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention</p>		<p>Next steps...</p> <ol style="list-style-type: none"> 1. Develop a plan to increase use of Bletchley Leisure Centre, especially amongst inactive residents 2. Pilot a health and wellbeing coach role focused on behaviour change (smoking, weight management) 3. Work out how to develop the VCS and their contribution to helping people stay well for longer 4. Expanding PCN inequality and prevention plans and the role of pharmacies. 5. Decide what indicators of success would be appropriate

Cross cutting
<ol style="list-style-type: none"> 1. Enhance the Bletchley community profile 2. Decide the leadership arrangements 3. Agree the governance and work out how people from out of area can be involved to share learning 4. Gain final agreement from the MK Health and Care Partnership to commence pilot on 1st June 2023

Item 5(b)

We are taking a pilot approach as we do not have capacity to do *everything, everywhere all at once*.
 3 month development period (April to July), followed by an 18 month delivery project starting September
 Based on a 'test and learn' approach

WORK IN PROGRESS
Fuller (Version 3)

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