Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Health and Care Partnership

Date: 19 September 2024
Time: 10:00 to 12:00
Venue: Online via Teams

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Chair	-	10.00
2.	Relevant Persons Disclosure of Interests • Register of Interests	Chair	Note changes and approve	
3.	Approval of Minutes and Matters Arising			
4.	Review of Action Tracker			
	Strategy			
5.	BLMK Health Services Strategy 2024 - 2040	Chief Medical Director	To consider/ discuss	10.10
6.	Cancer Services across BLMK. An update on current and future planned provision.	Kathy Nelson	To consider/ discuss	10.45
7.	BLMK Advancing Health Equality Event, 17 May 2024, Report and next steps.	Chief Nurse	To consider/ discuss	11.20
8.	Leading for a Sustainable BLMK Health and Care system seminar– 15 November 2024	Associate Director Sustainability and Growth	To consider/ discuss	11.30
	Governance			
9.	Communications from the meeting	Chair	Discuss	11.45
10.	Review of meeting effectiveness	Chair	Note	11.50
	Closing Actions			
11.	Any Other Business	Chair	-	11.55

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
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
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 secetary) 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	154/09/2019	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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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
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
Keech	Tracey	Deputy CEO, Healthwatch, Milton Keynes	No									02/11/2023
Kellerman	Volker	Director of Partnerships and Strategic Development at South Central Ambulance Service NHS Trust	No									18/06/2024
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

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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
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 interes policy	12/09/2023
Marland	Peter	Leader, Milton Keynes City Council	Yes	N	N	N	N	Chair, Local Government Association Economy & Resources Board	01/12/2022	Ongoing	No conflict of interest	28/08/2024
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 th 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
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

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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 Alie 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 MUFG Securities EMEA PLC 25 Ropemaker Street London	01/04/2019	Ongoing	As appropriate	08/12/2022
Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	No									15/11/2023
Walker	Kate	Adult Services, Bedford Borough Council	No									11/01/2023

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 14 March 2024

Time: 14.00

Venue: Bedford Borough Hall Bedford and MS Teams

Minutes of the: Health and Care Partnership

Members:		
Name	**Title**	**Initials**
Cllr. Martin Towler	Chair, Health and Wellbeing Board, Bedford Borough Council (Co-Chair & Chair of meeting)	MT
Cllr. Khtija Malik	Portfolio Holder for Public Health, Luton Council, (Co-Chair)	KM
Sally Cartwright	Director of Public Health, Luton Borough Council	SC
Patricia Coker	Head of Integration (Health and Adult Social Care), Central Bedfordshire Council	PC
Alison Davies	Chair, Milton Keynes University Hospitals NHS Foundation Trust	AD
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
Rima Makarem	Chair, BLMK ICB	RM
Sonal Mehta	VCSE Partnership Lead, BLMK ICB	SM
Dr. Navneetha Rammohan	Clinical Director, Primary Care Network, Milton Keynes	NR
Mrunal Sisodia	Chair, East of England Ambulance Service NHS Trust	MS
Richard Sumray	Chair, Bedfordshire Hospitals NHS Foundation Trust	RS
Maxine Taffetani	Chief Executive, Healthwatch Milton Keynes	MTa
Kate Walker	Director of Adult Services, Bedford Borough Council	KW
Deborah Wheeler	Deputy Chair, ELFT	DW
Maria Wogan	Chief of Strategy and Assurance and Deputy Chief Executive, BLMK ICB	MW

In attendance:		
Name	**Title**	**Initials**
Chris Bigland	Deputy Chief Fire Officer	CB
Bethan Billington	Deputy Chief People Officer, BLMK ICB	BB
Sanhita Chakrabarti	Deputy Chief Medical Director, BLMK ICB	SC
Michelle Evans-Riches	Head of Governance, BLMK ICB	MER

In attendance:		
Name	**Title**	**Initials**
Manjeet Gill	Non-Executive Member, BLMK ICB	MG
Lee Taylor	NHS England, East of England Region	LT
Dominic Woodward-Lebihan	Deputy Chief of Strategy and Assurance	DWL

Apologies from members:		
Dr Manraj (Baz) Barhey	Clinical Director, Primary Care Network, Luton	MB
Cllr. Fatima Begum	Portfolio Holder for Population Wellbeing (Adult Social Care), Luton Council	FB
Felicity Cox	Chief Executive, BLMK ICB	FC
Diana Blackmun	Chief Executive, Healthwatch Central Bedfordshire	DB
Cllr. Robin Bradburn	Leader, Liberal Democrat Group, Milton Keynes City Council	RB
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
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
Phil Turner	Chair, Healthwatch Luton	PT

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** Martin Towler, Co-Chair of the Health and Care Partnership welcomed everyone to the meeting. The apologies listed above were noted.	
2.	**Relevant Persons Disclosure of Interests** 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.	
3.	**Approval of Minutes and Matters Arising** The minutes of the meeting held on 31 October 2023 were **approved** as a true record.	

4.	**Review of Action Tracker** There were no outstanding items on the action tracker.	
5.	**Resident story** Dominic Woodward-Lebihan introduced the resident story about the excellent collaborative work undertaken with the University of Bedfordshire, especially the Research and Innovation Hub. The University of Bedfordshire ran a CTOP (Collaborative Targeted Outreach Programme) for young people from deprived areas in BLMK. The young people were given the opportunity to talk with practitioners, clinicians and trainees to find out more about careers in midwifery, theatre, and the ambulance service. Due to technical difficulties, the videos of a student and teachers sharing their views on the day could not be played and will be circulated. The Chair explained that he had seen the videos and they were inspirational and promoted healthcare amongst young people.	**MER**
6.	**Update on delivery of BLMK Health and Care Strategy, and priorities for 2024/25** Maria Wogan (MW), Chief of Strategy and Assurance and Deputy Chief Executive, BLMK ICB, explained that the paper reflects on progress made on the delivery of the five strategic priorities and enabling workstreams over the past year. She summarised the report as follows. • A better system of reporting will be in place for next year to provide a more comprehensive report. • The use of a 'data pyramid' has been agreed by all partners. • A project management system (Verto) will be used to store and track all key projects across the system. • ICB colleagues and colleagues from partner organisations have contributed to productive system working. • The paper also looks forward to key priorities and strategies for 2024/25. • 2024/25 will be a challenging year from a financial context and will require difficult decisions to be made to provide a balanced financial plan within the allocation from NHS England. • Exact financial parameters are as yet unclear as the NHS planning timeframe has been extended until 2 May 2024. • Any proposed service changes will, of course, be subject to public consultation and scrutiny, which will affect the timetable for delivery. • There are two key issues running as a 'golden thread' throughout the 2024/25 plan. One relates to neighbourhood working and developing neighbourhoods and the other is responding to findings of the Denny Review. • Transformation work is focussed on three population segments; people who are generally well but need episodic care, for example urgent care or primary care; people with a long term condition or who may need elective care; and residents with complex conditions. • Particularly in respect of patients with complex needs, the ICB will work with health and local authority partners to provide more integrated personalised care for this cohort that makes up about 20% of the	

population but accounts for perhaps 80% of the cost of care in the system.
- There will be an increased focus on digital and estates work, along with co-production with communities.
- Feedback from the Health and Care Partnership members is welcomed and will be reported to the Board meeting of the ICB taking place next week.
- Members will provide examples of collaborative and partnership working that their organisation had been involved in that had made a positive difference to residents. This information will be collated and shared.

Maxine Taffetani (MTa), Chief Executive, Healthwatch Milton Keynes commented on the absence of benefits for Milton Keynes and whether this indicated a lack of equity. MW responded that the report is intended to show samples of activities in different areas and doesn't necessarily indicate inequity but will look to add in other examples from Milton Keynes.

Cllr. Rebecca Hares (RH), Chair, Health and Wellbeing Board, Central Bedfordshire Council, noted the good progress made and asked how transferable, for example, the pilot scheme for children in Bedford will be to more rural areas in Central Bedfordshire and Milton Keynes. It would also be helpful to understand how the localised work will fit into the strategic plan for BLMK. She added that the plans for neighbourhood working are excellent but asked how that ties in with the fact that it is reported that there are 2,600 residents to each GP in BLMK which is one of the worst ratios in the country.

Sarah Stanley (SS), BLMK ICB Chief Nurse, agreed with the points made and explained that not all approaches will be suitable in all areas, although there may be learning for similar communities or patient groups. There is a system in the NHS called Life QI which captures improvement activity across the country and the aim is to develop something similar in BLMK so that there is an evidence base that can be accessed. This will ensure that there are transferable lessons to be learned and that the reasons for success are understood. She acknowledged that there is the potential for pilot schemes to be small scale and provide learning benefits.

