

Health and Care Partnership

Date: 14 March 2024

Time: 14:00 to 16:00

Venue: Committee Room 1, Bedford Borough Council, Borough Hall, Cauldwell Street, Bedford MK42 9AP

Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Deputy Chair	-	2.00
2.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> Register of Interests 	Chair	Note changes and approve	
3.	Approval of Minutes and Matters Arising			
4.	Review of Action Tracker			
5.	Resident story	Healthwatch		
Strategy				
6.	Update on delivery of BLMK Health and Care Strategy, and priorities for 2024/25	Place/ Health and Wellbeing Board Chairs/ VCSE	Discuss	2.15
7.	Our System Improvement journey	Chief Nursing Director	Discuss	2.45
8.	People Plan update	Chief People Officer	Discuss	3.00
9.	BLMK Advancing Health Equality Event, 17 May 2024	Chief of Strategy and Assurance	Discuss	3.20
Governance				
10.	Communications from the meeting	Chair	Discuss	3.45
11.	Review of meeting effectiveness	Chair	Note	3.50
Closing Actions				
12.	Any Other Business	Chair	-	3.55

Members are asked to:

> Review the Register of Interests and confirm their entry is accurate and up to date.

All in attendance are asked to:

- > Declare any relevant interests relating to matters on the agenda.
- > Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via blmkicb.corporatesec@nhs.net

**Extract from Register of Conflicts of Interest
BLMK Health & Care Partnership
as at 7.3.24**

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest			Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Indirect					
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y			Medics PCN Clinical Director	01/07/2019	Ongoing	Declare in line with conflicts of interest policy	13/03/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y			GP Partner Woodland Avenue Practice	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y			Member of Evexia GP Federation	01/09/2021	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj ("Baz")	Primary Care Network Clinical Director, Luton	Yes	Y			GP with Interest in Dermatology and Skin Surgery	01/04/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Begum	Fatima (Cllr)	Councillor, Luton Borough Council	Yes	Y			Public Governor for ELFT				23/02/2024
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes	Y			Chief Executive Office of Healthwatch, Central Bedfordshire	April 2013	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes	Y			Chair of Bedfordshire Autism Voice Alliance	Nov 2022	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Bradburn	Robin	Deputy Leader Milton Keynes City Council, member of Health and Care Partnership	No								03/01/2023
Cartwright	Sally	Director of Public Health, Luton Council	No								22/06/2022

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				Financial Interest	Non-Financial Professional	Non-Financial Personal					
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y			I am a trustee of a charity as a member (and secretary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Davis	Alison	Milton Keynes University Hospital, Chair and member of the Health & Care Partnership	Yes				Impact Mental Health Peer Support, 1 Brewer's Hill, Dunstable, Beds LU6 1AA (non Exec Chair)			No actions needed at present, unless funding from Local Authority discussed	01/02/2023
de Cartaret (Huggins)	Emma	Member and Trust Representative - East of England Ambulance Services NHS Trust	Yes		Y		Husband a BT manager	15/09/2019	Ongoing	Does not deal with any NHS contracts or processes	26/09/2022
de Cartaret (Huggins)	Emma	Member and Trust Representative - East of England Ambulance Services NHS Trust	Yes	Y			ICSA student member	01/01/2019	Ongoing	Does not deal with any NHS contracts or processes	26/09/2022
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes			Y	Chair, Cambridgeshire Community Services NHS Trust	01/04/2020	Ongoing	Declare in line with conflicts of interest policy	23/09/2022
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes		Y		Committee Member, Centre 404 Independent Living Committee	01/01/2023	Ongoing	Declare in line with conflicts of interest policy	26/10/2023
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes	Y			Trustee and NED of NHS Providers	01/07/2021	Ongoing	Exclusion from involvement in related meeting or decision making	07/12/2022
Elford	Mary	Cambridgeshire Community Services NHS Trust (Health and Care Partnership member)	Yes		Y		Member, East Anglia Productivity Forum	01/06/2023	Ongoing	Declare in line with conflicts of interest policy	26/10/2023

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				Financial Interest	Non-Financial Professional	Non-Financial Personal					
Freda	Emma	Chief Executive Officer, Healthwatch Bedford Borough	No	Y			Employed by Healthwatch Bedford Borough, 21-23 Gadsby Street, Bedford, Beds MK40 3HP	01/10/2023	Ongoing	I will declare in line with the COI policy. I will remove myself from any decision that we have a conflict or perceived conflict in, if in agreement, and declare our specific interest at all appropriate meetings given the impending agenda item(s)	11/10/2023
Hares	Rebecca	Councillor, Central Bedfordshire Council / Chair Central Bedfordshire Health & Well Being Board	No								29/11/2023
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No								27/06/2022
Hopkins	David	Elected member, Milton Keynes City Council	Yes				I am directed by the Director, Law & Governance at MK City Council to declare: Director Milton Keynes Development Partnership (wholly owned MKCC company)			Declare in line with conflicts of interest policy	12/01/2023
Hopkins	David	Elected member, Milton Keynes City Council	Yes				I am directed by the Director, Law & Governance at MK City Council to declare as follows; Member of and Chairman of Wavendon Parish Council. Chair of Governors, St Marys Primary School, Wavendon Governor, New Chapter School, Coffee Hall, Milton Keynes Board Member (appointed through MKCC) of MK Museum Board Member (appointed through MKCC) of MK Gallery 'As my register at MK City Council is already public- I refer to that register (extract of register held in BLMK ICB records)			Declare in line with conflicts of interest policy	12/01/2023

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Keach	Tracey	Deputy CEO, Healthwatch, Milton Keynes	No								02/11/2023
Kibasi	Thomas	Chair, Central and North West London Trust	Yes	Y			Employed by Flagship Pioneering which conceives, creates and scales biotechnology companies, as Senior Vice President, Strategy	01/04/2021	Ongoing	Declare in line with conflicts of interest policy	20/09/2023
Kibasi	Thomas	Chair, Central and North West London Trust	Yes	Y			Director at UCL Health Alliance (linked to CNWL Chair role)	03/04/2023	Ongoing	Declare in line with conflicts of interest policy	20/09/2023
Kocen	Jane	Clinical Director Caritas Medical PCN / CD Rep for Alliance/CP (BCA/ICP) Bedford	Yes		Y		My husband is a consultant at Bedford Hospital and works as a clinical lead for integration and for surgery across both sites		Ongoing	Declare in line with conflicts of interest policy	09/12/2022
Kocen	Jane	Clinical Director Caritas Medical PCN / CD Rep for Alliance/CP (BCA/ICP) Bedford	Yes		Y		GP at King Street Surgery	2001	Ongoing	Declare in line with conflicts of interest policy	16/11/2023
Kocen	Jane	Clinical Director Caritas Medical PCN / CD Rep for Alliance/CP (BCA/ICP) Bedford	Yes		Y		Clinical Director for Caritas Medical PCN	2019	Ongoing	Exclusion from involvement in related meeting or decision-making	16/11/2023
Macpherson	Angela	Integrated Care Partnership Board member, Deputy Leader, Buckinghamshire Council	No								22/09/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y			Chair of Sue Ryder (non remunerated)	01/05/2021	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y		Chair of Queen Square Enterprises Ltd (remunerated)	01/11/2020	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y		Lay Member of General Pharmaceutical Council	Apr-19	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y			Trustee of LifeArc	June 2023	Ongoing	Declare in line with conflicts of interest policy	26/04/2023

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Malik	Khtija	Co-Chair and Councillor, Luton Borough Council	Yes	Y			Governor on East London NHS Foundation Trust	2019	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Marland	Peter	Leader of a local authority	No								07/12/2022
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes	Y			Honorary Associate, The Open University. Delivering talks and writing articles to support the Ageing Well project.	Oct 23	Ongoing	Declare interest for any agenda items related to ageing.	07/12/2022
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes	Y			Director, Catalyst Health Solutions CIC, 18 Station Terrace, Marsh Drive, Great Linford, Milton Keynes MK14 5AP The company offers training and consultancy services to organisations operating in the health, wellbeing and car sector	Feb-21	Ongoing	Remove myself from any decisions regarding commissioning of training or consultancy support	28/09/2022
Mehta	Sonal	Voluntary, Community and Social Enterprise Partnership Lead	Yes	Y			Associate, The Health Creation Alliance - engaged to support the delivery of health creation learning programmes	July 2022	Ongoing	Declare interest for any agenda items related to The Health Creation Alliance. Remove myself from any decisions regarding commissioning of THCA.	14/11/2023
Murphy	Mike	Executive Director of Strategy and Business Development, South Central Ambulance Service	No								26/09/2022
Nicholson	Lucy	Chief Executive, Healthwatch Luton	No								05/10/2022
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes	Y			Oakridge Park Medical Centre, GP Partner	01/02/2018	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022

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				Financial Interest	Non-Financial Professional	Non-Financial Personal					
Rammohan	Navaneetha	Clinical Director, Nexus Milton Keynes Primary Care Network/Integrated Care Partnership representative for Milton Keynes Primary Care Networks	Yes	Y			Nexus MK PCN - Clinical Director	01/07/2019	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y			Director, New Vista Homes	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y			Director, Care is Central	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y			Director, Central Bedfordshire Group	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Simmons	Hazel	Leader of Luton Council'	Yes		Y		Treasurer Lewsey Festival Committee	1995	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Simmons	Hazel	Leader of Luton Council'	Yes		Y		Secretary Lewsey Community Garden	2019	Ongoing	Declare in line with conflicts of interest policy	20/11/2023
Sumray	Richard	Chair, Bedfordshire Hospitals NHS Foundation Trust	Yes	Y			Chair, Bedfordshire Hospitals NHS Foundation Trust	01/04/2023	Ongoing	Declare in line with conflicts of interest policy	27/10/2023
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes	Y			Chair, East London NHS Foundation Trust, 9 Aile Street London E1 8DE	Chair 1/1/2023 (acting from 1/4/2022)	30/09/2025	As appropriate	08/12/2022
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes	Y			Chair, North East London NHS Foundation Trust CEME Centre- West Wing Marsh Way Rainham Essex RM13 8GQ	01/01/2023	30/09/2025	As appropriate	08/12/2022
Taylor	Eileen	Chair East London NHS Foundation Trust	Yes	Y			Non Executive Director MUFU Securities EMEA PLC 25 Ropemaker Street London	01/04/2019	Ongoing	As appropriate	08/12/2022
Towler	Martin	Councillor, Bedford Borough Council - Portfolio Holder for Health and Wellbeing at Bedford Borough Council	No								15/11/2023

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect				
Walker	Kate	Adult Services, Bedford Borough Council	No								11/01/2023

Date: 31 October 2023

Time: 14.00

Venue: Luton Council Chamber and MS Teams

Minutes of the: Health and Care Partnership

Members:		
Name	Title	Initials
Cllr. Khtija Malik	Portfolio Holder for Public Health, Luton Council, (Co-Chair & Chair of meeting)	KM
Cllr. Fatima Begum (via MS Teams)	Portfolio Holder for Population Wellbeing (Adult Social Care), Luton Council	FB
Diana Blackmun	Chief Executive, Healthwatch Central Bedfordshire	DB
Sally Cartwright	Director of Public Health, Luton Borough Council	SC
Felicity Cox	Chief Executive, BLMK ICB	FC
Patricia Coker	Head of Integration (Health and Adult Social Care), Central Bedfordshire Council	PC
Alison Davies (via MS Teams)	Chair, Milton Keynes University Hospitals NHS Foundation Trust	AD
Emma Freda	Chief Executive, Healthwatch Bedford Borough	EF
Cllr. David Hopkins	Leader, Conservative Group, Milton Keynes City Council	DH
Tracy Keech	Deputy Chief Executive, Healthwatch, Milton Keynes	TK
Dr. Jane Kocen	Clinical Director, Primary Care Network, Bedford	JK
Rima Makarem	Chair, BLMK ICB	RM
Sonal Mehta	VCSE Partnership Lead, BLMK	SM
Lucy Nicholson	Chief Executive, Healthwatch Luton	LN
Dr. Navneetha Rammohan	Clinical Director, Primary Care Network, Milton Keynes	NR
Richard Sumray	Chair, Bedfordshire Hospitals NHS Foundation Trust	RS
Cllr. Martin Towler	Chair, Health and Wellbeing Board, Bedford Borough Council (Co-Chair)	MT
Kate Walker (via MS Teams)	Director of Adult Services, Bedford Borough Council	KW

