The development of health and care integration in Milton Keynes

CONTROLLED DOCUMENT

1. Introduction

In 2022, Milton Keynes (MK) was given city status, an important breakthrough for securing its local identity and endeavour to build a place for its communities and businesses to thrive. As now one of the UK's most productive and largest economies, the city has a diverse and fast-growing population of nearly 300,000 people. A largely coterminous set of health and care public sector organisations are working as part of the community in MK, they are Milton Keynes City Council (the Unitary Local Authority), Milton Keynes University Hospital (the acute provider), Central and North West London NHS Foundation Trust (the community health and mental health provider) and seven established PCNs.

Supported by its coterminous geography and clear identity, the health and care organisations in MK have long expressed strong ambitions to deliver transformative change for their population and respond to growing demand whilst containing system costs; it has been well recognised that collaboration is critical to meeting these goals. However, progress to realising these ambitions has been slow with the absence of formal arrangements through which to coordinate the work.

The joint work required to manage the Covid-19 pandemic provided an accelerant and the advent of Integrated Care Systems (ICSs), and a shift towards more collaborative, place-focused arrangements set out in legislation and NHSE's vision for *'Thriving Places',* created a renewed opportunity for cementing place-based working. In response to this, MK health and care partners have been embedding and maturing their model for place-based working and have achieved significant progress. This includes developing, agreeing, and working on a set of shared local priorities – the MK Deal – and aligning on these with the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB).

This report sets out findings and learnings from an independent review of progress in the MK place-based partnership, since it set out to determine its operating model in 2019. Carnall Farrar (CF) were commissioned to undertake the independent review having worked previously with health and care organisations in MK and in the wider BLMK ICS in 2019/20 to support the development of proposals for place-based arrangements and plans for joint working. In 2019 relationships were strained and extensive engagement was required to align partners on a collaborative agenda. This review has explored progress since this initial work. It has involved a desktop review collating findings from CF's previous work in BLMK and comparing this with documentation describing current MK place-based arrangements; observation of a MK Joint Leadership Team (JLT) meeting to observe governance and current ways of working; and 1:1 interviews with key partners from across MK Place and the BLMK ICB to explore progress, enablers and opportunities for the future.

The report outlines the journey MK health and care organisations have been on over the past four years, critical factors which have enabled their success, and opportunities for further development.

2. Where are MK now?

Context

Early in Government's plans to formalise ICSs and Place arrangements, health and care organisations in MK were already demonstrating significant appetite for change. Partners in MK recognised they were in a good position to accelerate place-based working; sharing ambitions to go further, faster, in working together to meet rising demand and system pressures. They were well-positioned with a clear MK identity, well-performing providers, stable finances, and the opportunity to scale the early stages of integrated care already underway.

Despite perceived readiness for change in MK, initial progress towards establishing a formal place-based model was slowed by the pandemic and other competing factors. Although agreed on an ambition for place-based working in MK, partners were unsure how to realise that future through new arrangements as the strategic commissioning policy emerged nationally alongside concepts of lead providers and devolved

commissioning responsibilities. Whilst the pandemic accelerated informal collaboration and relationships, its legacy of operational issues impacted progress, in part driving organisations to focus on individual agendas. In addition, relationships with, and between providers within, the historical commissioner landscape of MK CCG and combined BLMK CCGs were sometimes disjointed and challenging; there was a lack of transparency and bilateral relationships between each provider and commissioners used competition as a mechanism for change inhibiting collaboration.

Over recent years the context has begun shifting; greater progress has been made and ways of working within MK Place have evolved and matured to advance the MK place-based partnership agenda. Health and care partners have collectively developed and allied behind a shared vision and direction for the Place, supported by an effective governance structure, stronger collaboration, and maturing working relationships. The formation of the single BLMK CCG in 2021 supported an effective environment for change in the initial stages; new arrangements motivated MK health and care partners to rapidly secure an MK Place identity within the BLMK system, as well as encouraging the CCG to think more about delegation to Place and individual providers, and a transition to 'strategic commissioning'.

