NHS
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Integrated Care Board

BLMK Health Services Strategy

MK Scrutiny Committee Meeting
30th January 2025

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We need to not just ‘do more’ but ‘do differently’

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As we look out to 2040, we need to ensure publicly funded health services are sustainable and they achieve the best health outcomes possible for the BLMK population within available resources.

What the Strategy is:

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The strategy seeks to support individual NHS organisations in fulfilling their statutory duties, whilst driving forward collaboration between organisations, and between them and the populations they each serve.

The strategy focuses on those areas where:

- **the issues are so significant that the ICB (as a statutory body) must be actively involved**
- **we believe a coordinated and streamlined approach will improve our chances of success.**

What the Strategy is not:

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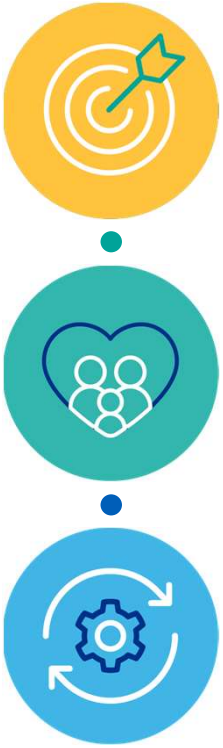
The Health Services Strategy is not intended to include each and every aspect of health service provision in BLMK

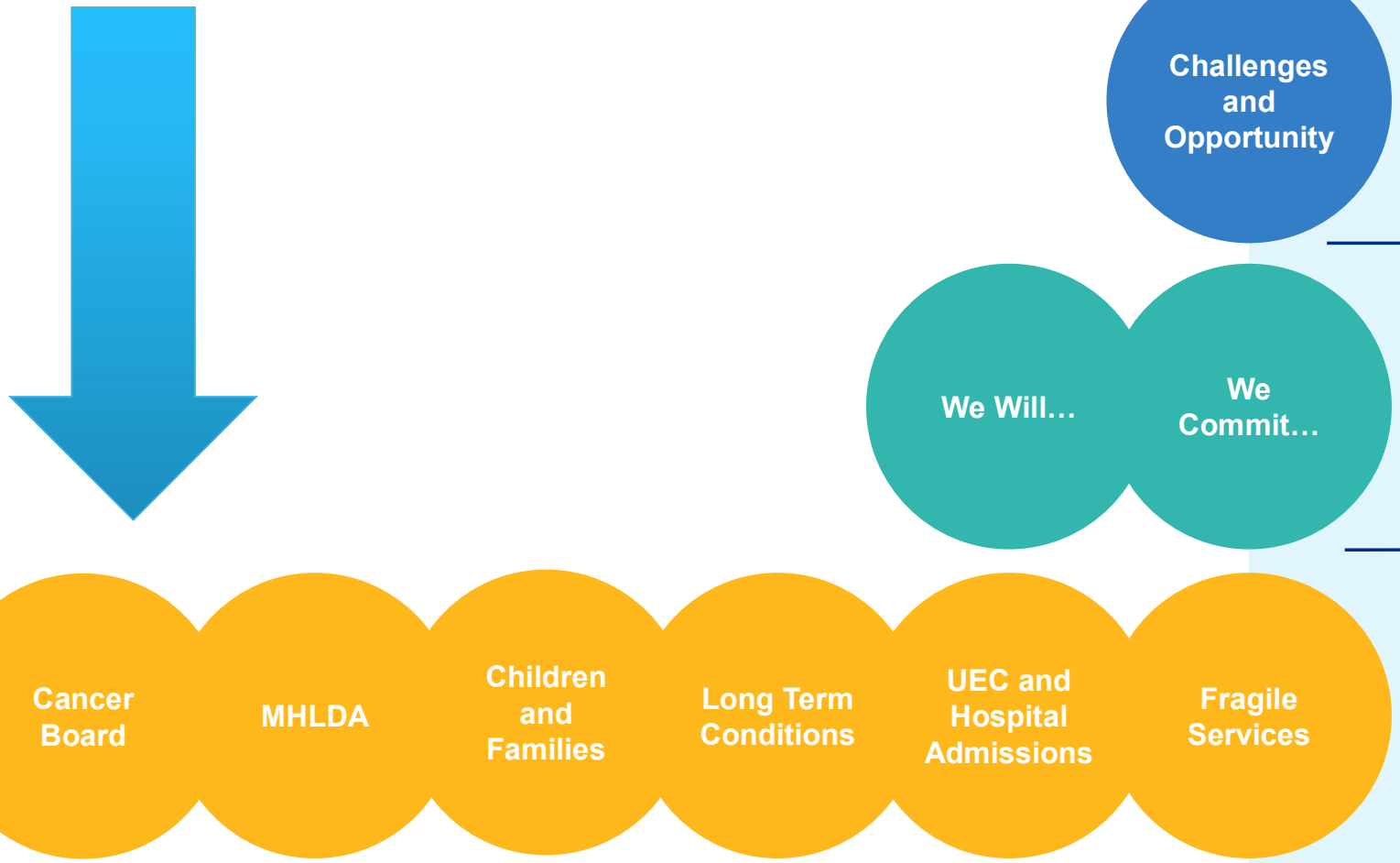
In many areas, existing collaborative mechanisms work well (joint management of the Better Care Fund2 between each Local Authority and the ICB; commissioning and contracting arrangements around the provision of specific health and care services; and, effective relationships between primary care practitioners and local hospitals)



