

REPORT TO THE TRUST BOARD: PUBLIC
20 May 2021

Title	BLMK ICS Strategic Priorities
Author	Nicola Kay, Programme Director Bedfordshire, Luton and Milton Keynes ICS Richard Fradgley, Director of Integrated Care
Accountable SRO	Richard Fradgley, Director of Integrated Care

Purpose of the report

This paper provides an update on the development of the strategic priorities for the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS). The purpose of this work is to create a strategic direction for the ICS with a clear focus on what it will deliver for population health over the medium and long term.

Summary of key issues

BLMK ICS partners considered the strategic priorities for the people who live and work in BLMK at two workshops in March 2021. The BLMK Partnership Board have agreed the five priorities detailed on page 2 of this report, with seven cross cutting enablers, that were the outputs from the workshops.

Strategic priorities this paper supports (please check box including brief statement)

Improved population health outcomes	<input checked="" type="checkbox"/>	The ICS priorities will drive the focus of ICS partners in the medium to longer term. They are fundamentally concerned with ICS partners working to a common set of priorities that are focussed in the delivery of the triple aim for the populations we serve.
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

Date	
25/3/21	Trust Board Part 2

Implications

Equality Analysis	ICS priorities 1, 4 and 5 directly address inequalities, which will be a primary focus of the ICS.
Risk and Assurance	There are no risk issues identified at this stage.
Service User/Carer/Staff	The Trust is working with ICS partners to ensure people participation drives the delivery of the ICS priorities, as noted in the report.
Financial	No financial risks have been identified at this stage.
Quality	The ICS priorities are concerned with the delivery of the triple aim, including quality and experience, for the populations we serve.

Supporting documents and research material

a. None

Glossary

Abbreviation	
BLMK	Bedfordshire, Luton and Milton Keynes
ICS	Integrated Care System
CEO	Chief Executive Officer
ELFT	East London NHS Foundation Trust

