

Bedfordshire, Luton and Milton Keynes ICS

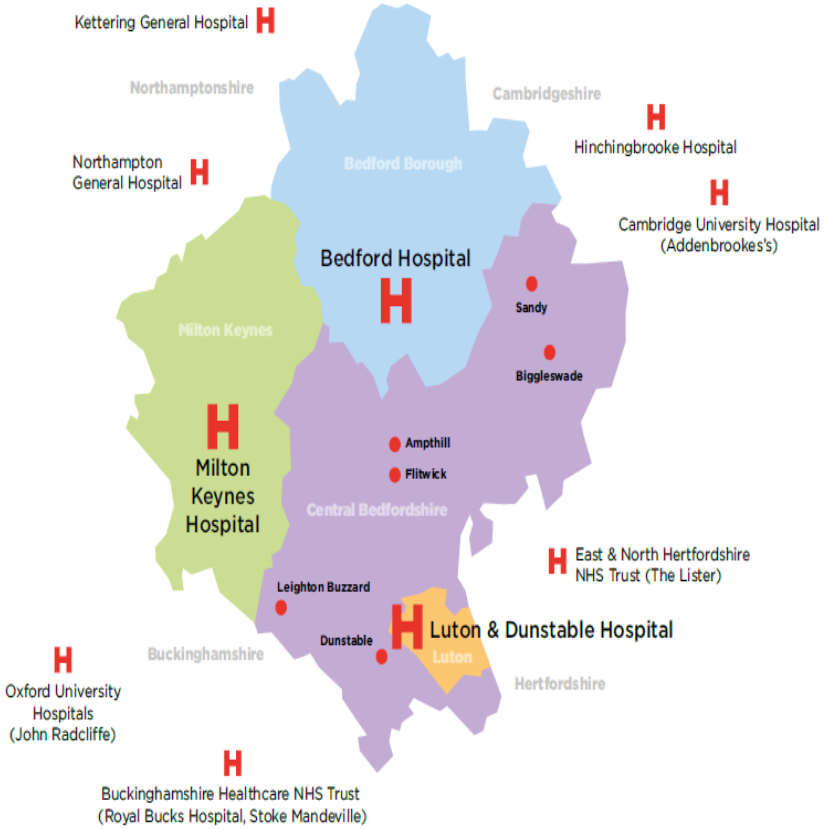
ELFT Council of Governors
11th March 2021



Bedfordshire, Luton & Milton Keynes



- BLMK has a combined population of c.945,000 which is projected to grow to 1,127,000 by 2035
- The number of people aged 85+ is projected to double by 2035
- Significant differences in demographics, ethnic diversity and deprivation within our area