Governance and oversight

A clear governance structure led by the Council Chief Executive oversees, coordinates, and makes decisions for Place in MK. These structures are widely recognised across Place leaders and the wider system:

- **The Health and Care Partnership (HCP)** exists as an evolution of the MK Health and Wellbeing Board (H&WB). It is chaired by the Leader of MK City Council and draws on a range of partners from health, care and wider public services including Buckinghamshire Fire and Rescue, BLMK ICB, Central and North West London (CNWL) NHS Foundation Trust, Healthwatch, MK University Hospital NHS Foundation Trust, MK Council, Primary Care Networks, the Thames Valley Police and VCSEs. Whilst continuing to meet the statutory duties for H&WBs, the group functions as the place-based partnership for MK; it holds overall accountability for delivery of the place-based strategy and any responsibilities delegated by the BLMK ICB, including decisions for deploying resources allocated by the ICB to best meet local population needs.

- **The Joint Leadership Team (JLT)** is accountable to and reports to the HCP and acts more as a day-to-day management team to oversee and drive delivery of agreed place-based priorities and support effective collaboration between MK health and care partners. This team is chaired by the Chief Executive of MK City Council and meets every 3 weeks to progress action on key strategic areas. Membership includes two representatives from each of the MK provider Trusts, MK City Council, primary care and BLMK ICB.

Discussions supported by these structures led to the creation of the first-ever "MK Deal" – a clear, place-based strategy for MK focused on a select number of shared health and care priorities.

The MK Deal

The MK Deal was launched in December 2022 through a formal agreement and partnership between BLMK ICB and MK HCP. It marked a clear commitment to closer working across health and care partners in MK, established a clear remit and resourcing for the running and improvement of the local health and care system, and has driven forward change through the development of local priorities.

The MK Deal started out with four clear priorities, each with their own programme lead, steering group, success measures and progress reporting**.** The JLT and ICB agreed to work together to deliver these, combining resource and sharing workstreams, with the BLMK ICB playing an enabling and supporting role. These priorities are described in *Figure 1*.

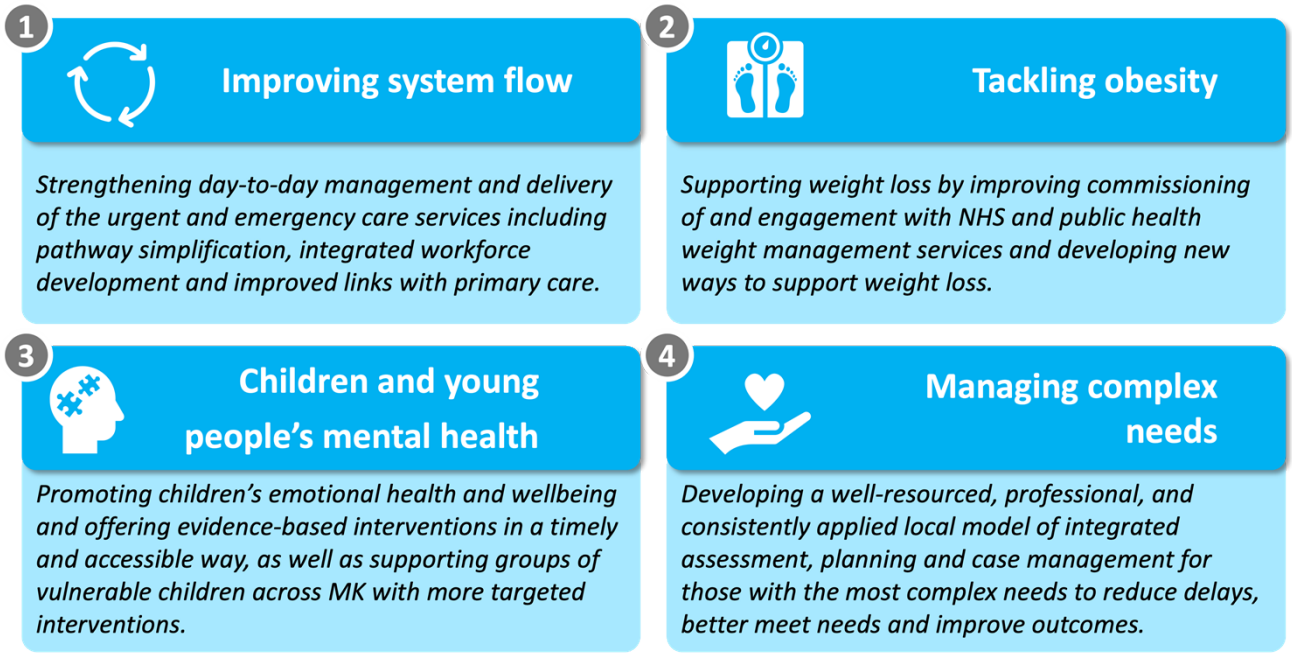

Figure 1: Four priority workstreams as part of the MK Deal, December 2022

Based on the Fuller stocktake findings, MK health and care partners are in the process of establishing a fifth priority on integrated locality (neighbourhood) working, with an initial focus on one neighbourhood referred to as the **'Bletchley Pathfinder'.** This would take a population health management approach, using insights from local population data and bringing together local partners and residents to deliver more proactive, personalised care at a neighbourhood level.