In attendance:		
Name	Title	Initials
Anne Brierley	Chief Transformation Officer, BLMK ICB	AB
Reverend Lloyd Denny (item 9)	Author, "A Review of Health Inequalities in Bedfordshire, Luton and Milton Keynes"	LD

In attendance:		
Name	Title	Initials
Ian Evans	Head of Prevention and Protection, Bedfordshire Fire and Rescue Service	IE
Michelle Evans-Riches	Acting Head of Governance, BLMK ICB	MER
Richard Fradgley (item 11)	Director of Integrated Care, East London NHS Foundation Trust	RF
Michelle Summers	Associate Director Communications & Engagement, BLMK ICB	MS
Maxine Taffetani	Chief Executive, Healthwatch Milton Keynes	MTa
Jaki Whittred	Chief Superintendent, Bedfordshire Police	JW
Maria Wogan	Chief of System Assurance and Corporate Services, BLMK ICB	MW
Geoff Stokes	Interim Programme Director – Governance (notes)	GS

Apologies from members:		
Dr Manraj (Baz) Barhey	Clinical Director, Primary Care Network, Luton	MB
Cllr. Robin Bradburn	Leader, Liberal Democrat Group, Milton Keynes City Council	RB
Sally Cartwright	Director of Public Health, Luton Council	SC
Emma De-Carteret	Director of Corporate Affairs and Performance, East of England Ambulance Services NHS Trust	ED
Mary Elford	Chair, Cambridgeshire Community Services NHS Trust	ME
Cllr. Rebecca Hares	Chair, Health and Wellbeing Board, Central Bedfordshire Council	RH
Vicky Head	Director of Public Health, Bedford Borough Council	VH
Tom Kibasi	Chair, Central and North West London NHS Foundation Trust	TK
Cllr. Peter Marland	Chair, Health and Wellbeing Board, Milton Keynes City Council	PM
Angela Macpherson	Deputy Leader, Buckinghamshire Council	AM
Andy Sharp	Director of Social Care, Health and Housing, Central Bedfordshire Council	AS
Cllr. Hazel Simmons	Chair, Health and Wellbeing Board, Luton Council	HS
Eileen Taylor	Chair, East London NHS Foundation Trust	ET

No.	Agenda Item	Action
1.	<p>Welcome, Introductions and Apologies</p> <p>Following the decision of the previous Chair, Cllr. Tracey Stock, not to stand for re-election as a councillor for Central Bedfordshire Council, and in advance of a new appointment, Rima Makarem (RM), Chair, Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB), welcomed everyone to the meeting. She explained that prior to the meeting there was a signing</p>	

	<p>ceremony for a memorandum of understanding (MoU) between the ICB and the four Healthwatch organisations in BLMK. This is a positive development and she thanked the chief executives and chairs of Healthwatch for bringing this MoU to fruition.</p> <p>The apologies listed above were noted.</p>	
2.	<p>Appointment of the Chair</p> <p>The Health and Care Partnership (HCP) then agreed to appoint Cllr Khtija Malik and Cllr Martin Towler as co-chairs of the HCP and Cllr Malik took the chair for this meeting.</p>	
3.	<p>Relevant Persons Disclosure of Interests</p> <p>Members were asked to declare any relevant interests relating to matters on the agenda and no further interests were declared than those shown on the circulated schedule.</p>	
4.	<p>Approval of Minutes and Matters Arising</p> <p>The minutes of the meeting held on 14 March 2023 were approved as a true record.</p>	
5.	<p>Review of Action Tracker</p> <p>All actions were as noted in the updated action tracker.</p> <p>Action 22:</p> <p>Michelle Summers, Associate Director of Communications, BLMK ICB updated the meeting saying that the use of a patient feedback platform is being explored. Alison Davies, Chair, Milton Keynes University Hospitals NHS Foundation Trust (MKUH), commented that the platform is in use at MKUH and is useful for providing valuable insights and feedback. The action will be completed by the next meeting.</p>	
6.	<p>Health and Care Partnership Governance, Work Programme and Approach for 2023/24</p> <p>Maria Wogan (MW), Chef of System Assurance and Corporate Services, BLMK ICB, introduced the item. She explained that the changes to the terms of reference recognise the decision that had been agreed by the chairs of the health and wellbeing boards to enable more joint working with board members from the ICB. These will include three joint seminars per year, the first of which was held in July looking at health and employment.</p> <p>The Health and Care Partnership approved the terms of reference and requested local authority partners to take them through their internal governance processes as appropriate.</p> <p>The Health and Care Partnership agreed the proposed way of working for the for 2023/24, with the Partnership meeting formally twice per year and jointly convening three system-wide seminars with the ICB, focussing on strategic priorities.</p>	
9.	<p>Denny Review</p> <p>MW introduced the item and thanked Pastor Lloyd Denny (LD) for his report.</p> <p>LD took the report as read and noted that the report was commissioned during the pandemic which had caused a delay in its completion but this had allowed the scope to be refined and perhaps had led to a better report. Sheffield</p>	

University were commissioned to review published data which showed a level of inequality which was previously suspected but not fully understood.

Comments were invited and the following points and questions were raised.

Maxine Taffetani (MTa), Chief Executive, Healthwatch Milton Keynes, noted that the wording of the recommendations in the paper are slightly different than those in the published report.

Emma Freda (EF), Chief Executive, Healthwatch Bedford Borough, commented that difficult conversations are still needed in order to understand and deal with issues from the perspective of people who are often referred to as 'hard to reach'. LD agreed and noted that individuals are often frustrated that they have to share information multiple times with different organisations, therefore agencies working together and learning from each other should make things easier for the public to access services.

Felicity Cox (FC), Chief Executive, BLMK ICB, explained that RM has written out to key organisations in the area to encourage engagement with addressing the outcomes from the review.

Tracy Keech (TK), Deputy Chief Executive, Healthwatch Milton Keynes, said that it is important to ensure that procurement and performance management should be used to apply the contractual levers available to those procuring and commissioning services to comply with legal equalities duties. MW explained that the ICB is committed to this and other partners are encouraged to support this endeavour.

Richard Sumray (RS), Chair, Bedfordshire Hospitals NHS Foundation Trust, thanked LD for the review which took a 'population health' approach, reviewing people's needs holistically. In particular the voices referenced in the review need to continue to be heard as services are designed and commissioned.

Alison Davies (AD), Chair, Milton Keynes University Hospitals NHS Foundation Trust, added that the report focusses on communication and asked whether the staff networks that already exist in some organisations can be utilised to engage with groups in the community.

The Chair summed up and agreed that terminology is important; individuals are not hard to reach, it is the responsibility of organisations to change their approach to engage those who struggle to access services.

The Health and Care Partnership **noted** the content of the Denny Review of Health Inequalities, including the recommendations made to support tackling inequalities in BLMK.

7. **Resident story - linked to Denny Review**

A video was played from a local resident who, using British Sign Language (BSL), explained the barriers she faces as a deaf person in accessing services, such as being told she must ring her GP surgery to obtain an appointment.

Lucy Nicholson (LN), Chief Executive, Healthwatch Luton, noted the powerful video and was glad that it was shown at an HCP meeting, but there are often such reports and stories shared and this, perhaps, represents a lack of progress in addressing these issues.

The Chair agreed and asked that there is a follow up report on progress made on implementing the Denny Review. MW agreed and will be asking for

	<p>contributions from partners in order to provide a formal response to the Denny Report recommendations in December, and annually thereafter.</p>	
8.	<p>Delivering our Strategy at System and Place – Reports from the Health and Wellbeing Boards and ICB</p> <p>RM introduced the item which is a regular one on each HCP agenda. She gave the following updates from the ICB.</p> <ul style="list-style-type: none"> • The joint seminar on health and employment held in July explored how anchor institutions can contribute to improving employment and health outcomes. • Development continues on a mental health, learning disabilities and autism (MHLDA) collaborative aimed at sharing best practice and collaborating to improve services overall. • The expansion of virtual wards across BLMK continues. <p>Cllr. Martin Towler (MT) reported that a key focus for Bedford Health and Wellbeing Board is access to GP services. A recent 21% increase in population has not seen a similar proportionate increase in GP capacity. Bedford Borough Council have committed £9m in their budget to try and address this.</p> <p>Patricia Coker (PC), Head of Integration (Health and Adult Social Care), Central Bedfordshire Council, explained that the Health and Wellbeing Board in Central Bedfordshire is currently reviewing its own effectiveness with support from the Local Government Association.</p> <p>The Chair reported that Luton Health and Wellbeing Board is focussed on health inequalities, the Denny Review, mental health and family hubs.</p> <p>MW updated the meeting on behalf of Milton Keynes where a fifth priority has been added to the four priorities under the MK Deal. This is aimed at developing integrated neighbourhood working in Bletchley. The meeting also approved a business case for virtual wards and is about to commence a pilot study on the use of health digital wearables.</p> <p>The Health and Care Partnership noted the reports from the ICB and health and wellbeing boards.</p>	
10.	<p>Health and Employment outline strategy framework</p> <p>MW explained that Place plans are being developed following the seminar that took place in July. At a system level, BLMK ICB is looking at how anchor institutions can be utilised to develop employment opportunities, especially for people with health conditions. The appendix to the report will be circulated following the meeting.</p> <p>LN noted that the challenge to improve employment opportunities requires a different mindset from employers. MW agreed and gave the example of work in the system to target potential employees who may not have digital access to opportunities to promote local employment opportunities to this population group.</p> <p>The Health and Care Partnership</p> <ul style="list-style-type: none"> • noted the outputs of the health and employment seminar and the next steps to be taken through Place boards. • supported the ICB’s health and employment outline strategy framework and governance for system-wide work on employment and skills. 	

11.

Right Care, Right Person

Anne Brierley (AB), Chief Transformation Officer, BLMK ICB, introduced the item which has been developed as part of a national approach. Richard Fradgley (RF) Director of Integrated Care, East London NHS Foundation Trust, set out the origins of the scheme which started in Humberside.

He noted that in Milton Keynes, partners are working with Thames Valley police and that areas covered by the Bedfordshire Care Alliance are working with colleagues from Bedfordshire police.

RF added that this initiative started from a recognition that some health-related services are undertaken by the police which should be better undertaken by health care or other services. It is important that police services work with the health organisations in their communities, especially related to reducing the need to engage the police. Examples include, finding people with mental health issues after they have walked out of an acute or mental health institution or reducing the need of the police to convey patients to a place of safety.

In Bedfordshire there is an excellent example of street triage working in partnership to support people in mental health crisis or needing other support. An event will take place on 16 November 2023 to review the data and its implications for change.

Jaki Whittred (JW), Chief Superintendent, Bedfordshire Police, added that there has been some nervousness that the police will withdraw services with little notice, but this is not the case. There is a need, however, to work together to enable the appropriate response to be provided by the most appropriate service. Data is still being evaluated but it looks as if there might be as many as one third of police interventions where the police are not the appropriate agency to intervene. The time saved by the police through the implementation of 'Right Care, Right Person' can then be better invested to support community safety.

RS emphasised the need for appropriate training to be provided to police and staff in health agencies so that overlaps and inter-relationships can be managed effectively. There is also a need for places of safety to be provided so that patients can be treated in appropriate settings. Strong relationships between agencies are needed to develop appropriate joint services. RF agreed and explained that plans are being developed for Place-based places of safety and these will be informed by the data which is being presented on 16 November. He also acknowledged the likelihood of additional costs arising and there is not as yet a national view of how these additional costs will be supported.