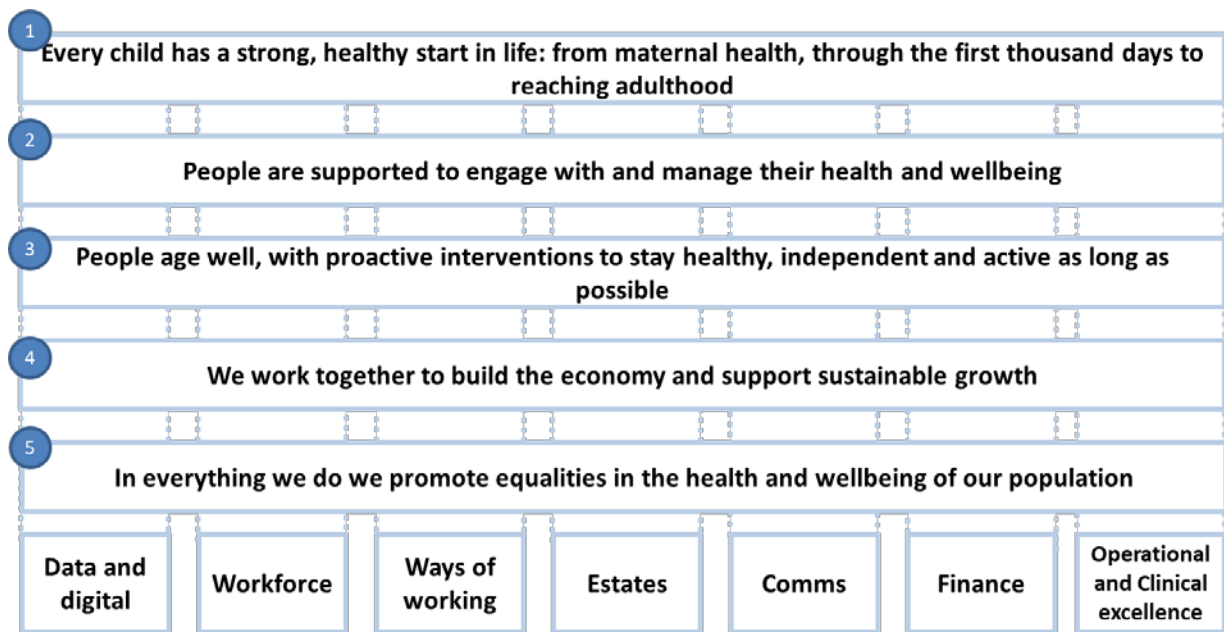
Background

1. In 2019, BLMK produced a Long Term Plan¹, following extensive engagement with partner organisations, residents, community groups and stakeholders. It is now the appropriate time to build on the basis outlined in the long term plan, ensure that BLMK strategic priorities align with the strategic objectives of partner organisations, and focus on population health outcomes. In addition, the Covid pandemic has further exposed inequalities in our society which we need to address collectively for the wellbeing of individuals and our communities.
2. The intention of this work is to take a single system approach, with flexibility at place and care alliance level to meet local population needs. We will need to put in place appropriate governance to enable successful delivery of these priorities.
3. BLMK Chair and Executive Lead have met with all the CEOs and Leaders/Chair of the partner organisations to ascertain their views on the priorities for BLMK and the place they represent. The organisational priorities for each partner organisation and the impacts of Covid have been taken into account in the consideration of the BLMK priorities.
4. A set of draft priorities were discussed at a workshop of BLMK Partnership Board members on 3rd March 2021 and those attending were asked to identify the medium and long-term outcomes to address population health. In addition, the impacts of the Covid pandemic on local people, the workforce and the provision of services were also considered. For example the increase in demand for mental health services in children and young people and adults and the wellbeing support for our workforce.
5. The outputs from this workshop were considered at a second workshop on 24th March, to further develop the priorities and unpack the activity needed at each level of the system to deliver on these.

Emerging priorities

6. These are the emerging priorities for the ICS:

¹ <https://www.blmkpartnership.co.uk/wp-content/uploads/2020/10/10137-BLMK-LTP-SUMMARY-Living-longer-in-good-health-05.03.2020-1.pdf>



7. This includes a set of cross-cutting enablers, which will support the successful delivery of the priorities above, and where some activity will need to take place at ICS level. These include data and digital, workforce, ways of working, estates, communications, finance and operational & clinical excellence.
8. We want to ensure that we are threading a reduction in inequalities throughout all the priorities set out above, as well as looking at reducing systemic inequality as part of priority 5. This means that the way delivery is designed is not entrenching inequalities and more vulnerable groups are explicitly supported. The full emerging strategy priority framework is in Annex A.
9. At the workshop on the 24th March, we discussed the priorities in more detail for each place. For Central Bedfordshire and Luton we particularly focussed on priority 4 around building the economy and supporting sustainable growth. A lot of immediate activity was identified to maximise the opportunities of Anchor Institutions to support growth across BLMK, taking into account this [toolkit](#). Bedford Borough focussed on priority 1 around supporting children and their families to make a healthy start in life which will continue into adulthood. Representatives from ELFT participated in the groups discussing both priorities.
10. As part of this development work, we are taking into account wider changes that will affect our population and services in BLMK. For example:
 - Making the most of the Oxford-Cambridge Arc
 - Additional investment in rail infrastructure as part of East West Rail, connecting Oxford and Cambridge via Bedford and taking in Milton Keynes on a branch will also open up opportunities for growth
 - Following on from the above, we may be able to identify greater research and investment opportunities, potentially working more closely with the universities in BLMK
 - Embedding technological advances in our system, including broadband access for all, and new advances which will enable better delivery of health and care
 - Shifting generational expectations about receiving services that we need to be mindful of and aligned with

11. Principles for how we work together

Across our system, we want to develop effective ways of working which mirror the more formal governance approaches. In the conversations with system leaders, we heard a range of perspectives about what is important around how we work. From these conversations, we developed a proposed set of principles which were agreed at the Partnership Board on 7 April 2021.

- We learn from good practice both from within and outside our system and we embed it, adapting to local circumstances as needed but not reinventing
- We take a subsidiarity approach, with activity taking place at the lowest possible level, with activity taking place at a higher level only where that is more efficient and effective
- We are mutually accountable for delivering our priorities, with everyone taking responsibility for delivering their contribution as well as supporting others in delivery of theirs
- We keep the needs of the population at the centre of everything we do, taking a co-production approach with system partners across all sectors, the VCSE and with people with lived experience
- We build from where we are now, taking into account different starting points and reflect and adapt as we go along, embedding the principles of a learning system
- We take into account others' perspectives and are open with each other about our challenges, supporting each other in resolving any difficulties to better deliver continuous improvement

The Board are requested to adopt these principles of working in partnership with statutory, voluntary and community organisations in BLMK.

We are developing our thinking around how to embed a co-production approach across the system, where there may be learning from ELFT's extensive experience and good practice.

Next steps

12. The next stages will be to:

- (i) Support the places in BLMK to develop activities across all of the 5 priorities – the main focus so far has been deep dives into priorities 1 and 4; so we need to develop the thinking in partnership on priorities 2, 3 and 5
- (ii) Work with places and Care Alliances to deliver place-based plans against all of the priorities, accelerating and building on existing activity and supporting development of appropriate resource and governance structures to enable successful delivery
- (iii) Develop the plans at ICS level for the cross-cutting enablers and governance for this work, and ensuring that all this work comes together in a single plan for 'year 1' for delivery of the priorities across BLMK for 2021/22

Recommendation

13. The Board is recommended to note the contents of this report and provide steers on how the work can best consider the challenges and opportunities for the people of Bedford Borough, Central Bedfordshire and Luton.