Progress across the MK Deal priorities to date has been variable, with some being further developed than others. This is in part driven by decisions to focus place-based transformation funding in particular areas and partly driven by variability of sufficient programme team resource to drive forward progress. Examples of the ongoing work within two of the most mature of the MK Deal priorities; Improving System Flow and Tackling Obesity; are provided in
Figure 2 and *Figure 3*.

Improving system flow - *Virtual wards initiative*

As part of the 'Improving system flow' priority, and in line with NHSE requirements to establish and expand virtual wards in 2022, MK health and care partners have designed a Virtual Ward composed of hub and spokes to look after patients in their own homes. An initial model for virtual wards has been developed and progressed into an agreed business case to secure significant financial investment.

A small task and finish group is responsible for leading on this work, reporting into the ICS steering group. Membership consists of subject matter experts from MKUH, CNWL and MK City Council, as well as wider advisory group membership from primary care, BLMK ICB and VCSEs. The group committed to both the development of the initial business case, and subsequent delivery of the agreed virtual wards model, ensuring continuity and commitment to delivery in line with the business case.

The business case proposes a hub and spoke model for virtual wards in MK:

- ***The virtual ward hubs** are intended to focus on more dependent patients with multiple comorbidities who often have clinical markers of frailty, and patients requiring the frequent input of specialist hospital consultants (e.g., cardiology or respiratory).*
- ***The virtual ward spokes** are intended to focus on patients with more specific healthcare needs, ordinarily relating to a single specific condition which can be managed by community care clinicians. These patients are less likely to have multiple clinical markers of frailty. Any medical input will be provided in conjunction with the patient's GP, or, where necessary through escalation to a virtual ward hub.*

Plans for virtual wards in MK Place will focus on a performance monitoring system that encourages the 'pulling' of patients into the virtual ward. The service aims to operate at close to capacity to help both mitigate and tolerate clinical risk, freeing up more physical hospital facilities. Outcomes of the scheme will be monitored by recording the extent to which patient needs are being met; the resources that are being deployed; and the acute hospital services that have been released.

Figure 2: Virtual wards initiative case study

Tackling Obesity - *Digital wearables project for diabetes patients*

As part of efforts to tackle obesity in MK, health and care partners are finalising plans to launch a digital incentive scheme across their diabetic population, with the intention of raising physical activity levels and assessing the impact of this on associated patient health outcomes.

The 'Tackling obesity' programme team in MK are due to launch a trial providing diabetic patients with:

1. *A digital wearable device to record physical activity;*
2. *Access to a phone application with personalised activity prescriptions, data and links to rewards;*
3. *Vouchers as rewards for achieving their physical activity goals.*

Health and care partners from MKUH, MK City Council, Primary Care, Loughborough University, Thames Valley Clinical Research Network and the BLMK ICB have been working in collaboration across sectors to deliver on this work, supported by a coterminous footprint with familiar stakeholders. Involvement of a research and development team from MKUH has provided clinicians the reassurance and confidence to engage, provided improved credibility to the work and strengthened the position to obtain the necessary data.

The trial will launch in September 2023 and will span 24 months with plans to recruit around 1000 participants via diabetic annual reviews. Half of patients will have immediate access to the interventions with the other half receiving interventions at 12 months. Patients will undergo regular follow-ups at their annual diabetes checks to collect data on clinical and patient outcomes such as HbA1c and quality of life. This is a unique and exciting opportunity for the population of MK and the trial will enable place-based teams to understand the cost effectiveness of the intervention for potential wider rollout.

Figure 3: Digital wearables project case study

How does this meet policy ambitions for place-based integration?