The strategy does not seek to ‘replace’ or ‘take over’ work being undertaken at Place

Rather, it aims to enable and propel that work, recognising and supporting the uniqueness of each place, but also throwing light on variations that are unwarranted and unwelcome. Bedfordshire, Luton and Milton Keynes’s success as a system depends on it unleashing the potential of individuals, organisations, places and alliances across its footprint.

Structure of the Strategy



High level

The “burning platform” and what needs to change

Shared common goals and objectives, and a willingness to achieve them.

Organisational cultural change required to underpin the actions

Detailed work plans and resourcing

SMART goals and objectives based on quality data

Direction of travel – ‘We will’

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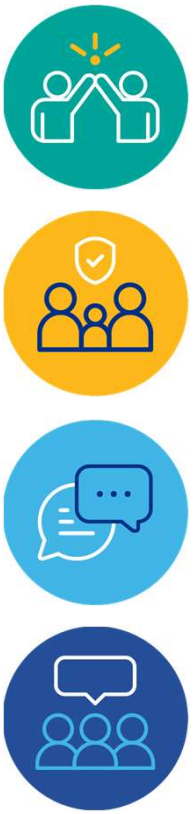
1. **We will** make decisions which support a shift from healthcare intervention to the prevention of ill health.
2. **We will** encourage and enable residents to take an active role in managing their own health and wellbeing and to contribute to the development of healthcare provision.
3. **We will** provide care as close to the resident’s home as possible and design services that are ‘seamless’ for patients and carers.
4. **We will** embrace technology in the design and delivery of health services.
5. **We will** protect access to planned healthcare including operations and procedures.
6. **We will** make investment decisions which promote a narrowing in health inequalities.
7. **We will** ensure that the shape and size of our workforce meet the needs of BLMK’s population and support our people to make best use of their individual skillsets.



Direction of travel – ‘We will’

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8. **We will** ensure that value (financial and social) is key to all decision-making.
9. **We will** act to ensure parity of esteem between physical and mental health.
10. **We will** work to deliver healthcare in an estate which is fit for purpose.
11. **We will** embrace measurement and a culture of continuous improvement.
12. **We will** achieve excellent outcomes in maternity services and reduce neonatal harm.
13. **We will** prioritise the health of children and young people, including those who are carers.
14. **We will** cultivate a healthy research landscape – improving access to portfolio studies and providing a fertile environment for collaborative local research.
15. **We will** own our roles as anchor organisations within the communities we serve and work to enhance social value.