MW added that in terms of neighbourhood working, it is intended to map community assets and understand the resources in the local community that can support primary care. For example, the Bletchley Pathfinder project in Milton Keynes is aimed at getting professionals, residents and the voluntary and community sector to strengthen relationships and understand the assets available to help residents benefit from a preventative approach. It will take time to develop awareness and all the local authorities are working in ways that suit their local populations.

Richard Sumray (RS), Chair, Bedfordshire Hospitals NHS Foundation Trust, commented that it is important that the plans are owned jointly by all governing bodies across the system. He also noted that there was little comment about the Bedfordshire Care Alliance (BCA) which can play an important part in developing and utilising resources in the community to enable the hospitals to function better. He added that the financial challenge needs to be addressed and that there should be a 'campaigning' approach to reflect the fact that there is a lag between any financial increase to address an increase in population.

MW responded, explaining that the Population Health Intelligence Unit that has been established hosted at Bedford Borough Council and will help us to

understand and articulate what needs to be done. She explained that work is underway with Trust colleagues to address, for example, step-down beds which will be addressed within the episodic care workstream. The Joint Forward Plan (JFP) was only published nine months ago but needs to be updated and will be published on 1 April 2024. She added that the BCA should be included more explicitly and she will address this.

Sanhita Chakrabarti (SC), Deputy Chief Medical Director, BLMK ICB, explained that work is underway on a Health Services Strategy and mapping has been done to understand the population changes across each of the places between now and 2040. This has shown not only increases in over 65s but also more diversity in our populations. A 'case for change' is being prepared with a view to taking the final strategy to the Board of the ICB in the autumn which will also show workforce modelling and the role and impact of early prevention and other innovations that are planned. There has been some initial scoping of demand for NHS services to determine how best to use the existing and planned estate. Members suggested that there should be greater emphasis in the strategy and plan for 24/25 on the population and demographic changes in BLMK and the impact of these on services.

It was also commented that the Joint Forward Plan needed wider ownership and joint work on its development and delivery and agreed that this should be a focus of system work for 24/25. It was also requested that the forward look should recognise the work of the BCA in developing and delivering improvements including in relation to End of Life Care.

Members will provide examples of collaborative and partnership working that their organisation had been involved in that had made a positive difference to residents. This information will be collated and shared. The meeting noted that the report was not a comprehensive account of progress on all projects across the system and looked forward to a more systematic approach to progress reporting being implemented in 24/25

ALL

MW explained that it is proposed that the Health and Care Partnership meet formally twice per year virtually, with another two seminars held in person with the Board of the ICB.

Recommendations
Members of the Health and Care Partnership,

- **noted** the progress made against each of the ICS's strategic priorities as set out in the BLMK Health and Care Strategy (2023): Start Well, Live Well, Age Well, Growth and Reducing Inequalities,
- **noted** 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,
- **agreed** the suggested system priorities for 2024/25,
- **noted** the potential for difficult decisions in 2024/25 about the services available to BLMK residents based on affordability concerns,
- **agreed to provide comments** on how the HCP has been working to shape, deliver and assure delivery against the Health and Care Strategy so far, and
- **agreed** that the Health and Care Partnership will meet formally twice a year and these will be virtual meetings and there will be joint events held in

	person with the Board of the ICB focused on specific Health and Care Strategy related topics.	
7.	**Our System Improvement journey** SS introduced the item which focusses on tackling and reducing health inequality and made the following points. • A partnership with the Institute for Healthcare Improvement (IHI) has been established to develop 'Learning in Action Networks' to work on deliverable, measurable and sustainable programmes of improvement. • Each place is determining the population sub-sets and conditions they would like to focus upon. • IHI will also help to develop a mindset based more on quality improvement rather than just assurance. RS asked if the partnership with IHI will preclude other approaches, such as those promoted by the Virginia Mason Institute. SS explained that IHI already work within the system with some partners, such as Central North West London NHS Foundation Trust (CNWL) and East London NHS Foundation Trust (ELFT) and this should enable speedier roll-out. RS asked about the Denny Review and noted that it didn't cover all aspects of inequalities so cannot be the only focus. SS agreed and said the Denny Review was only part of the context for inequalities work. Mary Elford (ME), Chair, Cambridgeshire Community Services NHS Trust, agreed the Denny Review cannot be the only focus as there is little reference to children in the report. SS acknowledged this and explained that a whole inequalities programme is in development. Vicky Head, Director of Public Health, Bedford Borough Council, noted that there is a lot of work that goes on within local authorities focussing on health inequalities for children and welcomed the Denny Review in highlighting the importance of addressing health inequalities. Members of the Health and Care Partnership **noted** the update.	

8.	**People Plan update**
	Bethan Billington (BB), Deputy Chief People Officer, BLMK ICB, introduced the item and highlighted the following.
	• In 2023, NHS England produced the first long-term workforce plan which identified the need for a significant investment in training and education to attract the required workforce.
	• Another area of focus is on retention, both at system and organisational level.
	• Thirdly, there is a need for reform to deliver health care work differently, including as we move towards greater focus on neighbourhood working.
	• The People Board has representatives from all partner organisations and has six workstreams, as follows.
	  ○ Primary care training hub.
	  ○ Neighbourhood teams.
	  ○ Workforce information, planning, supply and retention..
	  ○ Innovation and education.
	  ○ Equality, diversity, inclusion, belonging and wellbeing.
	  ○ Leadership, talent management and organisational development.	

	• Each of the six workstreams has a working group chaired by a Senior Responsible Officer from the system, supported by the Workforce Development Academy/Primary Care Training Hub. Sonal Mehta (SM), VCSE Partnership Lead, BLMK ICB, asked how the voluntary, social and community enterprise (VCSE) sector can be integrated within localised workforces. She also commented on positive feedback she had received from VCSE colleagues who had taken part in the Leading Beyond Boundaries programme. Patrica Coker (PC), Head of Integration (Health and Adult Social Care), Central Bedfordshire Council, explained that VCSE colleagues are involved in local multi-disciplinary teams, especially in social prescribing. The contents of the report and People Board workstreams were **noted.**	
9.	**BLMK Advancing Health Equality Event, 17 May 2024** MW explained that the next planned joint seminar with the Board of the ICB is on 17 May 2024 and will be an event to focus on all the inequalities work, including the responses to the Denny Review recommendations. Views about what should be included in the event are requested from colleagues and all partner organisations will be contacted for examples of good work they would like to share with others. RS commented that identifying the areas not covered by Denny could be a useful focus. MTa noted that the same paper was presented to the ICB's Working with People and Communities Committee and asked what has moved on since that report, especially in relation to widening the attendance. MW noted that the venue has a finite space so could not be as large as was discussed, but the intention is to hold the event annually and would look for a lager venue next year. Sally Cartwright (SC), Director of Public Health, Luton Borough Council, suggested that the term 'health equity' rather than 'health inequality' should be used as it is more meaningful. She asked about the development of the Learning in Action Networks and also about what is expected to come out of the day. SS explained that the focus of the event is on celebrating work already underway in the health equity space and over time ensuring that the community voice is heard at future events. She explained that discussions are underway at place about the development of the Learning in Action Networks. These will start in September supported by the IHI and run for 12 to 18 months. Mrunal Sisodia (MS), Chair, East of England Ambulance Service NHS Trust, asked if representatives from housing associations will be attending the event as they are really important to addressing these issues. MW noted that some housing associations are already committed to attend but will check if others have been invited. MW responded to SC's comment about language and agreed that it is important to get the language right. She is also looking for a term to describe this programme of work that will be understand by residents and professionals and asked for any suggestions. Members of the Health and Care Partnership,	**MER**

	• **noted** the 'Advancing Equality' event on 17 May and to provide any further comments on its development. • **noted** the designation of the week of 13 May 2024 as 'BLMK Inequalities Week' with the University of Bedfordshire 'Health Inequalities and Innovation' event on 13 May and the Health Services Journal's 'Reducing Inequalities forum' on 14 May.	
10.	**Communications from the meeting** The Chair asked the meeting for items that need to be escalated elsewhere. Cllr Rebecca Hares, (CBC) asked that the issue of the lack of primary care facilities for the CBC population and plans to address this be raised with the Board of the ICB. A summary of the meeting will be provided for reporting to the Board of the ICB.	
11.	**Review of meeting effectiveness** The Chair asked for comments about the effectiveness of the meeting. RS noted that he had not received the agenda for this meeting and MW asked other colleagues to let the ICB know if they had not received papers so the distribution list can be checked. RS also noted that early notice of agenda items would enable him to discuss with members of his board about any points they would like him to make.	**MER**
12	**Date and time of next meeting** ▪ To be confirmed once local authority meeting timetables have been agreed.	