LN asked if the street triage mentioned is similar to previous attempts which have not been successful. JW explained that street triage has been in place since 2016 and there have been some issues to address during that time. It is important to recognise that the scheme involves police officers but without them always having to use their police powers.

KW added that there are also issues other than mental health that need to be addressed and services need to be further developed.

The Chair summed up by noting the need for training and organisational relationships to tackle the grey areas where judgement is needed. There is also a need to ensure that health services are able to provide the capacity to fill the gaps as police step away.

	The Health and Care Partnership noted the report on the implementation of 'Right Care, Right Person'.	
12.	<p>NHS Operational Planning 2024/25</p> <p>AB explained the NHS planning process for 2024/25 is based on a strategy developed with the intention to 'increase the number of years lived in good health' which is a long term ambition with a 2040 time horizon. The needs of residents are the starting point, focussing on nine key areas that need to be tackled.</p> <p>Across the system, there is currently £130m of unmitigated risk against a budget of £1.8bn projected for 2024/25. Traditionally, individual NHS organisations would be challenged to get as close as possible to their own control totals, whereas now the services local residents need are the focus of discussions to shift resources to better meet those needs. This should enable more focus on admission avoidance and enable patients to stay closer to their homes where they will not decondition (as they would as an inpatient). This won't be an easy shift but needs to be undertaken.</p> <p>In November, a joint ICB and Health and Care Partnership seminar is taking place where colleagues from a variety of organisations are meeting to discuss how to improve the 'school readiness' of young children. In the longer-term, this should reduce the number needing speech and language therapy or physical therapy so that hopefully there will be fewer children classified as having special educational needs as they reach senior school age.</p> <p>Sonal Mehta (SM), VCSE Partnership Lead, BLMK, added that the capacity of the voluntary sector should be factored into planning, but that different approaches for engagement need to be used, as there is not always the capacity to engage in wider planning activity. MW explained that there is a change in the provider selection regime and the Director of Contracting at BLMK ICB is working with the VCSE sector to improve commissioning approaches to support greater VCSE involvement. The ICB is also looking at how to better engage with VCSE colleagues earlier in the process.</p> <p>The Health and Care Partnership noted the update on NHS operational planning for 2024/25.</p>	
13.	<p>Communications from the meeting</p> <p>The Chair asked the meeting for items that need to be escalated elsewhere, in addition to the briefing note that will be drafted for sharing with partner organisations. MTa noted that she would be interested to hear more about the 'school readiness' programme.</p>	
14.	<p>Review of meeting effectiveness</p> <p>The Chair asked for comments about the effectiveness of the meeting and LN commented that the venue is not ideal as it is too formal for this type of meeting. RS added that papers should be clearer about what is expected from partnership members for each item.</p>	MER
11	<p>Date and time of next meeting</p> <ul style="list-style-type: none"> ▪ 14 March 2024, 2pm – 4pm, Venue to be confirmed 	

The meeting ended at 15:43

Approval of Draft Minutes by Chair only:

Name	Role	Date
Cllr Khtija Malik	Chair	16.11.2023

Meeting of the Health and Care Partnership - Action Tracker

Key

Escalated	Escalated - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	Outstanding - no actions made to progress OR actions made but not on track to deliver
In Progress	In Progress - actions made to progress & on track to deliver due date -
Not Yet Due	Not Yet Due
COMPLETE:	COMPLETE - GREEN
Propose closure at next meeting	
CLOSED	CLOSED
(dd/mm/yyyy)	

Items to be moved to "closed actions" once closed

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG (Add date action is agreed closed)
13	14/12/2022	Draft Health & Care Strategy	That case studies and resident feedback on how the strategy has made an impact be brought back to the Health and Care Partnership in six months.	Anne Brierley	22 Jun 2023	14 Mar 2024	A 'stocktake' is to be brought as a substantive item to the March 24 meeting to include case studies and feedback.	COMPLETE: Propose closure at next meeting
19	07/03/2023	Mental Health, Learning Disability and Autism collaborative	Update on Bedford Health Village be provided to Bedford Borough Council following option appraisal with architects	Richard Fradgley	31 Mar 2023	14 Mar 2024	Due to cost inflation and other priorities for the New Hospitals Programme (and therefore no capital headroom allocated by NHSE), the scheme is being re-designed as a phased approach. Revised first stage plans are due to be completed in the next two months. On agenda	COMPLETE: Propose closure at next meeting
21	07/03/2023	Mental Health, Learning Disability and Autism collaborative	A report on what is being done to address the workforce issues in health and social care will be reported to a future meeting	Martha Roberts	21 Jun 2023	14 Mar 2024		COMPLETE: Propose closure at next meeting
22	07/03/2023	Community Engagement	Information on the MKUH patient experience platform will be shared.	Michelle Summers/Alison Davis	31 Mar 2023	14 Mar 2024	We have explored this platform and agree it is an excellent way to collect information. We will secure costs to see whether it's viable for the organisation in the year ahead.	COMPLETE: Propose closure at next meeting
23	07/03/2023	Community Engagement	Examples of how the voice of residents has changed services would be powerful.	Michelle Summers	21 Jun 2023	14 Mar 2024	A 'stocktake' is to be brought as a substantive item to March 24 meeting to include 'you said we did' examples.	COMPLETE: Propose closure at next meeting
24	07/03/2023	Community Engagement	Communication to encourage residents to visit other primary care sites to access specific services.	Michelle Summers	21 Jun 2023	14 Mar 2024	Work has been ongoing through the winter period to signpost residents to help and care, especially in busy times. A series of accessible videos have been produced to support residents and shared through social media. A guide to local NHS services' issued in spring 2023 was taken to events across BLMK from May - November to signpost people to the right care. The distribution of the leaflet has been accompanied by conversations with thousands of residents about self referral pathways and the best route for help and support. Feedback from the Denny Review however, highlights that many people (for whom English is not a first language, Eastern European communities, Roma etc.) do not know about primary care and find it difficult to navigate. We are currently working to secure funding for a primary care campaign to help local people understand how primary care works and how to access it. We are feeding back to the national team to ask for their support in targeting people with health inequalities to understand how we can breakdown barriers to access.	COMPLETE: Propose closure at next meeting
25	31/10/2023	Review of Meeting Effectiveness	Consider alternative venue	Michelle Evans-Riches	14-Mar-24	14 Mar 2024	In Committee room at Bedford Borough as a trial	COMPLETE: Propose closure at next meeting

Date: 14 March 2024

Executive Lead: Maria Wogan, Chief of Strategy & Assurance, BLMK ICB

Report Author: Dominic Woodward-Lebihan, Deputy Chief of Strategy & Assurance, BLMK ICB

Report to the: BLMK Health and Care Partnership (BLMK HCP)

Item: 6 - Update on delivery of BLMK Health and Care Strategy, and priorities for 2024/25

1.0 Executive Summary

- 1.1 This paper initially looks backwards, reflecting on the BLMK system's progress in delivering the strategic priorities presented in the [BLMK Health and Care Strategy](#) (January 2023). It also updates on progress against the seven enabling functions on which the Strategy relies.
- 1.2 This paper is also forward looking; it sets out priorities for 2024/25. The HCP is asked to agree the priorities for next year, and to comment on any changes to how the HCP itself should operate to best shape and assure delivery of the system's strategy in 2024/25 and beyond.

2.0 Recommendations

- 2.1 Members of the Health and Care Partnership are asked to:
- **note** the progress made against each of the ICS' strategic priorities as set out in the BLMK Health and Care Strategy (2023): Start Well, Live Well, Age Well, Growth and Reducing Inequalities;
 - **note** the progress made against each of the enabling workstreams identified in the BLMK Health and Care Partnership Strategy (2023): Data & Digital, Workforce, Ways of Working, Estates, Communications, Finance, Clinical & Operational Excellence;
 - **agree** the suggested system priorities for 2024/25;
 - **note** the potential for difficult decisions in 2024/25 about the services available to BLMK residents based on affordability concerns; and,
 - **comment** on how the HCP has been working to shape, deliver and assure delivery against the Health and Care Strategy so far, and **agree** any proposed changes to how the HCP itself operates in future.


3.0 Key Implications



Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

- 3.1 This report sets out progress against our strategic priorities, including growth (including sustainable growth, page 4) and reducing health inequalities (page 5). More detail on how we are working with our residents and communities is on page 9 the challenge of resourcing our work in 24/25 is set out from page 12.

4.0 Report

4.1 **The HCP is asked to note** the progress in delivering each of the system’s strategic priorities as presented in the Integrated Health and Care Partnership Strategy (Jan 2023). The below is not exhaustive, but a summary of some of the most notable achievements of partnership working. The ICB’s Annual Report for 2023/24 (to be published in September 2024) will present a fuller compilation of system progress in each priority area. Whilst the Health and Care Strategy is a system strategy, each of the four places has its own distinct plans and priorities which respond to the needs of its population. Examples of good progress at Place are included below alongside those at system level; it is often the cumulative impact of these diverse place-based initiatives which provide a system-level impact in the five strategic priority areas.

Strategic Priority	Mission	Notable system progress
 Start Well	<p>Every child has a strong, healthy start to life: from maternal health, through the first one thousand days to reaching adulthood.</p>	<ul style="list-style-type: none"> The BLMK Early Years Seminar in November 2023 brought together partners to further develop our Early Years strategy in each place. Pilot projects were agreed here, including testing a new multi-disciplinary early assessment tool with a small cohort of Luton and Bedford schools. Milton Keynes focused on the next steps for the Blechley Pathfinder pilot and enhanced early support work with children’s centres and Central Bedfordshire with support for pre-school children. ELFT have launched the new <u>Evergreen Unit in Luton</u>, supporting Children and Young People’s mental health, shaped by young people themselves with a focus on maintaining links with the community. Each local Place has launched a guide to help young people looking for mental health support. One example, attached here, is “<u>How you feel matters: getting help in MK</u>”. Our Parent Carer Forums in BLMK have co-produced a support pack for parents called “<u>Supporting Your Neurodiverse Child</u>”. The new Neurodiversity Support Pack is co-produced with parents, young people, local Parent Carer Forums, CAMHS, Education Psychology and other key partners. Our system is tackling waiting lists for referral to diagnosis for children aged 11 waiting for an <u>autism diagnosis</u>. Data from Milton Keynes shows that we have been able to reduce the time it takes to 48 weeks, down from 82 weeks. In Luton, <u>newly launched Family Hubs</u> provide services to families in the community – supporting parenting, breastfeeding, healthy eating and mental health support. Child poverty in Luton has dropped from 45 per cent to 39.5 per cent since 2020 – that’s 3,800 children no longer growing up in poverty.

