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 Statistics[1], 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 Heath 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 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?

<u>For System Flow, good looks like:</u>

- 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

<u>For Tackling Obesity, good looks like:</u>

- 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 be 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	Q1 Decision on neighbourhood working (June) H2 Review Deal with ICB	Annual review of Deal	Annual Review of Deal	Annual Review of Deal	Annual Review of Deal
ISF	H1 Business Case for integrated team to JLT H1 Winter Plan agreed National decision on New Hospital Programme Q3 both CDCs open Q1 Planning permission for MK East Community Health Hub H2 Integrated Discharge Hub establishment commences (subject to approval)	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		

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

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

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