The meeting ended at 15:20

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Cllr Martin Towler	Chair	April 2024

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 due
In Progress	**In Progress.** Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due
COMPLETE: Propose closure at next meeting	**COMPLETE** - GREEN
CLOSED (dd/mm/yyyy)	CLOSED

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)
26	14 March 2024	Resident story	Distribute video to members	Michelle Evans-Riches		ASAP	Done	**COMPLETE: Propose closure 19 Sept 2024**
27	14 March 2024	Update on delivery of BLMK Health and Care Strategy and priorities for 2024/25	Members to provide examples of collaborative and partnership working from their organisation	All Members		ASAP	Ongoing	**COMPLETE: Propose closure 19 Sept 2024**
28	14 March 2024	BLMK Advancing Health Equality Event 17 May 2024	Check that representatives of housing associations invited to event	Michelle Evans-Riches		ASAP	Done	**COMPLETE: Propose closure 19 Sept 2024**
29	14 March 2024	Review of Meeting Effectiveness	Admin to check distribution list	Michelle Evans-Riches		ASAP	Done	**COMPLETE: Propose closure 19 Sept 2024**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19th September 2024

Executive Lead: Dr Ian Reckless, Chief Medical Officer

Report Author: Dr Ian Reckless, Chief Medical Officer / Catherine Lee, Project Manager

Report to the: BLMK Health and Care Partnership

Item: BLMK Health Services Strategy 2024 - 2040

1.0 Executive Summary

1.1 In March 2024, the ICB Board confirmed its commitment to the development of the Health Services Strategy to articulate and inform a long-term plan for the development and provision of healthcare services in response to very significant population growth and demographic change. Such a strategy would be essential to drive decision making and inform financial plans going forward. The BLMK Health Services Strategy describes how we - as leaders in the provision of health services in BLMK - commit to working together over the years ahead to ensure our Health Services are sustainable in the long-term.

1.2 The strategy spans the period to 2040. It is therefore high level and designed to be responsive to developments in medical technology, population change and the important work evolving elsewhere across health and care. It is consistent with the health and wellbeing strategies developed in our four constituent Places (Luton, Bedford Borough, Central Bedfordshire, and Milton Keynes), the *BLMK Joint Forward Plan* our ICB Strategic Priorities. There have been broad and helpful discussions with a range of health providers informing the evolution of the strategy.

1.3 Later in the month, it is being presented to the ICB board in final form for approval and agreement to move into the implementation phase which will initially focus on the setting up, reshaping and resourcing of the six priority work programmes and the Health and Care Professionals Reference Group (which will take on the current functions of the Clinical Senate).

1.4 As we move into the implementation phase of the Health Services Strategy, there will be an expectation that more specific work programmes (with associated SMART metrics) are presented back to Board for the six priority workstreams in 6 months' time. Following agreement of those work programmes, it is anticipated that an appendix to the Health Services Strategy will be published.

2.0 Recommendations

2.1 The members are asked to provide further **comments** on the Health Services Strategy, prior to consideration by the Board with a view to approval.

List of appendices

Appendix A – BLMK Health Services Strategy

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Bedfordshire, Luton and Milton Keynes Health Services Strategy

2024-2040

Contents

Foreword

Why do we need a Health Services Strategy?

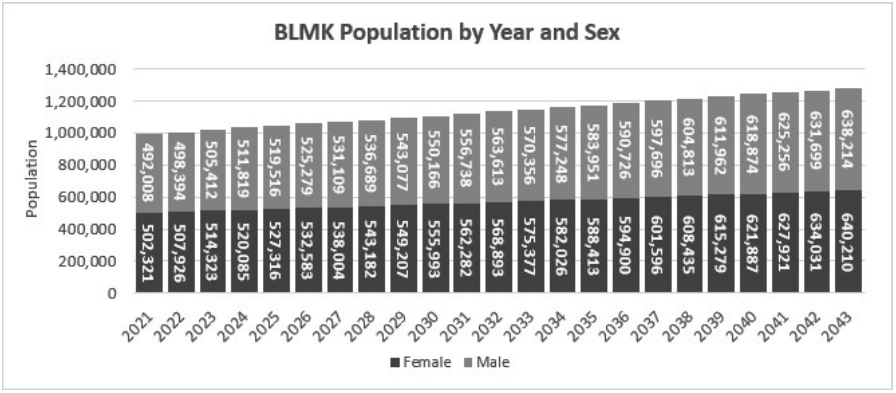
The rate at which medical science has continued to advance over the last 15 years is hard to believe: it is estimated that the weight of medical knowledge now doubles every 73 days! We find ourselves in awe at the innovations which transition from 'the laboratory bench to the patient bedside', and which now have a positive impact on people across many parts of the world. These new treatments are being adopted at pace in the National Health Service (NHS), including here in Bedfordshire, Luton, and Milton Keynes (BLMK). Examples include:

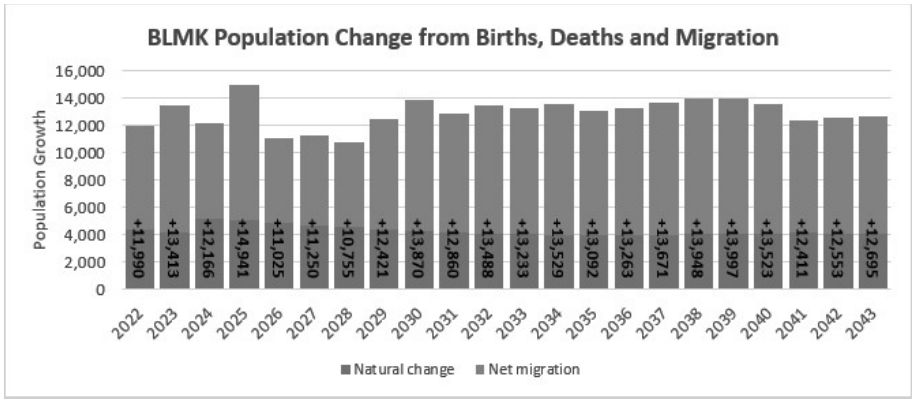
- ***Clot-busting medicines*** and other interventions used in acute stroke, reducing the long-term burden of significant disability due to cerebrovascular disease.
- Highly ***effective vaccines*** developed for use within a year of the Covid-19 pandemic.
- A new generation of ***surgical robotics***, bringing minimally invasive surgery to more and more patients.
- The use of ***genetic tests*** to aid the diagnosis and targeted, personalized treatment of a range of conditions.
- New pathways of care for the early diagnosis and treatment of ***Alzheimer's dementia***, slowing the loss of independence.
- Modern ***insulin therapy*** for people with diabetes, including pump and closed-loop hybrid systems, leading to improved quality of life and better long-term outcomes.
- Developments in ***organ transplantation***, including living donor transplant, transforming the lives of recipients.
- ***New medicines*** leading to a revolution in the management of common conditions including heart failure and obesity.
- Technological advances in how we access and deliver our health services – from the ***NHS App*** and video consultation through to ***Virtual Wards***.

These advances, and many others, should be celebrated. They make a real difference to the lives of residents. However, over the same 15 years, not all developments have been so positive:

- Increases in ***life expectancy*** seen over the first decade of the 21st century have stalled, an effect evident prior to the pandemic and exacerbated by it.
- ***Healthy life expectancy*** has reduced with both men and women spending more years in poor health.
- Human activity is placing an intolerable strain on our planet, threatening its ecosystems, and creating additional health burdens for populations – healthcare provision both contributes to this ***environmental burden*** and is impacted by it.
- Advances such as those described above are ***costly***, and 'medical inflation' tends to outstrip 'general inflation'.
- Expectations for ***economic growth*** in the United Kingdom are modest over the medium term with the OECD predicting just 1% growth in 2025.
- The ***population*** of England and Wales is growing, with the contribution of net migration being greater than that of births and deaths. Notwithstanding, there is a shift in the proportion of the population that is economically active (reducing) and the proportion that is dependent (increasing).
- We have seen a significant decline in most of the ***performance indicators*** used in the NHS over recent years, exacerbated by the pandemic. Many of the standards contained in the NHS Constitution (Health Act 2009) are not being routinely met across England, including referral to treatment (RTT) and the 4-hour A&E waiting time.
- ***Health inequalities*** persist – and in some cases widen – with access and outcomes for residents varying according to their economic status and protected characteristics.

We are not immune from any of these challenges in Bedfordshire, Luton, and Milton Keynes (BLMK). Indeed, Population growth across BLMK has far exceeded – and will continue to exceed – the England and Wales average: the population of England and Wales has increased by approximately 6.3% over the last decade and is projected to continue this trajectory over the next decade. Growth across BLMK has been approximately double the national rate. Over the next 20 years, the BLMK ***population is projected to increase by 25%***, primarily driven by housing growth across Bedford, Central Bedfordshire, and Milton Keynes, and through natural demographic growth in Luton.