 <p>Live Well</p>	<p>People are supported to engage with and manage their health and wellbeing</p>	<ul style="list-style-type: none"> • In depth resident feedback on current Musculoskeletal (MSK) services has shaped the work we are doing on our future MSK service offer for our residents, and further co-design work is now taking place in partnership with Healthwatch. Whilst focussing on the design of future services, local providers have significantly reduced community waiting times for MSK care, and now everyone in BLMK can self-refer for MSK support. Both BHFT and MKUH have reduced the number of days people spend in hospital by an average of 7 days after suffering from a hip fracture (mainly caused by a fall). • In February 2023, a new exchange programme was launched in Milton Keynes, bringing together mental health and general nurses from CNWL's TOPAS and Windsor Intermediate Care Unit (WICU) for a unique learning experience. Fostering collaboration and understanding between different disciplines is crucial to providing effective patient care. • Wellbeing through cancer treatment is an important part of managing the effects of treatment both physically and emotionally. The BLMK Cancer Prehab programme has been strengthened through working with local gyms (private, university and council run) to offer cancer patients access to tailored individual and group cancer rehabilitation. • The ICB is working with Macmillan Cancer Charity on a 3-year pilot to introduce cancer care planning in primary care. New and innovative heart burn health checks are being rolled out this year to detect cancer. • In November 2023, the ICB launched an 'expressions of interest' exercise for dental contractors to take part in an 18-month pilot to improve access to dental appointments during evening, weekends and bank holidays. • System partners are developing a Mental Health, Learning Disabilities and Autism Collaborative. A patient-led mental health summit gave people with lived experience the opportunity to drive the vision for the Collaborative, and Place level priorities are now being developed.
 <p>Age Well</p>	<p>People age well, with proactive interventions to stay healthy, independent and active for as long as possible.</p>	<ul style="list-style-type: none"> • BLMK has the highest <u>dementia diagnosis rate</u> in the East of England with 67.83%. That's the % of people aged 65 or over who are estimated to have dementia getting a recorded diagnosis. • More local care providers are being supported to take advantage of digital tools and systems like <u>Proxy Access</u> so they can provide the best care for their residents. The Digitising Social Care programme is funding several projects that either enable digital records, prevent falls, or provide remote monitoring. Proxy Access is an online service for care providers to share medical information with their residents' GP practices. Nominated staff can securely order medications and access accurate information in the GP record for residents in their care at any time of the day or night. More than 80 care homes across BLMK are using Proxy Access to order their medications more safely and quickly. • More residents are being helped to live safely in their own home because of an innovative wireless device which remotely monitors a person's vital signs, hydration levels, sleep patterns and wellbeing to prevent falls, an infection or a hospital stay. The product – named MiCare – is being introduced across the local area to help keep people independent and in their own homes, rather than in hospital or a care home.




We work together to help build the economy and support sustainable growth.

- Following the Employment and Health seminar in July 2023, a number of initiatives are underway, including:
 - WorkWell: Led by the ICB, Local Authorities and Department for Work and Pensions and in partnership with Voluntary Community and Social Enterprise Sector (VCSE), housing associations, Healthwatch, education providers and business representatives, a bid has been submitted for BLMK to become a WorkWell Partnership Programme Vanguard pilot site. WorkWell is one of the government's suite of initiatives announced in the 2023 Spring Budget intended to support people to start, stay in, succeed, or return to work. An initial tranche of funding of £90k has been allocated to the ICS to support work on employment and health across the system. The main bid, for £5.6m, is intended to support the development of an integrated work and health strategy and piloting of a WorkWell service to support those with health or disability barriers to employment. The outcome of the bid is to be announced in April 2024.
 - Place-based Employment and Health action plans: All four places developed proposed actions at the Employment and Health seminar and reviewed these through Place Boards. Bedford Borough have convened an "Employment, Education and Workplace Health" group and the ICB is represented on Luton Borough's Inclusive Economy Board. Central Bedfordshire agreed to focus on supporting young and neurodiverse people, whilst Milton Keynes are investigating how to weave employment and health into MK Deal priorities, including the Bletchley Pathfinder. We will continue to work through place leads and link directors to support place boards to align and embed activities within existing priorities.

- **Research and Innovation.** The ICB is supporting the development of the University of Bedfordshire and BLMK ICS Research and Innovation Hub. £3m investment has been received from NHSE since the development of the hub. There was also a successful bid in October 2023 for the Research Engagement Network (REN) project for £100,000- 'Creating diabetes and research champions in Luton to develop research ready communities'. The project will be delivered by April 2024.


- **Delivering the Green Plan Commitments.** A System Health and Environmental Sustainability Leadership Group was convened in September 2023, to set system priorities and oversee progress against the system green plan. Recent progress has included:
 - Health System Climate Adaptation (changing the way we deliver healthcare to reduce the future impacts of climate change) – a detailed, local system risk and data analysis is in progress, identifying areas more at risk of climate change.
 - Estates and facilities: Capital funding grants have been secured for LEDs and heat pumps / windows at MKUH, (though we have seen unsuccessful bids for funding streams from BHT).



	<p>In everything we do we promote inequalities in the health and wellbeing of our population.</p>	<ul style="list-style-type: none"> ○ Waste: recycling schemes such as walking aid recycling (MKUH) and furniture reuse (ICB, LBC, MKUH, primary care, schools and VCSE) have been set up, avoiding the need to purchase new equipment. ○ Medicines: Emissions from inhalers have dropped significantly, and we have reversed the increase in the use of metered dose inhalers. ○ Travel and Transport, including BHT's e-bike pilot (through CyclingUK) and free/subsidised bus travel taking 300+ staff out of private vehicles ○ Desflurane – we reduced purchasing of this global warming gas to 0% in December 2023, the first time for the whole BLMK system ○ Data and carbon footprinting – the ICB joined a pilot for novel software to footprint supply chains, which will progress during 2024/25. ○ Fuel Poverty project for PCNs in Luton coming to the end of the pilot; ~1,400 patients contacted, with ~650 being signposted or referred into existing support services within LA, NHS or VCSE. ○ Bedford Borough's <u>leading work to reduce fuel poverty</u> is a leading example of partnership working, targeted intervention and addressing the determinants of ill health.
		<ul style="list-style-type: none"> ● At the heart of our work is this area is independent <u>Denny Review of Health Inequalities</u>, published on 12 September 2023. So far: <ul style="list-style-type: none"> ○ Lorraine Sunduza, Chief Executive of the East London Foundation Trust, has been appointed as the <u>Board Level Champion</u> for the respond to Denny, agreed in December 2023 and announced on 19 February 2024; ○ Made available £280,000 in 2023/24 for Healthwatch and VCSE partners to support the system's response to the review, including to scale up health campaigns and design a refreshed model for design and delivery of Patient Participation Groups which more effectively involves residents from minority communities in Primary Care; ○ Committed to the publication of an annual statement of progress, supported by dedicated resource from the new System Transformation Team, on how BLMK partners are tackling inequalities and responding to the Denny recommendations; and, ○ Prepared a major sharing and learning event on 17 May 2024, which will be part of "Inequalities Week" in BLMK alongside a University of Bedfordshire-led event, and a national Health Services Journal Inequalities Conference. It is designed to be a platform for highlighting work underway and building an expert community across BLMK. The event will prioritise diversity and inclusivity with a view to it becoming an annual opportunity to demonstrate progress and share learning. ● Partnered with the <u>Institute for Health Improvement</u> to deliver a three-year programme of work focussed on <u>Quality Improvement and reducing inequalities</u> for specific population groups in each Place. Each Place is considering how to take this work forward.


- Each of our four Places hold their own priorities to reducing inequalities:
- **In Bedford Borough:** the new HWB strategy includes 5 key areas; early years, healthy homes, training/employment/workplace health, built and natural environment, strong communities. For their inequalities priorities for 2023/24 Beds Borough have three areas:
 - Working with community food providers to increase the availability and affordability of healthy foods
 - Reducing inequalities in the diagnosis and management of hypertension
 - Increasing the uptake of free school meals with auto-enrolment.
- **In Central Bedfordshire:** In March 2023 Central Beds conducted a peer research investigation of the impact of the pandemic on health inequalities in Bedford Borough and Central Bedfordshire, the recommendations set out within the [Community Engagement C19 Report](#) has been included in the evidence for the Denny Literature Review, together with the recommendations in the Fairness Plan, it has formed part of a whole system response to the complex challenge of lifting people out of and stopping people falling into poverty. Central Beds are currently forming a new Equality, Diversity and Inclusion Strategy for 2023 to 2028.
- **In Luton:** The Luton Cancer Outcomes Project is tackling Luton's cancer challenges, including raising awareness of risk factors, signs and symptoms of cancer, improving cancer screening rates amongst communities who have previously not taken up screening offers and tackling barriers to accessing cancer treatment. The [Luton Marmot Town report](#) details how Luton partners intend to achieve their 2040 vision, supported by the ICB's [Luton 2040 Pledge](#). Luton is the first town to become a 'Marmot Town' and joins a growing number of 'Marmot Places', which include cities and regions, that are working with UCL Institute of Health Equity to reduce health inequalities. A Marmot place is one which has a significant commitment to tackle health inequalities through action on the social determinants of health - the social and economic conditions which shape our health - and has strong and effective plans and policies to achieve these reductions in health inequalities..
- **In Milton Keynes,** the Bletchley Pathfinder is a new multi-agency initiative aimed at improving the ways our health and care services work together in one of the most deprived areas of MK. The ICB has made available £250,000 of health inequalities funding to support the delivery of the Bletchley Pathfinder objectives. So far, the MK Team has appointed an Independent Chair for the Team Bletchley Delivery Board. The first Team Bletchley networking event was held on 17th January 2024. The NHS and MK City Council have teamed up to fund a new project called [Bletchley Clubs](#) using learning from the successful [Lakes Clubs](#) and have a new, bigger grant-giving scheme designed especially for smaller organisations and informal groups who want to organise and run social clubs and support groups.




ENABLERS

- 4.2 Delivery of the above strategic priorities is reliant upon each of the enabling workstreams below. Set out against each workstream are some of the corresponding major initiatives, and **members are asked to note the progress made in each area:** Data & Digital, Workforce, Ways of Working, Estates, Communications, Finance, and Clinical & Operational Excellence.

Strategic Priority	Notable system progress
 <p>Data and digital</p>	<ul style="list-style-type: none"> • Our <u>Digital Strategy (2022)</u> is guiding everything digital that we do, with resident views and participation at the centre. • BLMK is one of the top six systems in England for virtual ward usage and has been recognised in the national media as a leading system for the adoption of this new model of care • The continued rollout of the Shared Care Record (branded as Share for Care) across the ICS, which joins up the health and care records about residents held by our different partner organisations. Over 70,000 individual records viewed per month across 14 different partner organisations. • Together we've developed a <u>new Digital Assistant based</u> on latest robotic automation technology. The assistant is responding to the additional work GP practices are required to do to report community deaths to the medical examiner's office, saving time for staff, reducing the risk of human error and speeding up important processes. • We put real value on innovation in primary care. Working with clinicians and other primary care and PCN leaders, we've brought together data from different sources – more than 16 million records spanning three years – and are able to identify a prioritised list of patients who can be contacted for diabetes care checks. This is available at practice level, and supports out GPs to identify and understand who could most benefit from intervention, help and support. • The Milton Keynes Activity Reward Programme is encouraging people with type 2 diabetes to increase their physical activity. The programme, which uses technology and financial incentives to support participants to improve their health over a 24-month period is a partnership between Milton Keynes University Hospital (MKUH) NHS Foundation Trust and Milton Keynes City Council (MKCC) in collaboration with EXi, Apple and Loughborough University. EXi are creating a personalised exercise programme for each participant in the study that will be tailored to their specific needs. Patients will be provided with an Apple watch to help them track their progress and complete their weekly prescription. • We're proud of the launch of our Population Health Intelligence Unit, hosted by Bedford Borough Council on behalf of all four local authorities. The Unit is supporting the whole system to understand the changing health of BLMK residents and a critical part of developing our Health Services Strategy, which is expected to complete in WHEN?.