14. The Board is asked to adopt the principles of how we work together in partnership.

Annex A: Priorities Summary Framework

	Priority 1: Every child has a strong, healthy start in life: from maternal health, through the first thousand days to reaching adulthood	Priority 2: People are supported to engage with and manage their health and wellbeing	Priority 3: People age well, with proactive interventions to stay healthy, independent and active as long as possible	Priority 4: We work together to build the economy and support sustainable growth	Priority 5: In everything we do we aim to embed the principles of population health and reduce inequalities
Evidence	<ul style="list-style-type: none"> Our earliest experiences in life, starting in the womb, through birth, early years and into childhood and adolescence are vital in laying the foundations for future good health and wellbeing. Children with adverse experiences growing up, such as living in a household with substance misuse or domestic violence, are less likely to be healthily and achieve in life Fragmentation in the children’s system leads to poorer outcomes for our most vulnerable children 	<ul style="list-style-type: none"> Supporting people to stay well for longer and making the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences will reduce pressures on health and care services Earlier identification of health conditions can help to improve outcomes and reduce premature mortality 	<ul style="list-style-type: none"> Tackling issues such as social isolation, alongside reducing risk factors such as physical activity, poor hydration and nutrition and sensory impairment improves quality of life and reduces health service pressures and demands Supporting independence, using an asset based approach, is a priority in maximising quality of life 	<ul style="list-style-type: none"> People’s economic circumstances – the security and safety of their jobs and their level of income – are key to their health. Good employment is closely linked to good health and wellbeing and protects against social exclusion High quality economic infrastructure enhances quality of life The quality and availability of affordable homes is a key contributor to wellbeing of individuals and families 	<ul style="list-style-type: none"> Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Inequalities arise because of the conditions in which we are born, grow, live, work and age Evidence says that people living in our most deprived areas face the worse inequalities in relation to health access, experiences and outcomes.
BLMK context	<ul style="list-style-type: none"> 39% of 15-16 year olds achieve grades 9-5 in English and Maths, compared to an England average of 43% One third of children in year 6 are overweight or obese. One third of 5 year olds in Luton have tooth decay 24% of children living in Central Bedfordshire, 31% of children in MK and Bedford Borough and 46% of children in Luton live in poverty Infant mortality is higher in Luton compared with similar areas Covid has caused a rise in mental health needs and eating disorders 	<ul style="list-style-type: none"> Compared to England, the smoking prevalence in Luton and in routine/manual occupations in Milton Keynes are significantly higher Milton Keynes and Bedford Borough residents are less likely than average to visit the natural environment for health or exercise purposes A baby girl born in Central Bedfordshire can expect to live for almost six years longer than a baby boy born in Luton; this gap mainly reflects higher deaths from circulatory diseases, cancer and respiratory diseases in deprived areas 	<ul style="list-style-type: none"> 44% of social care service users in BLMK feel they have as much social contact as they would like Over 150,000 over-65s live in BLMK and this is expected to increase to 210,000 over the next 20 years. The number of over-90s is expected to more than double in that period Emergency hospital admissions due to falls for people 65 and over are 11% higher in Milton Keynes than the England average 	<ul style="list-style-type: none"> There are 1.15 jobs per person of working age in Milton Keynes and 0.75 jobs per person elsewhere in BLMK; England has 0.87 jobs per person The employment rate gap in BLMK is 11 percentage points worse for people with a long term condition, 67 for people with a learning disability and 68 for people in contact with secondary mental health services Overall, close to 1/5 jobs pay less than the living wage 	<ul style="list-style-type: none"> In the most healthy wards of BLMK, women enjoy 20 years longer in good health than in the least healthy small areas. For men the gap is 17 years Babies born in the most affluent parts of BLMK will live longer than those born in the most deprived areas. The biggest gap for men is in Bedford Borough (10 years) and the smallest is for women in Luton (6 years). Two thirds of children are living in poverty in Biscot and Dallow wards in Luton and Queens Park ward in Bedford
Goals	<ul style="list-style-type: none"> All children, regardless of where they live or their background, will be supported to have the best possible health and emotional wellbeing Improved outcomes for pregnant women and infants; eliminating inequalities for Black and Asian women and those in deprived areas Children can grow up in a safe and healthy home environment There is an increase in educational attainment and employment levels for young people leaving education 	<ul style="list-style-type: none"> Levels of wellbeing in the population increase, with people able to manage their own health and wellbeing An increase in the number of years of healthy life expectancy A reduction in the gap between highest and lowest decile healthy life expectancy A reduction in premature mortality in BLMK 	<ul style="list-style-type: none"> Fewer older people feel lonely or socially isolated Older adults stay healthier, happier and independent for longer There is a reduction in the number of older people having falls People receive good quality end of life care and have good deaths 	<ul style="list-style-type: none"> Increased economic growth rates Increased levels of employment and the proportion of people earning the living wage Closing the employment gap for people with long term conditions and learning disabilities and mental health issues Increasing the quality and availability of our housing stock across BLMK 	<ul style="list-style-type: none"> Achieve reductions in inequalities through the work of priorities 1-4 Reduce the gap between outcomes for our wider communities and <ul style="list-style-type: none"> Gypsy and traveller communities BAME communities For people with specific conditions including people with learning disabilities, autism or both