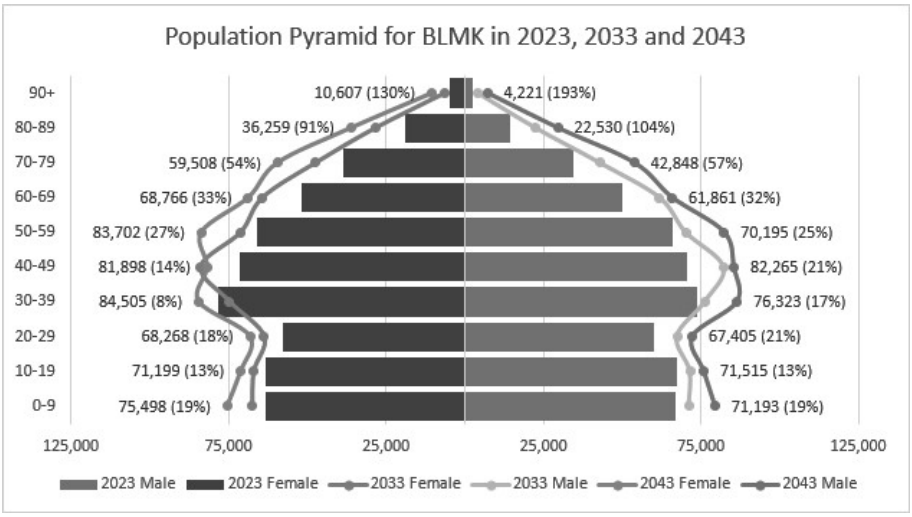




- Across BLMK, international migration will account for 40% of growth, with domestic migration and natural demographic growth accounting for the remainder.

- The age profile of the population in BLMK is changing much more rapidly than the national picture, with significant growth in the population over the age of 50 years. Projected increases in all age bands over 50 years exceed the overall 25% growth projection. The population in BLMK ***over the age of 79 years will double*** over the next two decades.

  This leads to an inevitable increase in the incidence of cancer, musculoskeletal and cardiovascular disease. The growth in the elderly population – a subset of whom will experience frailty and dependency – is markedly acute. This is particularly so in our urban centres and is notable in ***Milton Keynes*** as the 'New City' reaches maturity (and its hospital passes its 40th anniversary): in Milton Keynes, the total population over 77 years of age will double over the twenty years ahead.



- BLMK is not a homogenous geography: as the Denny Review of Health Inequalities makes clear, ***significant health inequalities exist*** and demand real focus – the populations of Luton and Bedford towns can expect to live significantly fewer years in good health than the England average.

Given these population changes and significant inequalities, health services across BLMK will inevitably need to grow and 'deliver more activity', as they have been doing over the last 15 years. However, the challenge moving forward is of such a scale that ***we need not just to 'do more' but to 'do differently'.***

In these challenging times, we must see our role as guardians of health services for future generations, rather than as managers of the *status quo*. As we look out to 2040, ***we need to ensure publicly funded health services are sustainable and they achieve the best health outcomes possible for the BLMK population within available resources.***

The integration of health and care is a key foundation to enable us to ***'do differently'*** in BLMK. However, the statutory basis of the Health and Care Act 2022 is not in itself sufficient. A range of partners from across BLMK – many of whom are members of our Integrated Care Partnership – need to work ever more closely together, with and in the interests of residents, to establish new models of care. There will need to be an emphasis on joined up working and collaboration, forensic attention to high quality evidence and improvement science, and an intolerance of waste and duplication. Whilst this shift applies to all partners including Local Authorities and social care, it will perhaps be most challenging to achieve for our health services where the purchaser-provider split and the identities of 'sovereign organisations' within our NHS cast a long shadow. ***'Doing differently' will not just happen. It will require openness, thought and active planning – it requires a Health Services Strategy.***

The remainder of this document – the BLMK Health Services Strategy – describes how we as leaders in the provision of health services in BLMK commit to working together over the years ahead: the ***direction of travel*** that we believe our services need to take; the ***expectations that we have of one another***; and, the ***priority programmes of work*** which we believe must be undertaken as a collective (programmes of real significance to our residents, in which 'the whole will be greater than the sum of the parts' through our joint endeavour).

The strategy is intentionally high level. It will be responsive to important work evolving elsewhere across health and care. It is consistent with the health and wellbeing strategies developed in our four constituent Places (Luton, Bedford Borough, Central Bedfordshire, and Milton Keynes), and the BLMK Joint Forward Plan. In particular, the statements, expectations and priority work programmes are structured in such a way to incorporate and deepen our commitment to the ***ICB Strategic Priorities***:

Like the Joint Forward Plan, the Heath Services Strategy spans the period out to 2040. However, with medical knowledge growing exponentially, the strategy is designed to develop by iteration: the direction of travel and the commitments described are expected to stand the test of time, whilst the programmes of work will evolve with science and society. It has been developed in discussion with NHS providers and other key partners in BLMK with whom we share this journey. We commend it to you.

We would like to insert images here of the actual signatures...

Dr Rima Makarem
Chair, BLMK ICB

Felicity Cox
Chief Executive Officer, BLMK ICB

Dr Ian Reckless
Chief Medical Officer, BLMK, ICB

Sarah Stanley
Chief Nursing Officer, BLMK ICB

Dr Tayo Kufeji, Dr Sahadev Swain and Mahesh Shah
Primary Medical Services Providers Partner Members, BLMK ICB

Nicky Poulain
Chief Primary Care Officer, BLMK ICB

David Carter
Chief Executive Officer, Bedfordshire Hospitals NHS Foundation Trust

Joe Harrison
Chief Executive Officer, Milton Keynes University Hospital NHS Foundation Trust

Matthew Winn
Chief Executive Offices, Cambridgeshire Community Services NHS Trust

Claire Murdoch CBE
Chief Executive Officer, Central and North West London NHS Foundation Trust

Lorraine Sunduza OBE
Chief Executive Officer, East London Foundation Trust

Our direction of travel

The challenges facing our health services going forward are stark. To meet these challenges, we will require not 'more of the same' but fundamental changes in the way we work, within and across organisations. Emerging thinking describes a new framework for the provision of health and care, refreshed pathways based on population need rather than traditional distinctions between primary, secondary and tertiary care: an emphasis on digital enablement to support self-care, prevention and access; appropriate and timely access to acute care as and when needed; and, focused efforts through integrated community teams in the management and support of people with complex health issues and those nearing the end of life.

Individuals and organisations have different appetites for the adoption of innovation and change more broadly. We should retain a healthy skepticism about 'change for change's sake' yet remember that whilst ***'not all change is an improvement, all improvement is change'.***

Meeting our future challenges will require a lot of change: the journey must be faced with sufficient maturity that we embrace innovation, evaluate impact, mitigate, and share risk and become tolerant – within reason - of some failures as part of that journey.

The statements which follow will guide us on the journey ahead and at the forks in the road which we shall doubtless encounter. We believe that each statement should persist through the scientific, societal, and political changes which are not yet known. Each begins with ***"We will"***. This is intentional. We as ***leaders in the provision of health services in BLMK***, have together agreed these statements will guide the choices we make in our organisations and as partners in our system.

"We Will" Statements

1. ***We will*** make decisions which support a shift from healthcare intervention to the prevention of ill health.
2. ***We will*** encourage and enable residents to take an active role in managing their own health and wellbeing and to contribute to the development of healthcare provision.
3. ***We will*** provide care as close to the resident's home as possible and design services that are 'seamless' for patients and carers.
4. ***We will*** embrace technology in the design and delivery of health services.
5. ***We will*** protect access to planned healthcare including operations and procedures.
6. ***We will*** make investment decisions which promote a narrowing in health inequalities.
7. ***We will*** ensure that the shape and size of our workforce meet the needs of BLMK's population and support our people to make best use of their individual skillsets.
8. ***We will*** ensure that value (financial and social) is key to all decision-making.
9. ***We will*** act to promote parity of esteem between physical and mental health.
10. ***We will*** work to deliver healthcare in an estate which is fit for purpose.
11. ***We will*** embrace measurement and a culture of continuous improvement.
12. ***We will*** achieve excellent outcomes in maternity services and reduce neonatal harm.
13. ***We will*** prioritise the health of children and young people, including those who are carers.
14. ***We will*** cultivate a healthy research landscape – improving access to portfolio studies and providing a fertile environment for collaborative local research.
15. ***We will*** own our roles as anchor organisations within the communities we serve and work to enhance social value.

Statement 1: We will make decisions which support a shift from healthcare intervention to the prevention of ill health.

At some point in our lives, we will all experience ill health. Many of us will experience chronic illness in the form of a 'long term condition'. When that happens, people should receive support that meets their specific needs and helps them to continue to live a life which is as healthy and fulfilling as possible. Our interventions must be empowering rather than paternalistic. This is directly linked to one of our system's core aims: increasing the healthy life expectancy of our population.

Much of the ill health that we experience is preventable. Our current systems are – to a large extent – set up to manage illness when it presents, rather than to prevent that illness. Preventing avoidable illness through initiatives such as: health education; supporting self-management; smoking cessation; supporting people to stay in good employment; encouraging physical activity and healthy diet; and, maximising the uptake of screening and vaccination will over time lead to less illness – or in a BLMK context, reduce the rate at which the prevalence of ill health increases given our population growth and demographic changes. Proactive interventions and health promotion - particularly through an inequalities lens - will require our primary, secondary and community healthcare teams to support patients in new ways.