The place-based partnership approach adopted in MK embodies the aims set out in NHSE's *'Thriving Places'* guidance to make more effective use of combined local resources to drive local outcomes. *Figure 4* outlines how MK and ICB partners perceive its place-based arrangements to deliver against the responsibilities set out in this guidance. As place-based partnerships have no statutory functions, it is up to each individual Place to determine their specific responsibilities based on local requirements and priorities. The MK place-based partnership has intentionally focused its initial agenda on place-based strategy and service transformation rather than through delegation of statutory functions from the ICB with a more operational focus. Whilst there are intentions to widen the scope of the partnership in future, for example, through the adoption of more formal commissioning responsibilities, this table provides an assessment of current arrangements.

Key Significant existing maturity | Some evidence of maturity | Limited maturity

Proposed responsibilities for place-based partnerships, as set out in NHSE's 'Thriving Places' guidance	Maturity assessment of the MK place-based partnership (*with notes)*
Health and care strategy and planning at Place *Supporting development and delivery of strategy at place, in line with both local and system-wide priorities*	*Developed the 'MK Deal' outlining the strategy for Place with a set of focused priorities and corresponding programme steering groups to coordinate delivery of work*
Service delivery and transformation *Integrate and coordinate the delivery of health, social care and public health services around the needs of local population, and empower people who use the services*	*Current focus has been more on service transformation with evidence of collaboration on integrated service delivery e.g. empowering service users through digital wearables project.*
Connect support in the community *Work with a wide range of community partners to leverage and invest in community assets and support for improved wellbeing*	*Efforts to engage wider community partners are shown through existing priority work e.g. digital wearables project, which utilises annual diabetes health checks to identify and monitor patients. The Bletchley Pathfinder priority is likely to drive further community connections.*
Align management support *Collectively agree options to align and share resources*	*The HCP brings together health and care partners from across MK to collectively decide how to deploy resources allocated by the ICB to Place to best meet the needs of the MK population.*
Promote health and wellbeing *Work with local agencies and community partners to influence the wider determinants of health and wellbeing, and to support other local objectives such as economic development and environmental sustainability*	*There is a variety of work underway in MK to promote and improve wider population health and wellbeing. For example, the Tacking Obesity priority is conducting work to identify and implement actions to address the spectrum of health and wellbeing drivers related to obesity, including the wider determinants of health across MK such as advertising. Furthermore, the MK50 plan outlines ambitions for MK Place by 2050, with strong emphasis as a healthy city and working to reduce inequalities. Work through the Bletchley Pathfinder priority will support this goal by engaging wider system partners and looking to further explore and address the wider determinants of health.*
Service planning *Taking responsibility for elements of the commissioning cycle*	*The ICB has agreed to be led by the MK place-based partnership on the commissioning of services in scope of MK Deal priorities and there is a potential opportunity to mature this function in future (for example, delegation of formal commissioning responsibilities from the ICB to Place)*
Population health management *Drawing on population health insight to support care redesign locally and address health inequalities*	*The Tackling Obesity priority has demonstrated a data-driven approach to tackling obesity across the spectrum of population health, from the healthcare focused end of increasing access to and uptake of weight management services, through to embedding innovation (e.g. wearables) for upstream obesity management and prevention solutions, and shaping the wider environment and determinants of health across MK.* *Whilst this data-driven population health approach provides an effective building block for driving forward more targeted population health management (PHM), further work is required to adopt a PHM approach. This includes continuous use of data to segment and risk stratify local populations, development of targeted interventions to improve outcomes*

	for those segments address health inequalities and implementing a neighbourhood-based multi-disciplinary team delivery model. The emergent Bletchley Pathfinder priority is expected to drive a greater focus on PHM and meet current gaps in this approach.

Figure 4: Maturity assessment of MK place-based partnership arrangements against NHSE "Thriving Places" guidance

The Integration White Paper published in February 2022 has a significant focus on improving integration of health and care across all sectors within Place, as well as allowing significant opportunity for increased local decision-making. The paper highlights the importance of adopting a robust governance model, a dedicated leader who is accountable for delivery of the place-based strategy and leveraging the use of pooled budgets between NHS and local government, all of which are being demonstrated in MK. The paper also describes the intention for Places to develop additional local priorities based on national NHS objectives; the MK place-based partnership has reflected these in the MK Deal priorities where relevant and recognise their responsibility to support their delivery. BLMK ICB are looking to establish more robust mechanisms to report progress against these priorities to place-based forums and across the ICS.