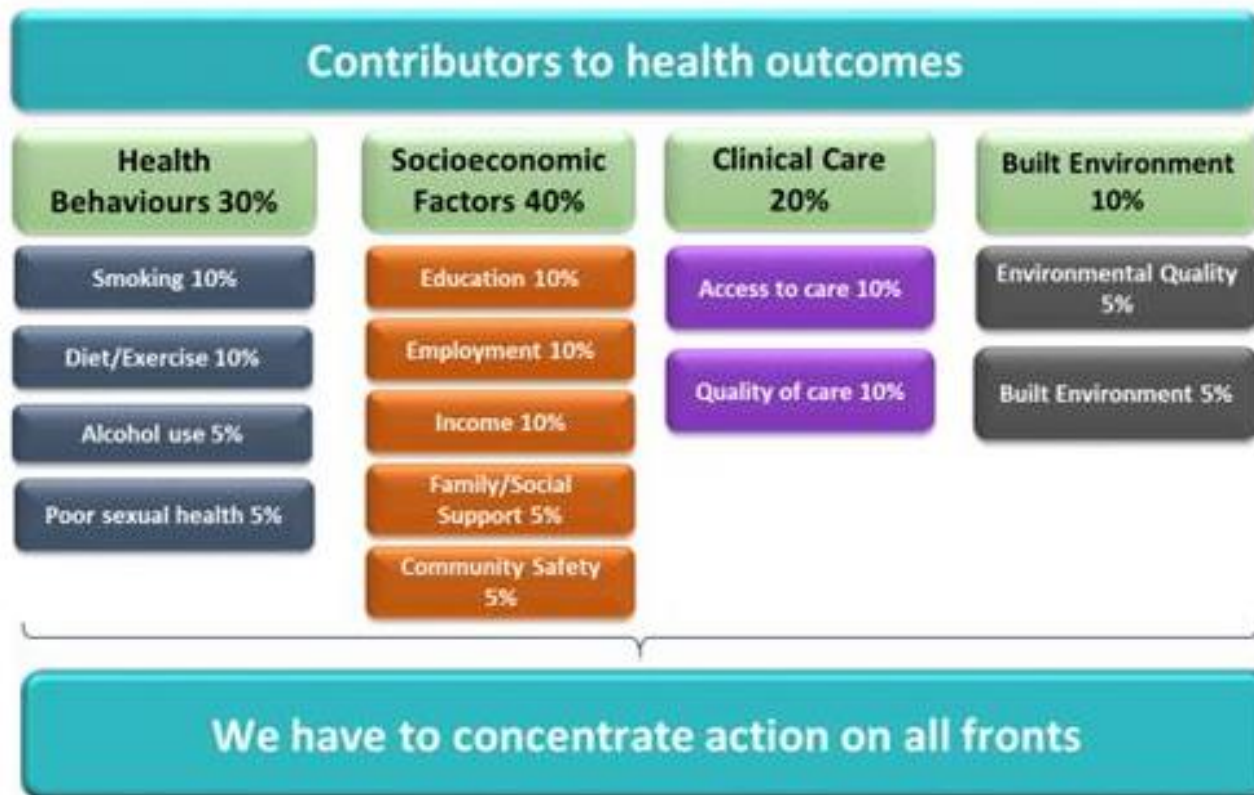
The Integrated Care System

- Recent White Paper, *‘Integration and Innovation: working together to improve health and social care for all’*:

The NHS and local authorities working together on sophisticated approaches to **population health management**, to address the more intractable challenges associated with the wider determinants of health which are best solved when the **NHS and local authorities work as a team** to support an individual’s physical, mental, social and economic needs.



Understanding the wider determinants of health



Role of the ICS

- Setting and leading overall strategy
- Managing collective resources and performance
- Identifying and sharing best practice to reduce unwarranted variations in care
- Leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation



BLMK ICS

- Our partnership includes:
 - Four local unitary councils
 - Six NHS organisations
 - CCGs, hospitals, community care, mental health and ambulance service providers
 - CEOs, Chairs & Elected Leaders sit on a Partnership Board
- Currently organised into 2 Integrated Care Partnerships or Care Alliances (Milton Keynes and Bedfordshire)
- Other key stakeholders and partners include:
 - primary care networks, communities, Healthwatch, voluntary and charitable sectors, other agencies such as police, etc.

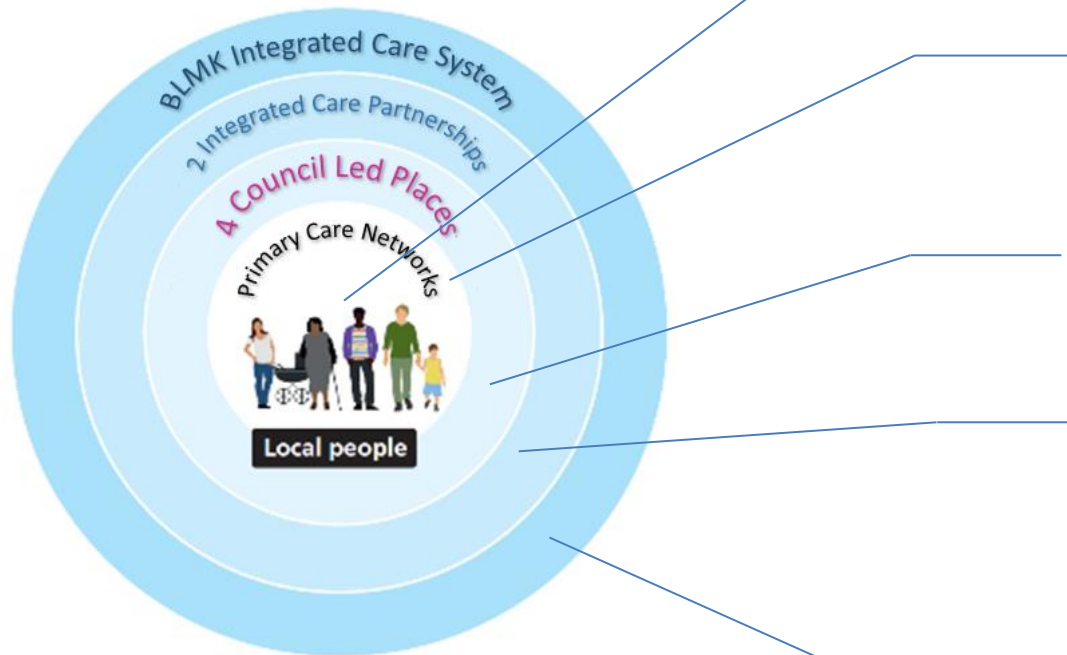


BLMK ICS – our current focus

- Setting overarching strategic priorities
 - **What** we want to achieve for our population in the medium and longer term
- Framed around **population health** outcomes and reducing inequalities
- Taking into account the **challenges** from Covid-19 and **opportunities** to work in different ways to address them
- Taking a **single system** approach, with flexibility at **place and care alliance** level to meet local population needs



BLMK ICS – working at all levels to improve Population Health



Individuals – People stay well for longer in their own homes and with personalised budgets. Citizen engagement may commission or shape the commissioning of care