Our Commitments

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1. **We commit** to supporting and being respectful of one another, we will engage in peer review and act as critical friends.
2. **We commit** to always acting in the best interests of the population we serve recognising this may mean resources are invested elsewhere in the system.
3. **We commit** to being open and transparent in our dealings with one another, including with respect to data and financial information.
4. **We commit** to making decisions together and explicitly sharing risks associated with the actions we take.
5. **We commit** to calling out waste and duplication, and to being intolerant of silo working, even if this is not advantageous to our own organisations in the short term.
6. **We commit** to not act unilaterally. Where our decisions are likely to have an impact on our partners, we will engage them in the appraisal of options.
7. **We commit** to providing our staff with the skills to work collaboratively, and to leading by example within our organisations.
8. **We commit** to working together to bring additional resources into BLMK for the benefit of our residents.

Six Delivery Work Programmes

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		Priority Work Programme	Led by	Exec Lead
ESTABLISHED	1	BLMK Mental Health Learning Disability and Autism (MHLDA) Collaborative	As presently	*Maria Wogan, Chief of Strategy & Assurance, ICB*
	2	BLMK Children and Families (To incorporate Local Maternity and Neonatal System - LMNS)	As presently	*TBC*
	3	BLMK Cancer Board	As presently	*Andrew Rochford, Chief Medical Officer, ICB*
NEW / REFRESH	4	Long Term Conditions – Health Optimisation (To incorporate the current BLMK Long Term Conditions Programme)	ICB and Primary Care	*Helen Beck, Chief Operating Officer, Planned Care, MKUH*
	5	Improving urgent and emergency care (UEC) and reducing unnecessary hospital stays	Local Authorities, Acute and Community Providers	*Maria Wogan, Chief of Strategy & Assurance, ICB*
	6	Fragile Services – Access to secondary care, critical mass, peer support and learning (To incorporate the current BLMK Elective Collaboration Board)	Acute Providers	*Felicity Cox, Chief Executive Officer, ICB*

Clinical Leadership

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Clinical input and leadership will be critical in building detailed workplans for each of the six programmes, grounded in solid clinical knowledge and high-quality public health data.

Review of all doctors engaged on a sessional basis with the ICB. From April 2025:

- Some of the sessional Clinical Leadership roles will align clearly to one or more of the work programmes. Proactive engagement will be prioritised as a core objective in their role.
- Other roles will be key to cross-cutting themes such as Workforce and Health Inequalities.

The Health and Care Professionals Leadership Group (HCPLG)

Delivery of the Health Services Strategy will ultimately be held to account by the Board of the ICB. However, the operational oversight and leadership required to ensure its ongoing progress will be held by the HCPLG. Members will provide clinical guidance as well as hold the programmes to account against SMART targets.