	<ul style="list-style-type: none"> • The National 50,000 Nurse programme set a BLMK growth profile in 2019 (completion March 24). BLMK has successfully achieved with a total of 3,344 nurses, this is an increase of 208 more nurses than 2 years ago and delivers above the NHSE trajectory. • Establishment of a nationally identified leading legacy mentoring scheme, including the first legacy paramedic role nationally (July 2023). Delivered national-award-winning collaborative Healthcare Support Worker recruitment campaign undertaken between ICB/Trusts. International nurse recruitment career support in place and event held Sep 23 with 60 staff attending. • For the past five years the ICB has run an annual Continuing Professional Development programmes for all staff within Primary Care to access training and development based on a training needs analysis and aligned to Primary Care Clinical Priorities. Our Primary Care Training Hub delivers regular leadership development opportunities, mentorship and coaching in addition to bespoke team and organisational development sessions at practice level and across our Primary Care Networks. • The BLMK system has a new Nursing Associate Qualification in Primary Care. Nursing Associate is a new healthcare role created to 'bridge the gap' between healthcare assistants and registered nurses. Nationally there are now over 7,800 Nursing Associates on the NMC register, with many more in training. 22 Primary Care Nursing Associates are now undertaking apprenticeships in Bedfordshire, Luton and Milton Keynes as part of a project with local universities which offers a new, on-the-job training route to nursing careers.
	<ul style="list-style-type: none"> • BLMK partners are making integration of services a reality - our new unscheduled care hub in Bedfordshire brings together ambulance, community and acute colleagues, meaning more people can get the most appropriate help more quickly, and reduce pressure on A&E. • Integrated Neighbourhood Working – all four places are developing in the way that works for them. Workshops at place are supporting stakeholder mapping, asset mapping, workforce mapping and agreeing next steps. ICB Clinical Leadership event held on the 9 November 2023 which brought together 60+ primary care clinical leads to focus on Integrated Neighbourhood Working to support delivery of integrated primary care. On 29th Feb over 180 Primary Care frontline staff came together at our first BLMK-wide Festival of Learning to connect, share experiences and tools to support in our journey towards integrated neighbourhood working. • We're prioritising new partnerships – for instance <u>working with the fire service</u> to offer more support to vulnerable residents, and our Acute Trusts are working in ever closer partnership, for instance by sharing their MRI capacity to provide earlier access to diagnostic tests for our residents.

	<ul style="list-style-type: none"> • We're proud to have trained over 300 people from across the system in coproduction skills and approaches, meaning more colleagues feel able to work in partnership with residents on how health and care services can be improved. • The ICB's new Target Operating Model will formally be launched on 01 April 2024. It prioritises strong relationships with partners, for instance through the launch of the ICB's new Place Teams, and it reduces the ICB's running costs too. The ICB's new System Transformation Team will lead system wide transformation initiatives, e.g. on MSK. • The local authorities in BLMK have worked together to establish a Joint Health Overview and Scrutiny Committee for BLMK. This provides an opportunity for a BLMK-wide conversation with scrutiny councillors about our Joint Forward Plan and other system-wide initiatives or service changes. • System partners have developed a system risk appetite statement and are developing a system risk register through joint work together. This has strengthened our understanding of each other as partners and will support cross-system working to manage our most significant risks.
 <p>Estates</p>	<ul style="list-style-type: none"> • The ICB is investing an extra £1.95m a year in primary care estates to make space for growing teams of diverse experts, supported by our Primary Care Training Hub. The full list of schemes being supported by this funding is available here. • ELFT have launched the new Evergreen Unit in Luton, supporting CYP mental health, shaped by young people themselves with a focus on maintaining links with the community. • Milton Keynes University Hospital has opened its new Same Day Emergency Care Unit – The Maple Centre, whilst in Central Bedfordshire, the new Grove View Hub in Dunstable is providing a wide range of services, including community mental health services, continence specialist services and the Bedfordshire Wellbeing Service, as well as Priory Gardens GP Surgery. Launched in February 2023. • Finalised the planning for, and in February commenced construction of the new primary care facility at the Enhanced Services Centre in Bedford – to provide new accommodation for the largest GP practice in BLMK, the De Parys Group. • As per our Luton 2040 Pledge, the ICB we will continue to campaign to NHSE to secure funding for a Clinical Diagnostic Centre in Luton Town Centre

 <p>Communications</p>	<ul style="list-style-type: none"> We have agreed Memorandums of Understanding with both the VCSE and with our four local Healthwatch organisations. These are providing clear and strong foundations for our strategic partnership, meaning more joint initiatives, better communication and more joined up delivery for residents. The new Engagement Forward Look is coordinating system wide engagement activity for the first time, reducing engagement fatigue and unnecessary duplication. Relationships with new partners, in particular faith leaders, are supporting the reach of crucial communications, including for vaccination and immunisation programmes. Our communications are becoming more diverse, in line with the recommendations made in the Denny Review, and we have much more work to do on this in 2024/25. All ICB Board meetings feature a resident story, and the March 2024 Board will hear here these resident stories have informed the strategic and commissioning decisions made in BLMK for the benefit of all residents. BLMK continues to feature in national and local media, including for its digital programmes, workforce initiatives and its work tackling health inequalities, on the back of the Denny Review.
 <p>Finance</p>	<ul style="list-style-type: none"> Excluding the financial impact of the Industrial Action, BLMK is expecting to deliver a break-even financial position at the end of 2023/24. This has involved difficult decisions about prioritisation and service delivery, but ultimately reflects the strong financial management of partners in a complex and changing financial environment. There are continued financial challenges into 2024/25 and future financial periods – this will require partners to make difficult decisions regarding the utilisation and prioritisation of resources available. BLMK has welcomed additional external funding in 2024/25 including for the health and employment work programme (see page 4), £3m+ for research initiatives (see page 4), women’s health and in support of the New Hospital Programme.
 <p>Operational and Clinical excellence</p>	<p>We are delivering new Community Diagnostic Centres:</p> <ul style="list-style-type: none"> Whitehouse Park CDC Go-live – July-23 (Achieved). Lloyds Court CDC Go-Live – May 24 (Planned). Gilbert Hitchcock House CDC Go-Live – July 2025 (Planned). Additional £3.6m capital secured to mitigate part of pressure associated with Gilbert Hitchcock House CDC – Feb-24 Clinical pathway development bid approved, and funding secured for 23/24 - Sept-23. Continued, coordinated lobby at national level for a Luton CDC, reinforced by our Luton 2040 Pledge. <p>We are transforming cancer services, with much further to go:</p> <ul style="list-style-type: none"> Significant improvement in cancer 62 day backlog position with BHFT to achieve Trust backlog reduction target.

- Improvement in early diagnosis rates - 2020 position 54.5% which was close to national average. Due to a number of new Early Diagnosis initiatives the BLMK position has improved reaching 65% target in 2022. The overall Long Term Plan ambition is to reach 75% by 2028, the current trajectory shows that the ICB is on track to reach that significant milestone – the Target Lung Health Check Programme will be a key driver of improved stage of diagnosis. The service is already diagnosing cancers much earlier at stage one and two and has recently expanded to Milton Keynes
- Delivering the Luton Cancer Outcomes Project PCN prostate cancer case finding pilot. The project has supported PCNs to undertake a case finding pilot to identify Black men with prostate cancer earlier. This is a result of late stage presentations in Luton because of lack of awareness of higher risk in black men. This project has already identified 18 men with prostate cancer with few symptoms.
- Delivering more community engagement events. The Luton Community Cancer Connectors have a programme of engagement events. The most recent being a 'Barbershop Live' event to raise awareness of Prostate Cancer. In partnership with Luton Borough Council the project has introduced a transport scheme delivered by Dial-a-ride to reduce the access barriers for Luton residents getting to important treatments at Mount Vernon Cancer Centre.

5.0 What comes next? Our Strategy in 2024/25

Our mission is unchanged: we want more of our residents to live well for longer.

We are therefore excited to be working alongside the [Institute for Healthcare Improvement](#). Our work together, expected to take place over the next 2-3 years, will develop a system Quality Improvement approach and is focussed on tackling barriers to good health. We look forward to benefitting from the IHI's expertise and international reach, and to launching our own [Learning & Action Network](#) in 2024 alongside many partners with whom we're working to reduce inequalities in our four places.

At the heart of our Partnership are two clear threads which run through everything we do: i) a clear ambition to develop neighbourhood teams from across organisations who are best placed to provide specific and localised support within their communities, and ii) the central importance of tackling inequalities and inclusivity, where the diverse backgrounds, needs of our health and care staff, and the residents they serve, are well understood, respected and responded to. These objectives are those at the heart of the community-led Denny Review

Our work with the IHI is one way in which we are reforming what and how we deliver in BLMK. To be confident that we can meet the needs of our residents within the resources that we have available, we need to change. This is because BLMK is one of the fastest growing areas of England. Three of our four places grew more than 15% between 2011-2021, more than twice the national average (6%) during the same period. Growth is expected to rise faster still in the current decade, is already placing huge pressures on our health and care system. This, alongside national economic challenges, and the legacy of the Covid pandemic, mean that difficult decisions will need to be made about what services we can continue to afford to provide and how they are provided.

All ICSs in the country are facing a very challenging financial environment in 24/25. In 2024/25 BLMK faces a £151m funding gap for NHS services for BLMK residents. System partners have so far identified £72m mitigations, leaving a remaining £79m gap which partners are working hard together to address. An updated position will be reported at the meeting on 14 March.

Our [Joint Forward Plan](#) sets out our approach to meeting the challenges we face, the delivery of which in 2024/25 will be underpinned by VERTO, our new project management software. This will, for the first time, giving us the capability for regular, system-wide reporting on what we are delivering and the progress we are making. We will utilise Quality Improvement methodology to deliver sustainable improvement for our residents. We want more residents to see and feel the work we are doing and to understand how partners are together making an impact.

The forthcoming Health Services Strategy will present more detail on plans to tackle increasingly complex conditions and growing demand for services. These will sit alongside initiatives to prioritise prevention and early intervention, including improvements in core areas, like the diagnosis and management of hypertension (high blood pressure) and

diabetes. Central to the Strategy will be capitalising on advances in technology that make a difference for residents whilst delivering better value for taxpayers. We will strive to be more innovative in our delivery of health and care services: embracing digital opportunities like AI, embedding process automation and investing in cutting-edge technology and analytics.

We are led by our data, including from our landmark Population Health Intelligence Unit, in all our transformation work - see Section 7.0 for our approach to setting cross cutting, measurable outcomes.

Across our system, our five strategic priorities continue to shape everything we do – Starting Well, Living Well, Ageing Well, Growth and Reducing Inequalities. Insights from our residents (including those from our Healthwatch and VCSE partners) will help us to better understand if our Strategy is working, underpinned by agreed system wide-outcome measures.

6.0 Our Priorities in 2024/25

The Board of the ICB met for a Board Development Seminar on 26 January 2024 to consider system priorities for 2024/25. The Board was supportive of the development of a small number of impactful transformation programmes in tackling priority areas. These include urgent and emergency care, elective recovery and complex care. We are currently working with partners to define and shape these programmes which are aimed at improving outcomes for our residents and working in a more productive and effective way to contribute to our system's financial challenge. They will be based on a population health management approach and respond to the needs of our three key population segments:

- Residents who are generally well and need episodic care (including improving access to services);
- Residents who have a long-term condition, social needs or require planned treatment; and
- Residents who have more complex needs, including residents with multiple conditions.

We have not yet fully quantified 2024/25 benefits for these programmes which we expect to be multi-year. Additional efficiency schemes in 24/25 will be required to address the financial challenges and this is likely to require difficult decisions in terms of holding back investments or disinvesting in services. We will assess the equality and inequality impacts of these decisions as part of the decision-making process and will share the scope and detail of this work with the BLMK Joint Health Overview and Scrutiny Committee and place scrutiny committees as appropriate.

The Board was also supportive of a specific, enhanced focus on the following three enabling workstreams within our portfolio in 2024/25:

- **Digital:** developing a greater appetite for digital innovation and maximising the benefits of current digital schemes;
- **Estates:** progressing towards One Public Estate, with greater visibility and shared ownership across all partners of all our system's work on strategic estate development particularly in the context of rapid fast population growth;
- **Communications:** a greater focus on co-production and building an increasing understanding of self-care and how residents can access appropriate support to live healthier lives and support themselves and their families.

The board also recognised two “golden threads” which would be expected to run through everything the system does:

- **Tackling Inequalities** – all work across the Partnership has the potential to address health inequalities, and our ambition to improve health outcomes for the most disadvantaged should run through everything we do. We are supported in this work by the Institute for Healthcare Improvement.
- **Building Neighbourhood teams** – building the right teams of experts who are best placed to provide specific and localised support within their communities is a multi-year, collective endeavour.