The ICB already has co-developed a Primary Care Prevention Plan and this Health Services Strategy provides an opportunity to expand this emphasis on prevention into and beyond secondary care and community services. We recognise of course that poverty, housing, and education are the most significant drivers of ill health and therefore key vehicles for prevention. As a group of anchor institutions, recognising the wide influence of health services, we will work with partners to influence 'wider determinants' through the integrated neighbourhood plans being led at place – the building blocks for good health.

Statement 2: We will encourage and enable residents to take an active role in managing their own health and wellbeing and to contribute to the development of healthcare provision.

Agency and self-empowerment are key to health and wellbeing, and foundations for effective and appropriate use of health services. We will ensure that people have more choice and control over the way in which their care is planned and delivered, based on 'what matters to them' and their individual strengths, needs and preferences. Services and interactions will be personalised where possible and appropriate. We will work with (and not 'do to') residents in designing and delivering services, embedding co-production and supporting our communities to thrive. BLMK has published an updated Working with People and Communities Strategy which underpins this work, alongside our system's two Memoranda of Understanding with our ***Healthwatch*** and ***Voluntary Sector*** partners.

Statement 3: We will provide care as close to the resident's home as possible and design services that are 'seamless' for patients and carers.

We recognise that in some areas, health services can deliver better outcomes when delivered at scale with a critical mass of resources and expertise. In BLMK, we are fortunate to be close to several international centres of excellence to which our residents can have access. We will maintain and develop these partnerships. However, for many residents, receiving care as close to home as possible is a priority. All too often, patients travel to receive care rather than care coming to them with services being configured as they are for historical reasons, or for the convenience of the care provider.

We will work to ensure care currently delivered to our residents from outside of BLMK is provided locally in association with our ***Integrated Care System (ICS)*** partners unless there are very persuasive quality or economic barriers. Where appropriate we will ensure care is provided in the community rather than in our acute hospitals, and on an outpatient basis rather than through admission to a hospital bed where possible. In doing this, the experience of patients will improve, and we can reduce the risks of deconditioning and additional healthcare-associated illnesses.

For people who do fall ill, the traditional structure and processes of the NHS have created services that can be inequitable and confusing. We will reduce complexity and duplication in order to deliver more joined-up care, with the patient less aware – or even unaware - of organisational boundaries.

Going forward, ***integrated neighbourhood working*** is a key foundation for our delivery. We will continue to support our place partnerships to build healthier communities through community-led approaches to health and wellbeing. Active involvement of integrated working as guided by **Achieving integrated care through community and neighbourhood working – A High Impact Change Model** is critical in setting out a future vision for primary care services being active partners in neighbourhood working.

Statement 4: We will embrace technology in the design and delivery of health services.

We are all aware of the huge advances driven by technology, particularly over the last 20 years. Most of us carry smartphones in our pockets with technical capability dwarfing the desktop personal computers of just a decade ago. As private consumers, we access information and services and make major choices about our lives from a device in our palm. Whilst there is advanced technology embedded in all parts of the NHS, it is not often known for good accessibility and intuitive user interface.

BLMK has been a testing platform for technological innovations – a new generation of surgical robotics, digital dictation, telemedicine, remote consultations, comprehensive electronic health records (allowing 'paper light' working), live linkage between freestanding record systems, cloud-based telephony in Primary Care, patient portals providing personal access to records and a platform for service interaction.

However, there remains unwarranted variation across our system, and many opportunities to 'go further faster', including in our use of the ***NHS App***. We will prioritise digital enablement within our health services – for the empowerment of residents, for ease of access to services and in the delivery of those services themselves.

The **BLMK Digital Strategy** was developed in 2022 and sets out a wide-ranging programme of work, whilst remaining mindful of the potential of digital to impact healthcare inequalities for better or worse.

Statement 5: We will protect access to planned healthcare including operations and procedures.

In the summer of 2024, over 150,000 people were on waiting lists for planned care with acute providers in BLMK. Of these, 45% have been waiting for over 18 weeks to receive their first definitive treatment with 10,000 people waiting for over a year.

Whilst long waits are found across the NHS and there are a multitude of contributing factors (including the pandemic, industrial action, current and historical funding constraints, rapid population growth, and increases in healthcare demand), it is not a satisfactory state of affairs. Secondary care services are failing to meet the needs or the reasonable expectations of residents and primary care is stretched to capacity holding the care needs of those awaiting the definitive specialist intervention that they require.

We are working hard with partners to recover from this poor position and to eradicate waiting times beyond thresholds set by NHS England, understanding how difficult it is for patients and their families to be waiting for the care they need. In the context of our population growth and demographic change, we should be under no illusion about the scale of the challenge in returning to acceptable and constitutional standards for waiting times, particularly for admitted care.

Going forward, we will find ways in which to prioritise and protect elective capacity whilst maximising the efficiency of our available physical estate (including operating theatres and procedure rooms for diagnostics and intervention). BLMK is one of only two systems in England without a dedicated 'elective care hub'. Whilst such hubs are no panacea, we will develop and progress plans to provide a dedicated and ringfenced footprint for elective care. We will also develop existing and new community diagnostic centres to increase diagnostic

capacity, reduce waits and provide services closer to home. This will include work on progressing a community diagnostic centre for Luton.

***Statement 6: We will make investment decisions which promote a narrowing in health inequalities*.**

Significant differences exist in health outcomes across society. The differential impact of the pandemic on our communities offers a stark reminder of the advantages that some enjoy but others do not.

Here in BLMK, there are relatively modest differences in life expectancy for boys and girls born in each part of the ICS. However, ***healthy life expectancy*** varies across our four constituent Places (local authority areas). Women in Bedford and Luton can expect significantly fewer years of healthy life than the England average, whilst women in Milton Keynes and Central Bedfordshire can expect significantly more. Men in Central Bedfordshire can expect 8.7 more years of healthy life than their peers in Luton.

There is a strong association between these differences in outcome and socio-economic status. Around 122,000 BLMK residents live in areas amongst the 20% most deprived nationally. Other factors, including ethnicity, contribute towards the variation in outcome.

Whilst some outcome inequalities are driven by rates of disease which may in turn be influenced by genetic factors or risk factors associated with the environment, others may result from difficulties residents face in accessing preventative, diagnostic and treatment services. The roles of poverty, housing and educational attainment are significant, and with only a limited set of levers available within the NHS to influence. However, by working together in our ICS, we commit to doing ever more to tackle these drivers of inequalities. Fundamental to this is developing our services with our disadvantaged populations such that inequalities are narrowed rather than widened.

BLMK is leading a significant programme of work in response to the publication of The Denny Review in late 2023: we are committed to following through on this work with meaningful actions over the long term. Our partnership with the ***Institute for Healthcare Improvement (IHI)*** is supporting us to learn from national and international best practice. Our improvement work and investment decisions will take account of the ***'CORE20PLUS5'*** approach advocated by NHS England. This approach focuses actions on ***'5'*** clinical areas in populations which sit within the ***'20%'*** most deprived in England and supports the local identification of other population groups who are outliers for access or outcomes - ***'PLUS***'.

***Statement 7: We will ensure that the shape and size of our workforce meet the needs of BLMK's population and support our people to make best use of their individual skillsets*.**

The NHS is amongst the largest employers in BLMK. In meeting the health challenges on the horizon, we must make the best use of all the expertise and skills available to us and foster a culture of integrated and collaborative working across health and care.

The NHS Workforce Plan articulates current concerns about staff shortages in the NHS which affect its ability to deliver timely and high-quality care and looks to increase the number of staff available for health services each year over the next decade. It does not however tell us how this can best be done.

We will develop systems and services that support a healthy, happy, and productive workforce, making BLMK a place of choice for health service staff. We know that highly trained healthcare staff are in short supply, and this will be exacerbated as the proportion of our population in work is set to fall with the demographic changes projected. It is imperative that highly trained staff spend more of their time doing things that only they can do, operating 'at the top of their licences', and making best use of their hard earnt and scarce specialist skills.

The BLMK Workforce Strategy looks to adapt and enact the national NHS Workforce plan for our population and its future needs. This work is also supported by the ***Primary Care Strategy***[1] and we will continue to champion the work of our leading Primary Care Training Hub as an important part of this work.

£ *Statement 8: We will ensure that value (financial and social) is key to decision-making.*

The resources available for health services are not unlimited and additional resources are frequently sought. However, we recognise that we are already responsible for significant public expenditure each year and we have to ensure these public funds are spent wisely. We must be mindful of the evidence base for expenditure (in terms of improved health outcomes) and intolerant of duplication and waste.