Whilst progress against the national priorities continues to be monitored by the ICB, reporting of these national priorities into the HCP/JLT will need to be established with the hope to address this through the implementation of place-based teams from the ICB.

3. What have been the critical success factors?

A series of success factors have been critical to building the collaboration, including the shared vision for health and care and the effective governance in the MK place-based partnership. **The five enabling factors outlined below** have been fundamental to secure direction, alignment, and commitment across MK's health and care leadership - all essential components for high-performing leadership teams.[1]

1. Alignment around a shared direction and focused priorities

The clear, coterminous geographical and health and care provider footprint has supported MK to establish a clear identity as a 'Place'; with established organisational partnerships and delivery structures providing a significant foundation to build upon.

The MK Deal has clearly set the direction and focus for health and care partners in MK and has built a strong sense of shared ownership of, and commitment to, the MK Deal priorities. In part, this was enabled by the place-based partnership having the space and autonomy to develop this independently and bottom-up around local needs and shared strategic objectives. The process involved in developing the MK Deal, as much as the deal itself, has been critical to building collaborative approaches across health and care partners through shared problem-solving. It has helped to build stronger relationships and trust between leaders, breaking down historical barriers and shifting focus from internal facing to aligning around the new shared direction.

Being intentionally selective and limiting numbers of priorities has ensured discussions are more delivery focused and workloads are more manageable, supporting more effective delivery and greater impact. The shared and focused direction in the form of the MK Deal has allowed the JLT to dedicate energy and time to making tangible progress on a select number of priority areas.

The MK Deal priorities are clear, visible, and accessible meaning wider partners and the public outside of the formal governance understand what the priorities stand for and share a commitment to the same direction. This widespread awareness is supported by the engagement of local politicians and Healthwatch MK in the development of the priorities, creating local energy and momentum around driving change.

[1] DAC model, Center for Creative Leadership

"There is a real sense of shared ownership than previously. The priority work has helped to build local relationships and trust by solving problems together."

"We have benefitted from not trying to do everything and focusing on a small number of priority areas."

"I have been really impressed with the contributions from politicians and Healthwatch in MK – they have been strategic and supportive of the whole approach in MK, ensuring questions are constructive. Healthwatch representatives have shown understanding and shared ownership of the MK Deal work."

2. Resource dedicated to place-based priorities

Transformation funding provided by the ICB, and in turn ringfenced by the HCP for MK Deal priorities, has been critical to progress collaborative working on shared priorities. Having dedicated budget for these from the outset has enabled a focus on delivery and action through place-based discussions, by providing partners with the resource and authority to implement joint decisions.

Resource in the form of workforce has also been key to progressing place-led work. BLMK ICB has committed to providing a dedicated team for the MK Deal in the form of the MK Improvement Action Team. In addition, having ICB place-based representatives on the HCP and JLT has been vital to broker conversations and build understanding and relationships between place-based leaders and the ICB. Participation from the ICB has provided line of sight in both directions and facilitated greater transparency in communications by clearly translating the intentions of each, whilst effectively balancing the level of input required from the ICB with clear efforts to maintain the autonomy of Place.

Having people internally in MK Place who are aligned and focused on driving forward the MK Deal priorities has helped coordinate efforts to meet key milestones and timely programme delivery. Health and care organisations have shown commitment to the shared vision by dedicating a consistent set of senior representatives to form core governance structures and attend meetings in person. A key part of this is through the JLT which convenes senior representation from across Place on a regular basis to coordinate delivery of place-based priorities. JLT members also commit significant time and energy outside of JLT meetings to act as programme leads for the MK Deal priorities, as well as dedicating members of their own organisation's staff to act as part of the integrated programme steering groups. This shows shared ownership and support for the place-led agenda across organisational boundaries.

"MK has been provided money and the authority to work together in this space."

"ICB representatives within MK governance structures have acted as an effective translation service for the ICB, whilst ensuring the autonomy of Place is maintained to pursue their own agenda."

"Staff have been allowed dedicated time to work on the MK Deal priorities by their host organisations."

3. Strong leadership from the Council

The leadership shown by the Council for the MK Deal, HCP and JLT has been widely identified as critical. Both in acting as an honest broker in NHS-focused discussions and as an equal partner in discussions with the NHS. The involvement of the Council in this way has facilitated meaningful engagement across different sectors grounded in place-based needs, and helped build integration, relationships, and collaborative working into the governance of the MK place-based partnership. The Council's significant involvement has also created a firmer understanding of the roles of the NHS and the Council, that were historically blurred, developing a common language between the two.