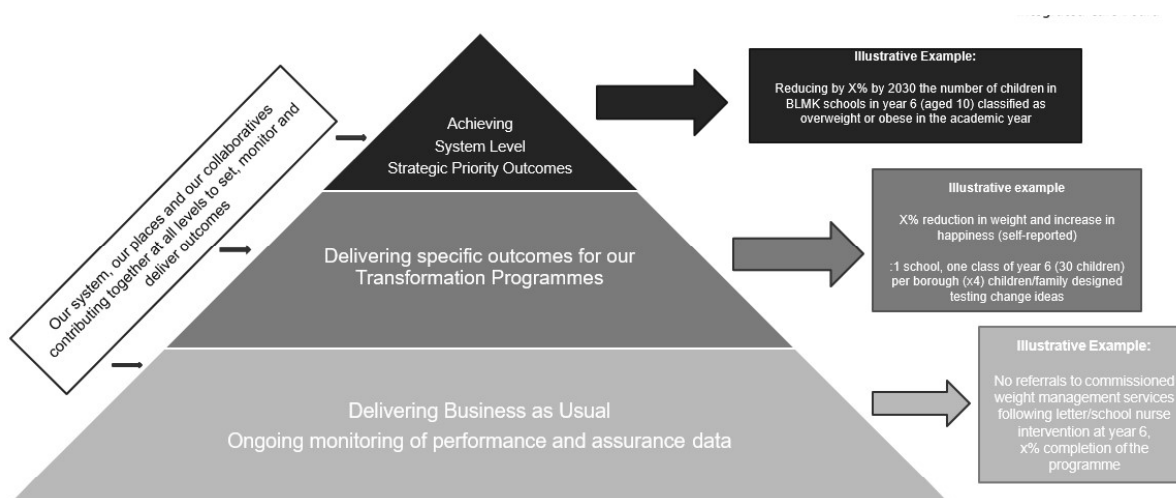
Members are asked to agree the above priorities set out for 2024/25 which will be included in the refreshed Joint Forward Plan for the System.

7.0 How will we know if we are making a difference?

At the 26 January Board Development Seminar, members of the Board agreed the framework below – the BLMK Data Pyramid – for how, together, we will approach measuring the progress we make.

- System Level Strategic Priority Outcomes – aligned to our five strategic priorities, these outcome measures will tell us, at a headline level, if we are moving toward our goals;
- Specific Outcomes for Transformation Programmes – these measures focus on specific transformation initiatives;
- Performance & Assurance Data – we will continue to monitor this information, which is mostly inputs and outputs, and highlight where the data tells us we are challenged.

A worked example of how this relates to childhood obesity is below, and we look forward to developing this data pyramid with HCP members and others for all our transformation and improvement workstreams. It will be supported by relevant local place-based agreements, for example the measures of success in our [Luton 2040 pledge](#). Future progress reports to the HCP will report on progress against the metrics in the data pyramid for each strategic priority, enablers and individual workstream.



8.0 What the key risks to delivering our strategy 2024/25?

The ICB has worked with ICS partners to develop a system risk register which captures the main risks to achieving our strategic priorities. This is attached at Appendix A.

The strategic system risks are representative of the challenging environment that the ICS partners are working in to deliver our strategic priorities. BAF 05 (score 20) describes the overall risk to the delivery of the system transformation required to deliver our strategy. The main driver of this high-risk score are the system operational pressures on services including those associated with industrial action. Other risks being assessed for inclusion on the system risk register include sustainability risk to the VCSE due to funding pressures, cyber security risks and a risk associated with the fitness of current NHS estates.

During this year we have commenced work with partners to develop a more integrated and granular risk register that will include key risk indicators. The increasing maturity of our approach to risk management will support delivery of our strategic priorities in the coming year.

7.0 - The future role of the BLMK Health & Care Partnership

During 2023/24, we adapted our way of working as a Partnership to hold two formal meetings per year supported by workshops linked to specific strategic priorities. Our full meetings were in September 2023 and March 2024, whilst workshops took place in July 2023 on health and work (Growth Priority) and September 2023 on early intervention in early years (Start Well Priority). The outputs from the workshops have been reported to Place Boards and progress reported elsewhere in this report (pages 2 and 4).

We need to agree our ways of working for 24/25. Based on learning from this year we are proposing to hold two formal meetings (October 2024 and March 2025) and two workshops: 17th May (Inequalities Priority¹) and 15th November 2024 (Live Well or Age Well Priority – to be agreed). Both will inform the development of our strategy and delivery plans.

Members are also asked to review the membership of the HCP and our terms of reference (attached at **Appendix B**). Members are asked to propose any amendments to the terms of reference – if amendments are agreed at the meeting, they will require ratification by the Local Authorities and ICB before coming into effect.

Members are asked to agree the proposed approach to meetings and seminars for 24/25 outlined above and advise if any amendments are required to the terms of reference including the membership of the HCP.

The ICB looks forward to continuing to work closely with HCP partners to improve the health outcomes of all BLMK residents.

ENDS

¹ This major sharing and learning event on 17 May 2024 will be part of “Inequalities Week” in BLMK alongside a University of Bedfordshire-led event, and a national Health Services Journal Inequalities Conference on the same week. It is designed to be a platform for highlighting work underway and building an expert community across BLMK working to reduce inequalities. The event will prioritise diversity and inclusivity with a view to it becoming an annual opportunity to demonstrate progress and share learning.

**APPENDIX A – System Risk Register (below)
APPENDIX B – HCP Terms of Reference (attached separately)**

Ref	Risk Title	Risk Description	Rating
BAF0001	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	20
BAF0002	Developing suitable workforce	If system organisations within BLMK ICS unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS and the System People Plan are threatened.	20
BAF0003	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20
BAF0004	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	20
BAF0005	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	20
BAF0006	Financial Sustainability and Financial Health	Increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - risk to the financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	20
BAF0007	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16
BAF0008	Impact of Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20
BAF0009	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16
BAF0010	Partnership Working	There is a risk that the development of the ICS's public position on an issue is inconsistent with the public position of one or more partner member, resulting in a lack of clarity for the public and stakeholders	9
BAF0011	Health Literacy – Denny Review	As a result of challenges with health literacy and understanding of health services as identified in the Denny Review, there is a risk that members of minority, disadvantaged and seldom-heard communities in BLMK are not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes.	16

BAF0012

System Collaboration

There is a risk that collaboration within the Integrated Care System (ICS) could lead to inefficiency and diluted accountability across the health and care sector organisations. This situation may result in a loss of focus on key priorities and ineffective use of resources, jeopardising the delivery of value to the BLMK population.

6

Health and Care Partnership (Joint Committee) Terms of Reference

1.0 Introduction

1.1 The Bedfordshire, Luton and Milton Keynes Health and Care Partnership is the name of the system's Integrated Care Partnership (ICP) in accordance with the Health and Care Act 2022 and is established in accordance with NHS Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) Constitution, and the Constitutions of the five local authorities in the system, as a Joint Committee of the Integrated Care Board and the local authorities of Bedford Borough Council, Central Bedfordshire Council, Buckinghamshire Council, Luton Borough Council and Milton Keynes Council.

2.0 Membership

2.1 The membership of the ICP shall include:

2.2 Core Members

Organisation	Role
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Chair Chief Executive Officer
Bedford Borough Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Buckinghamshire Council	One person as nominated by the Council
Central Bedfordshire Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Luton Borough Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Milton Keynes Council	Health and Wellbeing Board Chair One or two further people appointed by the Council (suggest one member is from children's and one member is from adult services)
Director of Public Health (2)	Bedford Borough, Central Bedfordshire and Milton Keynes Councils Luton Borough Council
Bedfordshire Hospitals NHS Foundation Trust	Chair
Milton Keynes University Hospital NHS Foundation Trust	Chair
Cambridgeshire Community Services NHS Trust	Chair
East London NHS Foundation Trust	Chair

Organisation	Role
Central and North West London Foundation Trust	Chair
South Central Ambulance Service NHS Foundation Trust	Chair or nominated deputy
East of England Ambulance Service NHS Trust	Chair or nominated deputy
Primary Care Networks a Clinical Director from:	Bedford Luton Central Bedfordshire Milton Keynes
Healthwatch A local representative from:	Bedford Luton Central Bedfordshire Milton Keynes
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's Health and Care Senate	A representative
Voluntary, Community and Social Enterprise	BLMK nominated representative

2.3 Regular Participants

2.3.1 The Joint Committee may invite specified individuals to be Participants at its meetings to inform decision-making and the discharge of its functions as it sees fit. Participants will receive advanced copies of the notice, agenda and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

2.3.2 The following individuals will be regular participants:

Organisation	Role
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Non-executives, executives, primary care partner members – as relevant to agenda items
Local Authorities in BLMK	As requested by local authorities and as relevant to agenda items
NHS Trusts in BLMK	CEOs and others as relevant to agenda items
Bedfordshire Fire and Rescue Service	Nomination from Fire and Rescue Service
Buckinghamshire Fire and Rescue Service	Nomination from Fire and Rescue Service
Thames Valley Police	Nomination from Police
Bedfordshire Police	Nomination from Police
Housing	Relevant to agenda items
Education	Relevant to agenda items
Criminal Justice	Relevant to agenda items
Voluntary, Community and Social Enterprise leads	Relevant to agenda items
Community Groups	Relevant to agenda items
Carers Representative	Relevant to agenda items

2.3.3 The Joint Committee may invite any individuals, groups or subject matter experts for specific items on the agenda for the meeting.

3.0 Joint Committee Chair

3.1 The Joint Committee Chair will be nominated by the Councils in BLMK and will be appointed by the ICP at its first meeting and serve for a two-year period.

3.2 The Councils in BLMK will nominate a deputy Chair who will be appointed by the Joint Committee at its first meeting and will Chair the Joint Committee meeting in the absence of the Joint Committee Chair. This appointment will also be for a two-year period.

4.0 Quorum

4.1 At least half of the members of the Joint Committee must be present for a quorum to be established including at least one member from the ICB and one member from two of the local authorities.

4.2 No formal business shall be transacted where a quorum is not reached.

5.0 Frequency of meetings and attendance

5.1 A minimum of two scheduled meetings shall be held per year and if the meetings are face to face will be held in each of the four Places in rotation and will be scheduled at different times and days of the week.

5.2 Members of the Joint Committee should make every effort to attend all meetings of the Committee and it is expected that core members attend at least 75% of Joint Committee meetings. The Secretary to the Joint Committee will monitor attendance and will report on this annually. Attendance figures will be published in the Annual Report.

6.0 Meetings to be held in public

6.1 The meetings of the Joint Committee will be held in public in accordance with the Public Bodies Admission to Meetings Act 1960. The Joint Committee may resolve to hold part of its meeting in private if it would be prejudicial to the public interest to meet in public.

6.2 The Joint Committee may hold regular workshops which will not be formal meetings of the Joint Committee, will not be taking decisions and will not be held in public. These workshops will be open to a wider group of participants than Joint Committee members and participants and will be forums for discussion to develop proposals for later consideration by the Joint Committee at a formal meeting.

7.0 Agenda setting

7.1 The agenda for Joint Committee meetings and workshops will be set by the Joint Committee's agenda setting group comprising of:

- Joint Committee Chair.
- ICB Chair.
- Health and Wellbeing Board Chairs (or nominated deputies) of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council.

7.2 A forward plan of items for consideration will be included in the agenda papers for each Joint Committee meeting.

8.0 Duties

8.1 It is the duty of the Joint Committee to develop, agree and monitor the implementation of the Integrated Population Health Strategy for Bedfordshire, Luton and Milton Keynes based on the Joint Strategic Needs Assessments, Health and Wellbeing strategies, Place plans, and the voice of people with lived experience.