The Joint Forward Plan describes how the ICB medium-term financial planning model and associated financial principles inform how our organisations will work together to ensure resources are allocated fairly, with accountability and for the good of residents. These principles and an unremitting emphasis on value (financial and social) must be core to all of those working within and making budgetary decisions in relation to the health service.

∞ *Statement 9: We will act to promote parity of esteem between physical and mental health.*

The impact of poor mental health pervades our society. People with mental illness experience inferior physical health outcomes and are less likely to fulfil their life goals and economic potential. ***Adults living with a 'severe mental illness' die 15-20 years earlier*** than their peers from a range of conditions including cancer, cardiovascular, respiratory, and liver disease. The impact of the Covid pandemic on the mental health of children and young people has been particularly marked – at a national level, there are over three times as many children and young people in contact with mental health services than there were seven years ago.

Every part of society has a role to play in supporting positive mental health and wellbeing and in reducing associated stigma. We will agree a common approach to care across our services that places equal value on peoples' mental and physical wellbeing. Our work in this area is driven through the ***BLMK Mental Health, Learning Disability and Autism Collaborative***.

Statement 10: We will work to deliver healthcare in an estate which is fit for purpose.

The physical estate from which we provide health services in BLMK is very variable. We face challenges in providing more space for services as demand grows, whilst also ensuring existing premises are replaced or renewed. The variation, and in some places the inadequacy of existing facilities, is perhaps most evident in primary care where we are supporting the development of integrated neighbourhood teams.

We will do all we can to attract capital investment into BLMK and ensure our use of available funds supports the delivery of services across each of our Places. Our collective plans for investment and development will be shared and coherent. We will continue to value and exploit the benefits of a shared public estate wherever possible, and to work collaboratively to ensure that section 106[2] funding and the Community Infrastructure Levy associated with new housing is put to best use.

We will ensure that the choices we make around the health services estate and service delivery favour low-carbon models that are suitably adapted to our changing climate. BLMK has an ambitious Infrastructure Strategy and sustainable estate is one of the elements of the ICS Green Plan.

[1] Update to be published Autumn 2024
[2] Ministry of Housing, Communities and Local Government. Available at: publishing.service.gov.uk (accessed July 2024)

Statement 11: We will embrace measurement and a culture of continuous improvement.

Maintaining and improving the quality of service provision requires focus and commitment: it does not just happen. We will ensure ***measurement and evaluation*** are core to the commissioning, delivery and decommissioning of health services in BLMK. The pace of change required now is such that there must be a higher tolerance for experimentation and failure: the risks of such failure must be mitigated by forensic attention to data and a readiness to change.

Improvement science is a growing field but open-mindedness, measurement, and transparency – aligned to cycles of Plan, Do, Study, Act (PDSA) – are foundations for most methodologies. We will embrace the work of NHS Impact[3] in our system and make full use of our growing partnership with the IHI. The work of the ***System Transformation Team (STT)*** will be driven in large part by actively chosen priorities, including those articulated within this strategy. This work will be guided by our system's ***quintuple aim***[4] - the advancement of health equity.

Statement 12: We will achieve excellent outcomes in maternity services and reduce neonatal harm.

Poor outcomes in maternity services can be devastating for families and are associated with long term socio-economic and health care costs. There are also known to be significant health inequalities in relation to maternity outcomes - Maternal and perinatal mortality reports show worse outcomes for those from Black, Asian, and Mixed ethnic groups and those living in the most deprived areas.[5]

We will apply improvement science and peer support in optimising our maternity and neonatal pathways. ***BLMK's Local Maternity and Neonatal System (LMNS)*** leads this work.

Statement 13: We will prioritise the health of children and young people, including those who are carers.

Life chances are often shaped prior to birth and reinforced in the early years. This truth is a key driver of inequities in health outcomes which persist throughout life. Providing high quality health services for children and young people presents challenges, notably in relation to the highly skilled workforce required.

We will look to maximise the potential of collaboration and joint planning across our system to ensure that services concerned with child development, learning disability, and physical and mental child health become and remain sustainable. We will fully support the delivery of the Early Years Strategies that exist in each of our four Places (Luton Education Strategy, Bedford Borough Early Years Strategy, Central Bedfordshire Council Early Help, Central Bedfordshire Council Education & All age Skills, Milton Keynes Early Help Strategy).

Statement 14: We will cultivate a healthy research landscape – improving access to portfolio studies and providing a fertile environment for collaborative local research.

An environment which contributes to the development of new knowledge through research is one which will value education, professional development and putting evidence into practice.

Research covers a broad spectrum: from multi-centre randomised controlled trials of a specific intervention through to pragmatic qualitative evaluation of practice, opinion, clinician behaviour or patient experience. Many

[3] NHS Impact: https://www.england.nhs.uk/nhsimpact/
[4] The Quintuple Aim for Health Care Improvement: Institute for Healthcare Improvement (ihi.org)
[5] Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK). Available at: MBRRACE-UK (accessed July 2024)

frustrations evident in healthcare are not borne of a lack of knowledge, but rather barriers to implementing evidence, knowledge, and innovations in everyday practice. These various types of research each have value.

BLMK has unique opportunities. Located in the 'golden triangle' between the academic centres of Oxford, Cambridge, and London, we are home to several universities with distinct character and expertise. Despite this, our great resource is largely untapped – the large and diverse population which is open to involvement in health service research.

Going forward, we will maximise the access of our patients to the National Institute for Health and Care Research (NIHR) portfolio studies, actively seek to develop and host studies examining wider pathways across health and social care and develop local capability to attract grant funding and deliver high quality home-grown research. Our approach will be driven by the strategy being developed by the ***BLMK Research and Innovation Network***.

Statement 15: We will own our roles as anchor organisations within the communities we serve and work to enhance social value.

Studies have shown that ***80% of health outcomes are determined by non-health related inputs***, such as education, employment, income, housing, and access to green space.[6] With the introduction of the ICS structure in England, and the ambition for these new health systems to contribute to social and economic development, the role of the NHS as a collection of key anchor institutions has never been more important.

Acting as anchor institutions across BLMK, we can have a positive impact on our communities in the local economy and the environment which in turn have the potential to improve the health of individuals and communities. Some of the ways we can deliver our roles as anchor organisations include:

- **Employment (widening access to quality work):** Being an inclusive employer, paying the real living wage, creating opportunities for local communities to develop skills and access jobs in health and care.
- **Procurement (purchasing for social benefit):** Purchasing supplies and services from organisations that embed social value to make positive environmental, social, and economic impacts.
- **Housing, Estates and Land use (using buildings and spaces to support communities):** Widening access to community spaces, working with partners to support high-quality, affordable housing, and supporting the local economy and regeneration.
- **Sustainability (reducing our environmental impact):** Taking action to reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment. In this, we will continue to build on the ambitions of the ICS Green Plan.
- **Skills and Development (working closely with communities and local partners):** Collaborating with communities to help address local priorities, build on their energy and skills; and work with other anchors and partners to increase and scale impact.

[6] NHS England Guidance. Available at: NHS England » Anchors and social value (accessed July 2024)

Expectations we have of one another

Our Commitments

We have set out the scale of the challenge facing health services in meeting the needs of residents over the years ahead, and we have presented the 15 statements above which describe the direction of travel and will act to guide us on the journey ahead.

However, this journey does not simply require a map and a compass; it requires us to all to have a common understanding of the desired destination and (both ourselves and our peers) to actually get there. In meeting the challenges within our integrated care system, we will be ***only as strong as our weakest link***. The change that is envisaged cannot be limited to primary care and community services, with the commissioner and acute providers looking on passively. Likewise, if the commissioner and acute providers move forward together without mental health services and social care alongside, progress will be very limited.

We – and our residents – are ***'in it together'*** which in practice represents a major paradigm shift for the providers of health services. For some decades, health services have been composed of individual business (in the case of primary care) and sovereign organisations aiming to generate a financial surplus (in the case of acute providers) whilst engaged in the provision of high-quality healthcare. There was a 'commissioner-provider split', competition felt real and, at times, collaboration and working together were concepts which could be perceived as counter-cultural.

Relationships across BLMK have matured significantly since the geography was first described as a ***Sustainability and Transformation Plan (STP)*** in 2016. Partners across the system, and within the Places, know each other and there is more openness than in times past. The pandemic showed us all in a very real way how each part of the system had its strengths and contribution to make.

BLMK's Integrated Care Partnership (ICP) includes a diverse range of NHS organisations, four local authorities, wider public sector partners, multiple voluntary and community sector organisations and our Healthwatch partners. The Health and Care Act 2022 [7], which established the integrated care systems, enshrined a duty to collaborate. Looking to the years ahead, it is timely to remind ourselves of what collaboration needs to mean in practice – behaviours we must commit to as individuals and organisations.