In particular, the Chief Executive of MK City Council, a well-respected figure in MK, has been instrumental in supporting and brokering the MK Deal and providing strong leadership of its place-based governance structures. Often taking ownership for local health and care decisions in a unique and progressive way for a place-based system, many have reflected on the significant cultural change this has created across health and care partners in MK.

"Leadership from the council has been pretty fantastic - helping bring leaders across place together and manage engagement with wider partners effectively."

"The bravery of a couple of key individuals in the JLT has been particularly important and the JLT team has supported them to do this… leadership from the Council CEO in particular has been very significant."

4. Clear leadership, decision-making and governance arrangements

Place-based arrangements in MK are underpinned by an effective governance structure composed of two principal groups: the HCP and JLT. Together, these provide complementary forums for discussions to occur between place-based partners that enable effective decision-making, oversight, and delivery of health and care for the whole of MK. There is widespread clarity on the purpose, roles and responsibilities of the HCP and JLT; and each has its own Terms of Reference, membership and clear alignment of the role and decision-making authorities of each in relation to one another. The HCP meets every three months as the strategic overarching structure for place, taking overall responsibility for decisions on how to spend the transformation budget. The JLT meets every three weeks, functioning as the day-to-day leadership team progressing and operationalising the MK Deal and reporting into the HCP.

The JLT is considered a core feature of the MK place-based partnership's success, acting as a productive and action-focused forum to coordinate and oversee delivery of the place-based agenda, convening the Council, ICB and all NHS providers on a regular basis. Key features of the JLT include:

- **A focused and targeted membership** composed of core place-based health and care partners considered to have the greatest knowledge of MK Place and role in delivering its health and care priorities;
- **A balanced membership structure** which ensures all partners have an equal voice at the table by comprising two representatives from each of the NHS Trusts, the MK Council, primary care and ICB;
- **Consistency in membership** and thus meeting attendees has created continuity and familiarity with decision-making processes, as well as enabling senior leads to build relationships through regular interaction;
- **Seniority in membership** and dedication of senior people to attending these meetings means that those who are at the meeting and contributing can drive action;
- **Short and focused meeting agendas**, with only the most relevant information provided and discussed. This means time is spent on brainstorming and tackling difficult issues to generate clear actions and agenda items have a focus on MK Deal priorities which all partners in Place have bought into;
- **Face-to-face meetings**, essential for building lasting and trusted relationships;
- **A safe space** for healthy debate between partners where voices are respected, differences in opinion are discussed openly and shared actions can be agreed and taken forward.

In addition to these fora, each deal priority has its own integrated steering group with dedicated leads and representation from relevant health and care partners across MK. Some of whom sit on the JLT and with dedicated resource from across Place and providers. These steering groups have delegated responsibilities and decision-making powers to drive forward work on the MK Deal priorities.

The governance described has supported strong, collaborative, and more equitable relationships across provider organisations and commissioners. As a result, place-based working in MK has shifted from dispersed teams aligned to individual organisations to a joint management team meeting regularly and partnering on shared agendas. As a result, individuals across NHS and local government have a greater understanding for each other's roles and priorities.

"Face-to-face meetings of the JLT have been massively effective to build relationships and familiarity."

"JLT meetings involve senior people attending in person every 3 weeks for 1.2-2 hours – this commitment and focus from organisations and senior people is very powerful"

5. Cross-organisational and sector collaboration founded on closer partnerships

There is a positive culture founded on familiarity and relationships, alignment on shared priorities and willingness to collaborate and an equal and safe platform for the voices of different providers and leaders. This significant cultural shift in how partners communicate and perceive their relationships with one another has been critical to the transformation of MK's place-based arrangements. Where leaders were previously focused on specific organisational needs (leading to tensions and limited progress), now they communicate with one another as equals and leader-to-leader, understanding different perspectives and having more open discussions about the shared agenda. There is a mutual respect of one another and a continuity of relationships, as well as a recognition that partnership working is essential to achieve individual as well as collective success. Differences in opinions which naturally exist are managed respectfully between individuals through open, inclusive, and constructive debates to reach a shared agreement. Outside of governance structures, partners have clear lines of communication in place to regularly make themselves available to one another, with operational bilateral discussions often taking place.