8.2 In fulfilling its statutory duty, the Joint Committee's role is to:

- Facilitate joint action to improve health and care outcomes and experiences.
- Influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.
- Create a dedicated forum to enhance relationships between the leaders across the health and social care system.
- Build a culture of partnership and broad collaborations to promote and support holistic care.
- Highlight where coordination is needed on health and care issues and challenges partners to deliver the actions required.

9.0 Emergency powers

9.1 Where an urgent decision needs to be made in between scheduled meetings, members of the Joint Committee can convene an extra-ordinary meeting to discuss a particular issue. Quorum rules in paragraph 4 still apply.

9.2 If it is not practicable to meet in person, matters can be dealt with through telephone or the exchange of emails. The exercise of such powers shall be reported, and a minute taken at the next Joint Committee meeting.

10.0 Reporting arrangements to the Board

10.1 The Joint Committee will report to the ICB and the Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council on a quarterly basis.

11.0 Reporting arrangements of other Committees and Groups

11.1 The Joint Committee has authority to establish committees and groups (below) which will report into the ICP and provide minutes of their meetings:

12.0 Annual review of the Committee

12.1 The Joint Committee will undertake a self-assessment within six months of operating and annually thereafter to:

- Review that these Terms of Reference have been complied with and whether they remain fit for purpose.
- Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and,
- Recommend any changes and / or actions it considers necessary, in respect of the above.
- Provide the ICB, and Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council with an annual report, which details the outcome of the annual review.

13.0 Committee servicing

13.1 The Joint Committee shall be supported administratively by the Integrated Care Board's Governance team (or other nominated representative), who's duties in this respect will include:

- Agreement of the agenda with the Joint Committee's agenda setting group and collation of papers in-line with the Committee's Annual Cycle of Business.
- Providing written notice of meetings to Joint Committee's members, and the papers, not less than five working days before the meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Producing a single document to track the Joint Committee's agreed actions and report progress to the Joint Committee.
- Producing draft minutes for approval within five working days of the meeting.

Bedfordshire, Luton and Milton Keynes

Item 7 Our System Improvement Journey

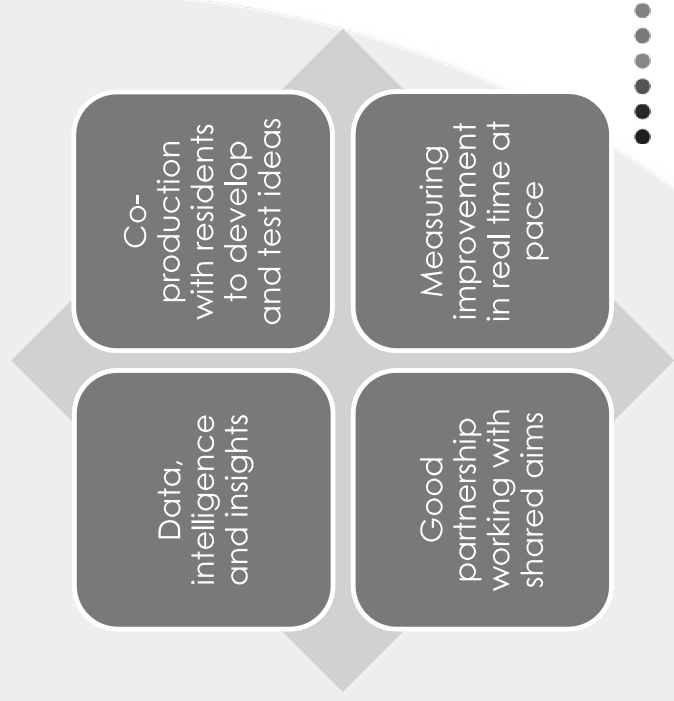
Sarah Stanley, Chief Nursing Director

01 Background

Our vision for BLMK is
“for everyone in our Towns, Villages and Communities to live a longer healthier life”

Our mission is
“to reduce the gap in life expectancy and increase the number of years people live in good health”

Tackling inequalities is complex and we need a structured improvement methodology to take us through this journey, which brings together all our principles for systems working



Date: 14 March 2024

ICB Executive Lead: Martha Roberts, Chief People Officer

Partner lead:

Report Author: Bethan Billington, Deputy Chief People Officer

Report to the: Health and Care Partnership

Item 8: People Plan update

1.0 Executive Summary

- 1.1 The NHS has a well-known shortage of staff and did not have a long term plan for its workforce until now. The NHS Long Term Workforce Plan (LTWP) 2023 covers a 15-year assessment of the workforce that will be needed for the future and provides a costed plan of how we develop the current NHS workforce to meet the future challenges with 3 priority areas:
1. **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff, which is underpinned by the £2.4 billion funding commitment.
 2. **Retain:** Renewing the focus and ushering in a major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to have 130,000 staff stay working in the NHS for longer.
 3. **Reform:** Working differently, and delivery training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.
- 1.2 In order to support the deliver of the LTWP within BLMK ICS the People Board have 6 identified workstreams.
- 1.2.1 Primary Care Training Hub
 - 1.2.2 Neighbourhood Teams
 - 1.2.3 Workforce Information, Planning, Supply and Retention
 - 1.2.4 Innovation and Education
 - 1.2.5 Equality, Diversity, Inclusion, Belonging and Wellbeing
 - 1.2.6 Leadership, Talent Management and Organisational Development.
- 1.3 The LTWP impacts on all of these workstreams and the ICB Workforce Development Academy (WDA) is undertaking a number of staff focus groups to collectively consider how some of the workforce challenges within our system can be met.
- 1.4 The Innovation and Education subgroup are working with our education providers to consider how the significantly increased education numbers can be delivered. There is an Apprenticeship conference in March 2024 to take this work forward.

2.0 Recommendations

- 2.1 That the HCP note the contents of the report and support the People Board workstreams.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

3.1 **Risks:**

The LTWP brings with it several risks. The increase in education is significant providing challenges on education institute capacity and supervisory capacity within employers. There are risks to both the retention of students and employed staff within the system.

3.2 **Resourcing:**

NHS England (NHSE) has provided funding to support a number of areas identified within the workforce plan:

- 3.2.1 BLMK ICS Academy – additional funding has been made available to the BLMK ICS Academy to expand its offering and outreach across the system.
- 3.2.2 Clinical Learning Environment (CLE) – additional funding has been made available to support the development of the CLE to support the increased education needs and the retention challenges within student populations.
- 3.2.3 Workforce Planning – to support the delivery of the future workforce NHSE has provided investment in workforce planning capacity.
- 3.2.4 Retention – NHSE has provided support directly to NHS provider Trusts to support this area of focus.

3.3 **Inequalities:**

To deliver the LTWP the ICS is engaging in developing supported employment pathways for our local population, furthest from employment, to gain good work within the health and care system.

3.4 **Engagement:**

In setting up our delivery of the BLMK elements of the LTWP, we are undertaking a series of engagement events across the ICS. This engagement covers our partners and in particular targets our residents who are currently not following careers in health and care. We need to attract more people from our diverse local communities in BLMK to careers in health care, social care and VCSE (Voluntary Community and Social Enterprises). These careers need to be innovative, inclusive, flexible, and to include new roles that support new ways of working and offer more employment opportunities for local people, especially those in underrepresented communities. The engagement sessions would be delivered at System and Place Level and will focus on *How can we collectively explore solutions to our workforce issues?*

The feedback from these engagement events will then feed into the established ICB People Strategy and subsequent workstreams to enable delivery against the Long-Term Workforce Plan.

4.0 Report

4.1 The NHS Long Term Workforce Plan (LTWP) 2023 covers a 15-year assessment of the workforce that will be needed for the future and provides a costed plan of how we develop the current NHS workforce to meet the future challenges.

4.2 Commissioned and accepted by the government, it provides a costed plan for how the NHS will develop to meet existing and future demand and challenges and support the health and wellbeing of the population. Over £2.4 billion has been committed to fund additional education and training places over the next five years, on top of existing funding commitments.

4.3 The plan sets out the strategic direction for the long term as well as short- to medium-term actions to be undertaken locally, regionally, and nationally. Those actions fall into three priority areas:

Train: Substantially growing the number of doctors, nurses, allied health professionals and support staff, which is underpinned by the £2.4 billion funding commitment.

Retain: Renewing the focus and ushering in a major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to have 130,000 staff stay working in the NHS for longer.

Reform: Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.

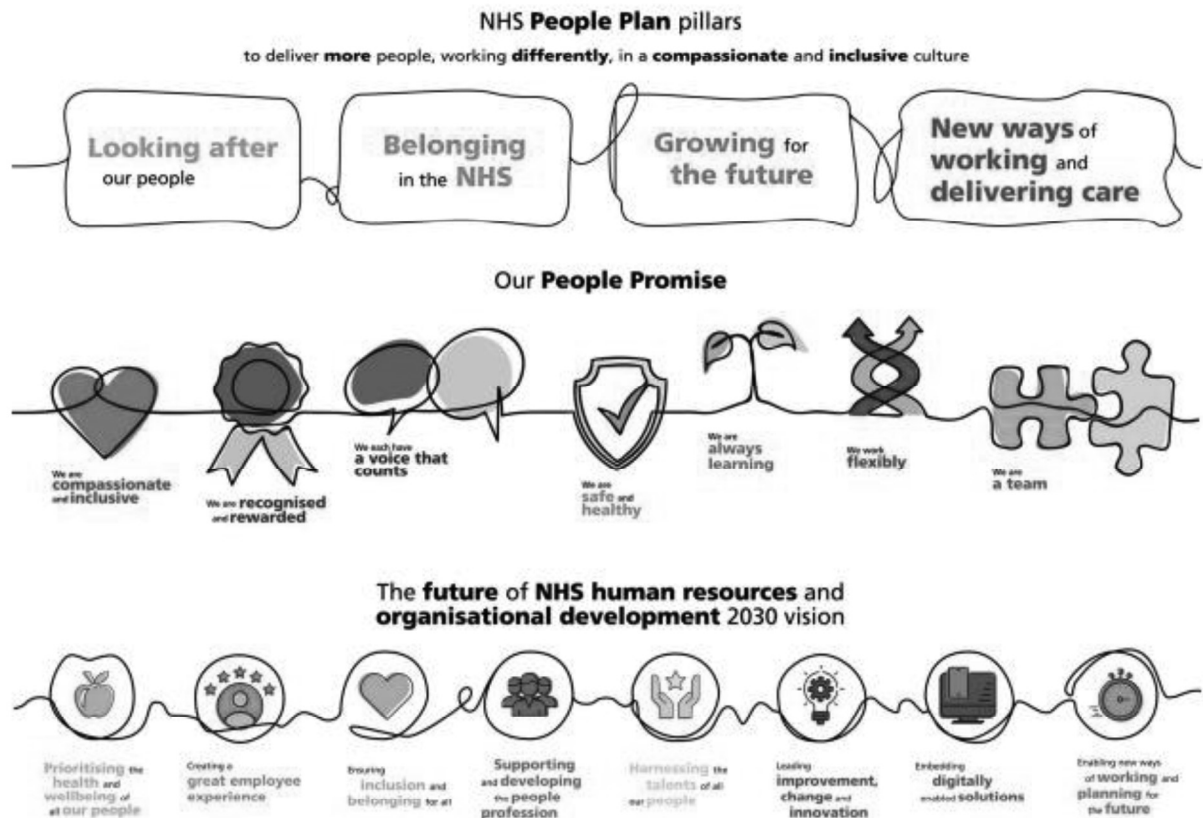
4.4 It is anticipated the LTWP will provides key benefits for the NHS' workforce;

- Leaver rates improve around 15% over the course of the Plan, and retention will be at rates better than the average pre-pandemic.
- A higher proportion of new joiners to the NHS workforce would come from training and education routes rather than from overseas, and within those, a greater proportion would train via apprenticeship routes. BLMK has been very successful in recruiting and retaining colleagues trained abroad.
- By 2028 there will be 34% more nurses trained per year in England and medical school places would increase by a third.
- By 2031, the number of apprentices will represent 22% of all people in clinical training across the NHS.
- There will be a significant increase in the number of trainers and educators working across the NHS, to support growth in training places.
- Materially reducing staff shortfalls by 2028 and further reducing them to minimal levels thereafter

4.5 Integrated Care Systems (ICSs) are crucial in connecting the NHS to local authorities and wider system partners.

- The LTWP recommends that ICSs prioritise actions that drive recruitment and retention of their 'one workforce' across health and care.
- The plan supports systems to determine their approach in light of local needs and opportunities, setting out priorities for workforce action in their five-year joint forward plans.
- NHS England (NHSE) acknowledge ICS leadership of the work is dependent on having sufficient capacity and technical capability for workforce planning, they are expanding their support offer, including through a new tool providing system-level workforce intelligence, and facilitating an accredited Strategic Workforce Planning course.