The ICP has previously articulated ***shared 'principles and values'*** and these are pertinent as we agree and then implement this Health Services Strategy:

- Co-production
- Learning and adapting
- Honesty and transparency
- Supportive
- Trusted relationships
- Person and community focused
- Integrity

As is often the case with principles and values, they are expressed at a high level and are hard to disagree with. In the context of the Health Services Strategy, we must consider what they might mean in practice for the ICB and the many organisations which deliver publicly funded health services for the residents of BLMK.

With these statements, we ask ourselves ***'What specific commitments do we need to make to each other?'***

[7] Health and Care Act 2022: https://www.legislation.gov.uk/ukpga/2022/31/contents

"We Commit" Statements

1. ***We commit*** to supporting and being respectful of one another, we will engage in peer review and act as critical friends.

2. ***We commit*** to always acting in the best interests of the population we serve recognising this may mean resources are invested elsewhere in the system.

3. ***We commit*** to being open and transparent in our dealings with one another, including with respect to data and financial information.

4. ***We commit*** to making decisions together and explicitly sharing risks associated with the actions we take.

5. ***We commit*** to calling out waste and duplication, and to being intolerant of silo working, even if this is not advantageous to our own organisations in the short term.

6. ***We commit*** to not act unilaterally. Where our decisions are likely to have an impact on our partners, we will engage them in the appraisal of options.

7. ***We commit*** to providing our staff with the skills to work collaboratively, and to leading by example within our organisations.

8. ***We commit*** to working together to bring additional resources into BLMK for the benefit of our residents.

Priority Work Programmes and Initial Workplans

With the statements and commitments outlined above, we can begin to consider how we might operationalise the strategy as we look to achieve our mission for 2040 ***- ensuring that publicly funded health services are sustainable and that they achieve the best health outcomes possible for the BLMK population within available resources.***

We have been developing the strategy in the context of both the work that has already taken place in BLMK and that which may be taking shape now (for example, innovative models of care). We have reviewed the organisation and Place-based strategies, and the Denny review, and consider that the content of the Health Services Strategy is consistent and supportive. Where there is overlap, we see that as a positive thing.

Through the collaborative work already started across BLMK, we have several established 'vehicles' for implementing our strategy and delivering our mission, including:

- BLMK Mental Health Learning Disability and Autism Collaborative
- BLMK Local Maternity and Neonatal System
- BLMK Elective Collaboration Board
- BLMK Long Term Conditions Programme
- BLMK Cancer Board

These vehicles will either continue in their current form and develop their important work or they will evolve. Overall, there will be ***six priority work programmes*** for the implementation of the health services strategy.

The extant BLMK Clinical Senate will develop into a ***Health and Care Professional Leadership Group (HCPLG)***, established as a multi-professional clinical steering group to monitor, and influence the implementation of the Health Services Strategy going forward. The HCPLG will receive progress reports from each of the priority work programmes. As well as subsuming the current functions of the BLMK Clinical Senate, the HCPLG will act as a consultative forum on key issues and decisions being considered by the ICB going forward.

The six priority work programmes, including three new programmes, which will together act as delivery vehicles for the Health Services Strategy are described below, along with the rationale for their creation. The work programmes are deliberately high level - the work upon which they focus will iterate and develop over the years as issues are dealt with and new challenges emerge. The areas of focus for the first two years of the priority work programmes are articulated in more detail and will be soon translate into ***SMART*** (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound) goals and objectives.

The use of data (population health and other) will be absolutely core to the six work programmes. We know a lot about the health and needs of our population and have been working alongside our Public Health colleagues in developing the strategy. Whilst the detail of this information is not explored in the strategy document, it must and will guide the work programmes of the delivery vehicles.

		Priority Work Programmes	Led by
	1	BLMK Mental Health Learning Disability and Autism (MHLDA) Collaborative	*As presently*
	2	BLMK Children and Families *(To incorporate Local Maternity and Neonatal System - LMNS)*	*As presently*
	3	BLMK Cancer Board	*As presently*
NEW	4	Long Term Conditions – Health Optimisation *(To incorporate the current BLMK Long Term Conditions Programme)*	ICB and Primary Care
NEW	5	Improving urgent and emergency care (UEC) and reducing unnecessary hospital stays	Local Authorities, Acute and Community Providers
NEW	6	Fragile Services – Access to secondary care, critical mass, peer support and learning *(To incorporate the current BLMK Elective Collaboration Board)*	Acute Providers

1. The BLMK Mental Health Learning Disability and Autism (MHLDA) Collaborative

BLMK has amongst the ***highest levels of mental health need in the region***, with significant growth (in both demand and acuity) in the aftermath of the pandemic. In 2022/23, there were:

- Around 8,000 adults registered in primary care with a serious mental illness (5% growth since 2019/20)
- Around 90,000 adults with depression and/or anxiety (↑33% since 2018/19)
- Around 6,500 adults with dementia (↑19% since 2018/19)
- Around 12,000 referrals to child & adolescent mental health services (CAMHS) in 2021/22 (↑200% since 2018/19)

The NHS spends approximately £224m on specifically commissioned mental health, learning disability & autism services in BLMK. Our Mental Health Investment spend stands at £176 per head of weighted population, which is just below the England average.

BLMK has made considerable progress delivering the NHS Long Term Plan for Mental Health whilst tackling quality and financial pressures. We have:

- Opened ***new services*** including Evergreen (BLMK-wide inpatient ward for children and young people); additional mental health teams in schools; additional crisis cafes; and the East of England Gambling Service.
- Begun an ambitious programme of ***transformation of community mental health services***, building community teams around neighbourhoods and working in a more integrated way with GPs, voluntary, and social care.
- ***Begun to expanded and diversified our workforce***, including new roles such as peer support workers, mental health pharmacists, education mental health practitioners, clinical associate in psychology, and community connectors.
- Worked with local authorities to develop ***prevention initiatives*** (through the prevention concordat for better mental health[8]), and a suicide reduction partnership and plan.

Despite progress, improvement in focus and investment over recent years, multiple challenges and opportunities remain. People are staying for longer in hospital and we have seen an increase in out of area placements. There are also opportunities for us to work together to improve accommodation options for people with mental health conditions to be more recovery orientated and support independent living.

We know that people with mental health conditions, people with learning disabilities, and people with autism continue to achieve poorer physical health, employment opportunities, opportunities for social connection, lower income, and poorer housing than the general population. This is compounded for some communities including people in poorer areas, and those from black and minority ethnic communities: parity of esteem for mental health continues to be a pressing challenge.

The ***BLMK Mental Health Learning Disability and Autism Collaborative (MHLDA)*** is a partnership between BLMK ICB, ELFT (East London Foundation Trust) and CNWL (Central and North West London NHS Foundation Trust) to deliver a ***"one team"*** approach to improve outcomes, quality, value, and equity for people with, or at risk of, mental health problems, learning disabilities and autism. Our vision puts a focus on place, with service user voice at the centre. It refocuses our efforts on addressing inequalities and unwarranted variation and working at scale where it makes sense to do so.

At the heart of the collaborative approach is to understand what the real issues are for local people and working together to deliver the solutions. Our priorities are set by service users, carers and our communities starting with, ***'what matters most to service users and carers'***:

- Improved communication.
- Access to care and support being appropriate and timely.

[8] https://www.local.gov.uk/prevention-concordat-better-mental-health

- Care being more informed, consistent, connected, and seamless.
- Better access to key resources and services which empower service users.
- Care that is person-centred and tailored around the individual not the condition.

Specific areas which the MHLDA Collaborative will focus on over the medium to long term:

1. Development of ***sustainable early intervention and crisis recovery pathways*** for children, young people, and adults.
2. Develop capacity to deliver early local diagnosis and support for people with ***autism and autistic spectrum disorder***.
3. Development and implementation of sustainable recovery-focused models of care for people with ***complex needs***. This includes complex placements being provided within the ICB area as standard.
4. ***Capital development in core services***, for example mental health inpatient development in Bedford.
5. Improving ***physical health access and outcomes*** for people with serious mental illness, learning disability and autism.

The MHLDA, ***led by Mental Health Providers***, will involve all partners.

2. BLMK Children and Families - Incorporating the work of the LMNS

The BLMK Joint Forward Plan sets out some stark reminders of the problems we face for children and their families across our system:

- Too many of our children in BLMK live in ***poverty***.
- Over a third of children in BLMK are ***overweight –*** this is a key risk in for future health & well-being.
- Not all children and young people have ***early key interventions*** during primary school years to enable them to thrive (communication, diagnosis and support for dyspraxia, autism spectrum disorders, emotional resilience).
- There is more we can do to ***support transition to adulthood*** for young people with complex needs.
- Children and young people are ***waiting too long*** to access mental health and well-being services.
- ***Maternity inequalities*** - poorer outcomes for BAME communities – higher risks mortality in this cohort in pregnancy. Higher risks of still birth, maternal, neonatal and infant mortality in 20% most deprived.