> *"The JLT act as critical friends to one another and we always bring each other back around to the key priorities."*
>
> *"There is very positive attitude, culture and way of working together which is straight-talking and adult-adult, but also focused on getting stuff done and sorting stuff out in a pacey, no-nonsense manner."*

4. Opportunities for further progress

The place-based partnership in MK has built strong foundations through its place-based vision, priorities and partnership structures for health and care. This provides a progressive and exciting platform to go even further in setting out and delivering its intentions and priorities for Place.

Driving a population health management approach

Population health management (PHM) is critical to improving local population outcomes and reducing health inequalities. Effective PHM requires use of local data to segment and risk stratify local populations, development of targeted interventions to improve outcomes and address health inequalities, and establishment of a neighbourhood-based multi-disciplinary delivery model. As a key component of the ambitions set out in *'Thriving Places'*, the vision has always been for PHM to form a core responsibility of the MK place-based partnership.

MK's Tackling Obesity priority demonstrates an approach to improving population health through three strands of work: 1. Using insights from data to identify and improve patient access to weight management services; 2. Innovation, such as digital wearables; and 3. Shaping the wider environment and determinants of health. Whilst this work provides a strong foundation for effective PHM in MK, further work is required to adopt the PHM approach as described in *'Thriving Places'* and above.

The new Bletchley Pathfinder priority has the potential to significantly accelerate and bridge the gaps for population health management in MK by enhancing maturity and setting the direction for other neighbourhoods. It also provides an opportunity to better engage MK residents and the wider network of health and care providers such as primary care partners and VCSEs; all essential partners for delivering effective population health management. In line with the ambitions of the Fuller Stocktake to establish multi-disciplinary neighbourhood teams at a place-level, the MK place-based partnership will need to consider how best to engage and involve these voices in place-led decisions, and whether this requires new governance arrangements to do so. This will be supported by the provision of additional primary care roles and integrated neighbourhood manager roles dedicated to Place as part of the ICB's new resourcing structure.

"The place-based partnership in MK is not currently looking at population health in its entirety. As they mature, they should review local data to identify priorities that can make a real difference to local population outcomes. Bletchley pathfinder will be a good opportunity for this."

"There is a need to bring more voices from primary care, VCSEs and local residents around the table at place-level – at the moment representation is only from general practice."

Agreement of future funding to support Place priorities

The availability of a shared transformation fund for the MK HCP has been critical to securing collaboration and alignment across teams and enabling tangible progress on the shared priorities to date. However, there is no expectation for this funding to continue into future years. Absence of dedicated funding for MK to sustain existing initiatives and initiate further work risks collaboration becoming less action-focused and more reflection-based, compromising existing developments and limiting further evolution of the place-based partnership. To enable MK health and care partners to continue working collaboratively, and with autonomy to drive forward transformation at Place, the ICB and the MK HCP will need to co-develop a shared plan for funding ongoing transformation work; this should look to identify a recurrent budget, from existing ICB and Place resources, to allocate to place-led activities. Current financial pressures in the system underline the importance of mutual commitment to this work from all health and care partners, as well as establishing clear reporting and assurance structures to demonstrate impact of investment.

To date, discussions between health and care partners in MK have predominantly focused on how best to spend money on transformation initiatives, rather than considering shared ways to generate financial savings in MK Place. Whilst continued funding to support further transformation work is important, the MK place-based partnership, enabled by the ICB, should also consider ways to collaborate to save money for the system, as well as how best to contribute to ICB decision-making on the most effective use of core funds.

"We need a medium-term financial plan for MK Place as money will ultimately become the blocker to further progress once it runs out"

"So far, we have focused on spending interesting discretionary transformation funding. We have not yet been collaborating to save money or involve ourselves in the decision-making processes for core funds."

Aligning on the target operating model for Place-led functions

To date, MK HCP has intentionally focused on delivering transformation work rather than the operational responsibilities of the ICB. This is reflected in its responsibilities in the ICB's latest target operating model. However, future aspirations are for the MK partnership to transition to leading commissioning of some services associated with the MK Deal priorities. This involves defining how far it wants to take a greater role in commissioning; whether this continues to have a transformation-only focus or if responsibilities spread wider into leading other elements of commissioning, such as performance monitoring and assurance. The ICB needs to support MK HCP to align on the right balance and any associated resource requirements.