Timeline to Publish Appendix

2-year initial work plans for each programme

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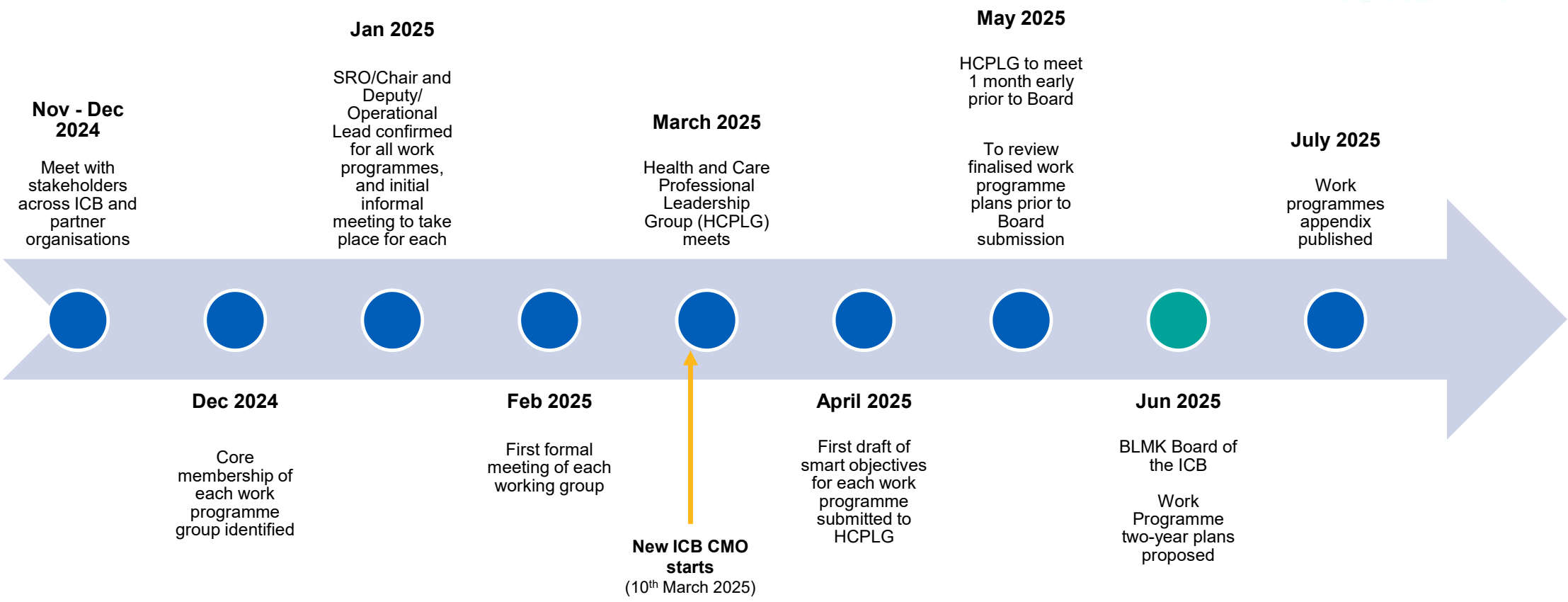

Milton Keynes

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Some Good News

Healthy life expectancy varies across our four constituent Places (local authority areas). Women in Bedford and Luton can expect significantly fewer years of healthy life than the England average, whilst women in Milton Keynes and Central Bedfordshire can expect significantly more

The **Improving UEC programme** will capitalise on the excellent work commenced by the Bedfordshire Care Alliance (BCA) and **MK Joint Leadership Team (JLT).**

Some Specific Challenges

The age profile of the population in BLMK is changing much more rapidly than the national picture.

The growth in the elderly population – a subset of whom will experience frailty and dependency – is markedly acute, particularly so in Milton Keynes where the total population over **77 years of age** will **double** over the **twenty years** ahead.

The strategy is available publicly on the ICS and ICB websites:
BLMK Health Services Strategy

BLMK Mental Health Learning Disability and Autism (MHLDA) Collaborative

Articulating the purpose and aims of the MHLDA Collaborative and identifying deliverable objectives

- Early intervention and crisis recovery pathways
- Autism and autistic spectrum disorder - local diagnosis and support
- Complex Needs - sustainable recovery-focused models of care (include complex placements provided within ICB area)
- Capital development in core services
- Physical health access and outcomes

KPI Measures/Metrics Already Established	
Private bed usage - high of 24 beds (Jun 24)	Target of 0 (by 1/12/24)
In-patient (Adult, PICU, Older Adult) bed day cost	Avg Occupied Bed Day Cost
Length of stay of patient spell	Average LoS
Average cost of an activity	Cost per Contact
WTE deployed to support units of activity	Contact per WTE

Exec Lead: Maria Wogan, Chief of Strategy & Assurance, ICB

BLMK Children and Families

Refreshing the CYP Transformation Board (incl LMNS) and coherently pulling together the programmes of work in this space

- Hospital admissions for Asthma for children and young people:
  - Asthma diagnoses without record of spirometry
  - Over-reliance on ‘reliever’ inhalers
  - Socioeconomic deprivation with respect to asthma outcomes