4.6 BLMK ICS has an agreed People Strategy that reflects the National People Drivers



4.7 These People drivers are also articulated as 10 functions of an ICS People Function: **10 outcomes-based functions for 'one workforce', to make the local area a better place to live and work.**

1. Supporting the health and wellbeing of all staff
2. Growing the workforce for the future and enabling adequate workforce supply
3. Supporting inclusion and belonging for all, and creating a great experience for staff
4. Valuing and supporting leadership at all levels, and lifelong learning
5. Leading workforce transformation and new ways of working
6. Educating, training and developing people, and managing talent
7. Driving and supporting broader social and economic development
8. Transforming people services and supporting the people profession
9. Leading co-ordinated workforce planning using analysis and intelligence
10. Supporting system design and development

4.8 BLMK ICS has in place six identified workstreams to deliver against these priorities.

BLMK to be an excellent place in which to work, volunteer, learn and live					
1. Primary Care Training Hub	2. Neighbourhoods	3. Workforce Information, Planning, Supply & Retention	4. Innovation & Education	5. EDIB & Wellbeing	6. Leadership, Talent Management and Organisational Development
Objective: Meeting the ongoing training and development needs of the primary care sector, including skills development in relation to change management and quality improvement, as well as in relation to effectively using new ways of working and models of care.	Objective: Supporting the development of neighbourhood multi-organisational and multi-disciplinary teams.	Objective: Ensuring we have the capacity within our workforce to deliver great care. Supporting retention by both ensuring we plan effectively to recruit to our vacancies as they occur in a timely way and also putting in place a robust framework to support work /life balance through flexible working opportunities	Objective: Supporting workforce redesign for new models of care and maximising the use of new roles. We recognise the importance of enabling staff to develop their careers within the System.	Objective: We will create an environment where staff from all backgrounds feel included, valued and free from discrimination. We want to have a happy, healthy and engaged workforce as we know that staff who are supported, well and at work and deliver quality and safe effective care to our patients.	Objective: We will develop system leadership values, behaviours and training increasing OD capacity and supporting system transformation.
Key Initiatives 1. Increase ARRS roles within Primary Care 2. Increase Placement/Education capacity 3. Digital development 4. PCN Support	Key Initiatives 1. Workforce Planning at Place/Neighbourhood Level 2. Mobilisation and Movement of the Workforce 3. Team development	Key Initiatives 1. Strategic workforce planning, integrated across health and social care. 2. Developing and delivering strategies to deliver the long-term workforce plan 3. Bank, Rostering & Automation 4. Workforce supply: Recruitment and retention including collaborative campaigns.	Key Initiatives 1. Enable partnership working between employers and education and training providers 2. Develop education offerings for new and emerging roles 3. Maximise Pre-Employment training opportunities 4. Maximise opportunities for multi sector and multi profession learning	Key Initiatives 1. BLMK Wellbeing Hub 2. Oversee the development and delivery of Equality and Inclusion Strategy 3. Oversee Implementation of Regional Anti Racism Strategy 4. Share best practice to enable system learning	Key Initiatives 1. Leadership Development with a system perspective 2. System talent management process 3. Increase system OD capacity

4.9 The LTWP has implications for all these workstreams for activities we can scale up and activities we can consider at a system or place level.

- Further expansion of personalised care roles.
- Expansion of Pharmacy training places in Primary Care
- Roll out of the digital staff passport to enable workforce movement across the system.
- Work with education providers to expand education offerings to meet the training targets within the LTWP and improve student experience.
- Further develop collaborative recruitment campaigns.
- Implemented supported employment pathways to support those with a lived experience, and our local population into employment.
- Collaboration to deliver the productivity and efficiency agenda.
- Expand advanced practice capability.
- Expand and develop apprenticeship strategy to drive education needs.
- Invest in place based, detailed workforce planning.

5.0 Next Steps

5.1 In setting up our delivery of the BLMK ICS elements of the Long-Term Workforce Plan, we are undertaking a series of engagement events across the ICS. We need to attract more people from our diverse local communities in BLMK to careers in health care, social care and VCSE (Voluntary Community and Social Enterprises). These careers need to be innovative, inclusive, flexible, and to include new roles that support new ways of working and offer more employment opportunities for local people, especially those in underrepresented communities. The engagement sessions focus on *How can we collectively explore solutions to our workforce issues?*

5.2 The feedback from these engagement events will then feed into the established ICB People Strategy and subsequent workstreams to enable delivery against the Long-Term Workforce Plan.

- 5.3 We are undertaking wider engagement regarding the education agenda and have an apprenticeship workshop planned for 19th March which will act as a catalyst to relaunch the BLMK Apprenticeship Leads network.
 - 5.4 The first meeting of new Education Providers Group was held; recognising need to work together on challenges of Long-Term Workforce Plan and Adult Social Care career pathway work with a joint workshop planned for April.
 - 5.5 The feedback from these engagement events will then feed into the established ICB People Strategy and subsequent workstreams to enable delivery against the Long-Term Workforce Plan.
 - 5.6 Nationally, the targets for short-, medium- and long-term delivery of the LTWP are being negotiated with central government. Connecting our feedback from the engagement sessions, we will develop an implementation plan and corresponding assessment of success that reflects our need in BLMK.
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List of appendices

None

Background reading

None

Date: 14 March 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance and Sarah Stanley, Chief Nurse

Report Author: Dominic Woodward-Lebihan, Deputy Chief of Strategy and Assurance

Report to the: Report to the BLMK Health and Care Partnership

Item 9: BLMK Advancing Health Equality Event, 17 May 2024

Reason for report to Health and Care Partnership

For discussion and to note.

1.0 Executive Summary

- 1.1 In December 2023, the Board of the ICB agreed, as part of responding to the Denny Review, to a spring/summer event to bring together residents, place partners, system leaders, VCSE representatives and others to continue to build momentum about how BLMK is working to reduce health inequality.
- 1.2 The event aims to reflect on what is working well, share best practice and build a sense of BLMK-wide community action to address concerns residents have made about growing health inequalities in our area. This paper sets out the basis for this event and seeks views on its delivery. It is scheduled for 17 May 2024, with the intention that it may thereafter become an annual event aligned to the ICB’s commitment to publishing an annual statement of progress on its response to the Denny Review and its progress in tackling health inequalities.

2.0 Recommendations

- 2.1 Members are asked to **comment** on the development of the May 17 Advancing Equality event, and give views to shape its agenda, attendees and delivery, and in particular how best we prioritise the values at the heart of Denny: diversity, inclusion and belonging.
- 2.2 Members are also asked to **note** the intention of week commencing 13 May 2024 being “BLMK Inequalities Week” given the University of Bedfordshire Health Inequalities and Innovation Event on 13 May, and the Health Services Journal Reducing Inequalities Forum on 14 May.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

- 3.1 The event will be resourced from across the ICB, with support from wider ICP partners, with the event organising team being as diverse as possible.
- 3.2 We are committed to hearing the stories of people from all backgrounds, especially those who experience health inequalities, so that we can give voice to everyone in local communities. The event will be based on this principle.
- 3.4 We will encourage car sharing on the day to reduce the environmental impact of the event and use environmentally friendly materials wherever possible.

4.0 Report

4.1 There are four key objectives to the 17 May event, which is the latest in a series of Joint Integrated Care Board (ICB) and Health and Care Partnership (BLMK's Integrated Care Partnership) Seminars, each of which aligns to one of the ICS's Strategy Priorities. The 17 May event is based upon the ICS Reducing Inequalities strategic priority and will take place in the morning. The objectives are:

- **build momentum**, creating a real sense of drive and purpose to address the inequalities in our system, building on examples of good work happening across BLMK at all levels;
- **build a stronger sense of community** about the learning and challenges which are common across BLMK, Understand better the experience of our residents and learn from case studies including where things are working well, and how these could be applied more widely.
- **lay the foundations for the launch of our system's Learning and Action Network**, as part of our joint multi-year project with the Institute for Healthcare Improvement. We want to recruit to this network from across BLMK, which is further explained at para 7.4 and,
- **demonstrate that the Denny Review's core values of inclusivity, diversity and equality are the central determinants of the way this event is designed and feels to those attending, with resident voice at the centre**, diverse attendees, materials in different languages, a faith room, a wide variety food and accessibility tools, all which help demonstrate how our system is listening.

5.0 Inequalities Week

Members are asked to note the intention of the week commencing 13 May 2024 being "BLMK Inequalities Week" given the University of Bedfordshire Health Inequalities and Innovation Event on 13 May, and the [Health Services Journal Reducing Inequalities Forum](#) on 14 May. The BLMK ICB Chief Executive is due to give opening remarks at the former, whilst Reverend Lloyd Denny, BLMK teams and wider partners are all supporting the former. The intention is for coordinated promotion and branding, given the common theme.

6.0 Event Attendees

We anticipate 80-120 attendees, including but not limited to residents (including some willing to share their lived experiences), ICB and HCP partners, PCN representatives including Clinical Directors and Practice Managers, a full range of NHS provider representatives, public health, Healthwatch, VCSE, University of Bedfordshire, Faith Leaders, blue light services and others involved in the Denny Review. We are currently co-producing plans for the day with

diverse partners across BLMK and expect invitations to be issued by mid-March. The event is sponsored by the ICB Board's Champion for the system response to the Denny Review, Lorraine Sunduza, Chief Executive of ELFT. Lloyd Denny is expected to attend, and we look forward to welcoming members of the BLMK HCP.

7.0 Event Content

- 7.1 The event will not be designed to feel like a more traditional conference. We intend to minimise the time dedicated to the speeches and panel events, in favour of supporting partners to share their experiences and work in this area. To that end we will be asking all attendees to submit a case study to share their learning, making available stands for partners to set out their stall, and have side rooms booked for partners to give talks on their work.
- 7.2 The event will put resident voice at the centre, and we are working with our partners to identify residents who are willing to share their stories.
- 7.3 It would not be possible to capture all the work happening at Place within one single event, and so we will prioritise initiatives which are supporting the population groups identified in the Denny Review.
- 7.4 The ICB also wishes to use some time on the day to lay the foundations of the launch of the Learning Action Network, the next step in the ICB's work with the Institute for Health Improvement. Attendees on the day will be supported to participate in this Network when it is formally launched later this year, bringing together work in each place to target specific populations experiencing the most health inequality. An update on this work is also on the HCP's agenda in March, led by Sarah Stanley.
- 7.5 We are hopeful that the 17 May event will become an annual event aligned to the ICB's reducing inequalities priority and as such provide a yearly backdrop for the publication of the annual statement of progress on the Denny Review, to which the ICB has committed. It will also be the one opportunity for BLMK partners to gather each year to celebrate our progress in tackling health inequalities and to develop the networks on which progress so often relies.

7.80 Next Steps

- 7.1 Pending views from the HCP, ICB colleagues will work with partners and residents to deliver the 17 May event in the most impactful way.

List of appendices

Background reading