The level of resource required to support these future arrangements in Place needs to be affordable to the BLMK system, originate from both MK-based organisations and the ICB, and be proportionate to the level of responsibility taken on by the MK HCP. It is also important that the resource dedicated to the MK place-based partnership – distinct from resource provided by individual partners – can facilitate the necessary assurance required from each statutory organisation in terms of performance against the priority areas. For example, the leadership of commissioning functions means facilitating the assurance required of the ICB and the Council. With significant presence on the ICB from MK there is already a governance alignment that can be leveraged. Additional specific responsibilities and the associated resources will need to be clearly defined through open dialogue between the ICB and the MK HCP and agreed by all partners.

"The ICB restructure will better define resource for places in terms of having a funded core team able to support the MK deal priority programmes"

"If we were provided additional people to work within Place we would progress faster"

Building resilience and flexibility within Place

The leadership and relationships of the JLT and HCP lie at the core of their place-based success and positive culture. This is specifically rooted in the strong personalities and reputations of those leading the place-based agenda. Whilst extremely positive, it also highlights the need to sufficiently embed and codify the positive, collaborative culture that has been created by these individuals across all levels of Place to ensure the partnership can endure future changes in leadership and to support dissemination down to all levels of each organisation. An effective change management programme, supported by the ICB, could help to inform individuals below leadership levels of the changes occurring within MK place and how this impacts their ability to inform and impact health and care service transformation.

In addition to establishing a resilience in culture, the MK Deal priorities and associated governance will need to adapt to expand their scope, alter their direction, and strive for greater ambition as the MK place-based partnership matures, reflecting on and learning from previous priorities. A structured and regular review process will be essential to support flexibility and evolution of the priorities whilst ensuring the continued effectiveness and oversight of place-based arrangements. Selecting the right moment to commence this review cycle will be key to secure ongoing success.

> *"Would like to extend the scope of the deal into other areas at some point but choosing the right moment to do this will be important."*
>
> *"If there is any risk in the model at the moment it's because it hinges on specific personalities so need to make sure the culture is embedded."*

5. Conclusion

Health and care partners in MK have dedicated significant effort over the past few years to building an effective and pioneering approach to MK's place-based model of working, supported by BLMK ICB. There are clear governance structures in place to formalise the partnership and enable tangible progress, and relationships have evolved significantly with partners now working towards the same direction. Additionally, the place-based partnership in MK is already demonstrating an approach aligned to many elements set out in the NHSE's guidance for "Thriving Places", with plans to mature further in other areas.

Development of the MK Deal, the first of its kind in BLMK ICS, has been critical to transforming place-based relationships and aligning partners towards common goals, shifting the way in which organisations work together to transform health and care in MK. The progress made so far would not have been possible without dedicated resource to deliver on these agreed priorities, strong leadership from the council acting as honest-brokers to facilitate place-based discussions and a robust governance structure with forums such as the JLT dedicated to delivering this work. This is all underpinned by a cultural shift in the way in which partners are communicating and making themselves accessible to one another now they are agreed on a shared direction.

With these critical foundations in place, the MK place-based partnership should look for ways to develop further as they progress delivery of the MK Deal priorities. The partnership should view the Bletchley Pathfinder work as a leading opportunity to involve wider partners in place-based discussions and deliver more ambitious transformation at a neighbourhood level; using local insights to deliver population-specific initiatives and help reduce health inequalities for MK. To support continued delivery of MK Deal priorities, the partnership will need to work collaboratively with the ICB to identify continued funding, agree on a suitable place-based workforce to deliver the work, and communicate any commissioning responsibilities they will adopt as the place-based partnership matures. Core to strengthening place-based arrangements in MK, the Place and ICB should support a cross-organisational and sector change management programme to disseminate information and establish a results-driven culture, similar to the MK leadership team, across all levels of Place.

Although this review did not involve comprehensive benchmarking analysis of MK against other Places, the CEO of Carnall Farrar, Hannah Farrar, provided her views on how the MK place-based partnership is performing based on her extensive experience working with other Places across England:

"CF has worked with multiple Places at different stages of development across the country. There are examples of Places further developed than MK and these have informed some of the recommendations of this report. However, many Places are yet to have developed and implemented a model in the same way as MK, with the Council taking a leadership role on a clear set of local health and care priorities by convening Local Government and the NHS. MK has succeeded in building effective partnerships with a shared mission and demonstrable progress in delivering improvements for residents."

– Hannah Farrar, CEO of Carnall Farrar