- LMNS Priorities:
  - Listening to women and families with Compassion
  - Meeting and improving standards
  - Developing and sustaining a culture of safety
  - Supporting our workforce

KPI Measures/Metrics Already Established		
Increasing % of children who reach national average level of General Learning and Development by the end of School Foundation Stage	**Baseline**	
	Bed Borough Central Bed Luton MK BLMK England	66.9% 67.2% 61.1% 69.8% 65.5% 67.2%
Reducing Year 6 prevalence of obesity (incl severe obesity)	22.9% (2022/23)	
Reducing % of 5-year-olds with experience of visually obvious dental decay	Place level data only	
Reducing infant mortality year on year	2.02/1000 (BLMK,23/24)	

Exec Lead: TBC

BLMK Cancer Board

Operationalising the Cancer Board to proactively deliver on women's cancer priorities

Improving prevention, screening, and early diagnosis of cancer in women:

- Prevention - smoking cessation, HPV uptake, tackling obesity
- Education - recognising signs/symptoms, benefits of screening
- Screening and diagnostic capacity/resource - agile workforce
- Proactive targeted intervention - for areas with poor outcomes
- Improve compliance against 62-day standard – other than breast
- Innovative personalised, targeted treatment – e.g. genetic testing/AI
- Improved access – radiotherapy/oncology services and clinical trials

KPI Measures/Metrics Already Established	
	Baseline
75% of BLMK cancer patients diagnosed at stage 1/2 by 2028	64.6% (Oct 23)
85% diagnosed with cancer treated within 62 days of GP referral	59.24% (Jun 24)
Score at/above expected range (8.7) on annual Cancer Experience Survey	8.8 / 10 (Jun 23)
75% of patients surviving cancer 1 year after treatment	73.7% (2020)

Exec Lead: Ian Reckless, Chief Medical Officer, ICB

Long Term Conditions: Health Optimisation

Primary/Secondary interface and refresh/energise/enable outcome delivery for priority disease areas

- Hypertension - Identifying and treating effectively to target.
- Musculoskeletal Conditions (MSK) – reducing prevalence and improving timely management
- Admissions to hospital with heart failure – reducing number and duration.
- NHS App - Optimising information and access

KPI Measures/Metrics Already Established		
Average age at time of first long term health condition in BLMK *(Gap between the ages at which individuals develop their first long term health condition in those living in most and least deprived quintiles)*	**Baseline**	
	Bed Borough Central Beds Luton MK BLMK	4.8yrs 6.1yrs 2.7yrs 4.6yrs 4.2yrs

Exec Lead: Helen Beck, Chief Operating Officer for Planned Care, MKUH

Improving Urgent and Emergency Care (UEC) and Reducing Unnecessary Hospital Stays

Senior level system-wide overview and accountability for work ongoing at Place (MK and BCA)

- Development of services which aim to avoid overnight hospital admissions
- Expansion of virtual ward services with a focus on outcomes and value for money
- Positively identifying those likely to be in the final two years of life and improving end of life care
- Supporting the growth of new care models focusing on local need and development of integrated neighbourhood teams.

KPI Measures/Metrics Already Established		
Reducing emergency admissions for falls *Emergency hospital admissions due to falls in people aged 65 and over 2022/23. Directly standardised rate per 100,000 population*	**Baseline**	
	Bed Borough	1725
	Central Beds	18472
	Luton	1639
	MK	1999
	BLMK	1933

Exec Lead: Maria Wogan, Chief of Strategy and Assurance, ICB

Fragile Services: Service sustainability, access to planned care, critical mass, peer support and learning

Predominantly involving the Acute Providers, forming the basis of a meaningful Acute Provider Collaborative in BLMK.

- **Understand variation** - in relation to cost or quality outcomes - to identify pragmatic improvement actions
- **Premium temporary staff usage** across our services - consider mutual aid from peers
- **Neighbouring services** - routinely looking at granular performance data such that symbiotic support can be offered

Exec Lead: Felicity Cox, Chief Executive Officer, ICB