Neighbourhood/ Primary Care Networks (PCN) – working with local groups, faith groups, small voluntary sector, LA ward teams, patient groups, community police, leisure trusts... May commission for groups of people with common needs across a small area, e.g. targeted self-care support, social prescribing or services where they have a cluster of need

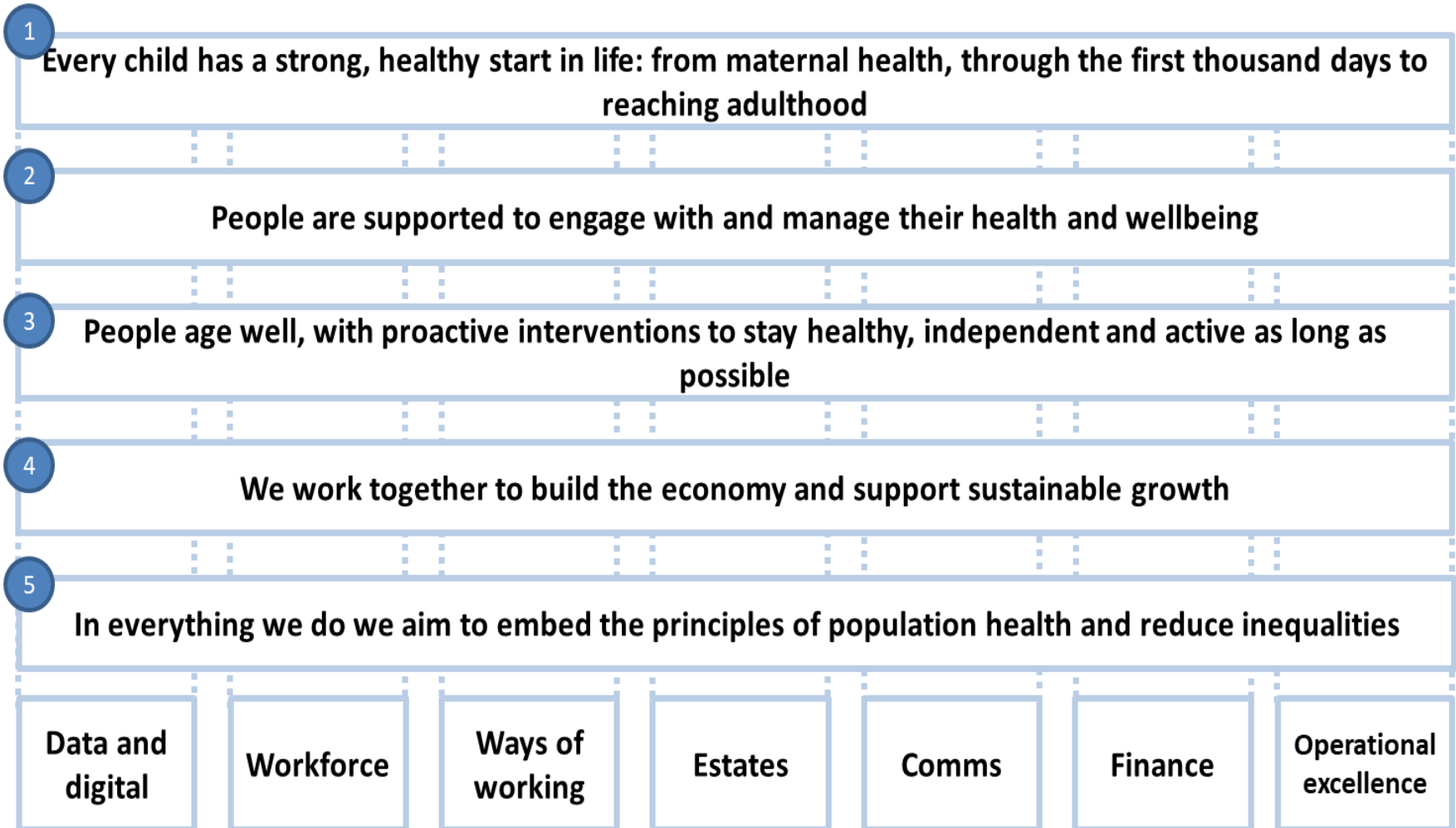
Place – usually Local Authority footprint, convening PCNs, social care, authority-wide voluntary sector, Healthwatch, housing assoc's, police, fire & rescue. Local delivery engines of agreed strategic priorities.

Care Alliance (CA) – actions to target the health and care services for the population which can be taken either by NHS or a range of partners. This will include looking at allocative efficiency and pathway change

System – ICS leads on strategic commissioning, setting population health goals for the system, planning and allocating spend to PCN, Place or CA to improve the health outcomes and population health, commissioning areas best done at scale or only once, such as specialised services, primary care. ICS will also lead on enablers (e.g. digital, strategic estates) or development areas such as R&D.



Emerging strategic priorities



NB – this is still DRAFT – work in progress



QUESTIONS?