The ***BLMK Early Years Seminar*** in November 2023 brought together partners to further develop the four Place's Early Years Strategies. Each local Place has also launched a guide to help young people looking for mental health support. These represent commitment to the start of a long but critical journey to improve the lives and physical and mental health of our young people.

Priority action: Improving asthma management for children and young people with the highest risk of exacerbation, admissions, and poor outcomes

Hospital admissions for asthma for children and young people under 19 years old are significantly higher in BLMK when compared to England average, particularly in Luton.[9] [10] We aim to decrease the number of people with asthma diagnoses without record of spirometry, reduce the proportion of people with asthma who have an over-reliance on 'reliever' inhalers, and reduce the gradient of socioeconomic deprivation with respect to asthma outcomes. We will work to this aim through a range of interventions:

- Continue to encourage a ***proactive approach to care***, with additional reviews for people with objective evidence of unmet need - improving outcomes and reducing inequalities.
- Use ***system alerts and tools*** to support identification of cohorts for intervention.

[9] Office for Health Improvement and Disparities (data from 2020/21 - 22/23). Available at: Fingertips Public Health Data (accessed June 2024)
[10] Data from Arden and GEM Clinical Support Unit

- Encourage evidence-based practice to avoid ***SABA (Short-acting beta-agonists) overuse***, incentivising primary care partners to review those with frequent SABA scripts and address unmet need.
- Encourage evidence-based diagnostics according to national best practice guidelines, continue to invest in ***spirometry equipment and staff training*** to perform spirometry.
- Explore further ***digital education tools for children*** about asthma and inhalers and learn from evaluations of current tools.
- Promote ***greater adoption of inhaled therapies*** for managing common respiratory conditions with reduced environmental impact.
- Build on existing work with partners across the ICS focused on the ***wider determinants of health*** e.g. the asthma friendly school scheme in Luton; housing and health group; working with Public Health teams on smoking cessation and work to address childhood vaping; outdoor air quality, green spaces and exploring the link between asthma management and outcomes with ethnicity and deprivation.

BLMK Local Maternity and Neonatal System (LMNS)

The LMNS has a crucial role in ensuring women, babies and families receive safe, personalised and equitable care during pregnancy, childbirth and the early postnatal period. In BLMK this comprises of two hospital trusts, providing maternity and neonatal services across three hospital sites, two ***Neonatal ODNs***[11], local ***Maternity and Neonatal Voices Partnerships (MNVPs)***, ***Public Health*** and wider partners.

Our vision is for maternity and neonatal services across BLMK is to offer safer, more personalised, and family friendly care, where our residents have access to the information they need to make the most informed decisions about their care. Women and their babies should be able to access support that is centred around their individual needs and circumstances and our plan is committed to reducing health inequalities in maternity and neonatal care.

Below are the priorities which the LMNS has set out to deliver as part of this health strategy, in line with the NHS England Three-Year Delivery Plan for Maternity and Neonatal Services' four key aims:

1. ***Listening to women and families with compassion***
   - Involving service users in co-production of services by establishing local MNVP to ensure inclusion of the patient voice throughout the programme.

2. ***Meeting and improving standards***
   - Commissioning sustainable Smoke-free Pregnancy Pathways that reduce the number of women who smoke at time of delivery.
   - Preconception Care Programme offering support for mothers before pregnancy including managing a healthy weight and clinics to support with complex long-term conditions.
   - Social Prescribing to support pregnant women in East Bedford and Caritas Medical Primary Care Network, to increase uptake of early booking and engagement with maternity services.
   - Culturally Sensitive Genetic Risk Services Project improving access to genetic services and raising awareness - Luton is identified as one of 10 areas across the country for this pilot.
   - Supporting the implementation of ***Neonatal Critical Care Review Action Plan***[12] priorities.

3. ***Developing and sustaining a culture of safety***
   - Promoting good practice for safer care including ambition for system wide delivery of the ***Saving Babies Lives Care Bundle***[13] to reduce maternal and neonatal deaths, still birth and premature births.
   - Working to reduce variations for women from ethnic minority backgrounds, and those living in the most deprived areas.
   - Improving access to perinatal mental health services.
   - Improving prevention work with public health for poor outcomes and women's health before, after and during pregnancy.

[11] Operational Delivery Network: Developing Operational Delivery Networks (england.nhs.uk)
[12] Implementing the Recommendations of the Neonatal Critical Care Transformation Review - www.england.nhs.uk
[13] Saving Babies Lives Care Bundle - www.england.nhs.uk

- Transforming neonatal critical care in partnership with specialist commissioning ODNs.
- Development of an LMNS Dashboard to set out variation and inform Quality Initiatives.
- Overseeing and monitoring the implementation of ***Ockenden***[14] immediate and essential actions.

4. ***Supporting our workforce***
   - Working with NHS England to ensure the right skills and workforce to deliver against local workplans.
   - Developing the Maternity Support Workers programme across the Trusts.
   - Monitoring and implementation of the ***Core Competency Framework for Maternity***[15].

3. BLMK Cancer Board

The NHS Long Term Plan sets out clear objectives for how cancer services should be delivered to meet the ambition to transform cancer services. The ***BLMK Cancer Board*** established in 2017 has led the effective planning and implementation of strategic objectives for cancer services across the BLMK health economy and will lead this workstream.

The Board has 4 overarching focus areas:

1. ***Preventing cancer*** by addressing cancer risk factors
2. ***Diagnosing more cancers early***, increasing the proportion of cancers diagnosed at stage 1 and 2 resulting in fewer cancers diagnosed as an emergency, and an increase in one and five-year survival rates.
3. ***Improving cancer treatment and care***. All patients should have access to high-quality modern therapeutic services. They will be cared for during and after their treatment, with increased support to live well after treatment. Patients will have a better experience of their care, with less variation across the country.
4. ***Proactive patient engagement*** to ensure that the patient is at the centre of service delivery and their views actively sought and incorporated.

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

There is already a programme of work in place linked to delivery of the NHS Long-Term Plan and National Cancer Transformation Programme, however the variation in cancers affecting women has become a clear priority that will require a system lens to deliver and must therefore be a priority as part of our Health Services Strategy:

- Cancer is one of the ***leading causes of death*** in women.
- Evidence suggests that cancer treatment is more successful and survival rates higher when the disease is ***diagnosed early***.[16]
- There is ***variation in cancer screening uptake*** including HPV vaccination.
- ***Mortality rates*** from cancer are higher for women than men across all four of our Places within BLMK.[17]
- Feedback received from women on ***perceived barriers to accessing healthcare*** give us insight to improve.
- We see ***increased risk factors linked to obesity***.[18]

Breast cancer is the most common cancer in the UK for women, accounting for almost a third (30%) of all female cases (2017-2019). The next most common are lung cancer (13%) and bowel cancer (11%). Cancers of the uterus and ovary are the 4th and 6th most common respectively.

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[14] Ockenden report: Findings, Conclusions and Essential Actions from the Independent Review of Maternity services are The Shrewsbury and Telford Hospital NHS trust: assets.publishing.service.gov.uk

[15] Core competency Framework for Maternity: england.nhs.uk

[16] Cancer Research UK. Available at: Why is early cancer diagnosis important? | Cancer Research UK. (Data sources referenced: 1. Office for National Statistics. Cancer survival in England: adult, stage at diagnosis and childhood - patients followed up to 2018. 2019 2. National Institute for Health and Care Excellence (NICE). Suspected cancer: recognition and referral. 2021. 3. NHS Digital. Cancer survival in England; cancers diagnosed 2015 to 2019, followed up to 2020. 2022)

[17] BLMK Place Based Profiles, 2022 refresh document.

[18] Cancer Research UK. Available at: Overweight and obesity statistics | Cancer Research UK (accessed July 2024)

Gynaecological cancer referrals to secondary care have increased significantly over the last 3 years. For the gynaecology urgent suspected cancer pathway, referrals are now at circa 150% of pre-pandemic levels impacting on cancer performance and increased demand for diagnostics. This rise in demand demonstrates the need to be able to appropriately triage, confirm or rule out cancer quickly to avoid unnecessary anxiety for women.

In November 2023 the NHS made a pledge to ***eliminate cervical cancer by 2040***. To meet this challenge, the NHS needs to ensure as many people as possible are being vaccinated against the human papillomavirus virus (HPV) and coming forward for cervical screening.

The rates of cancers linked to infection with certain forms of HPV are increasing, making them among the fastest growing challenges. Across BLMK, HPV vaccination uptake of two doses in both males and females aged 13-14 years old is significantly lower than England average and this pattern is seen across all our four Places.[19]

Early Detection Opportunities:

Cancer screening is an example of secondary prevention[20], designed to detect cancer early, increasing the chances of successful treatment outcomes. In England, there are three national screening programmes:

- ***Bowel cancer*** screening offered every 2 years to those aged 60-74.
- ***Breast cancer*** screening offered to women aged between 50 and 70 years.
- ***Cervical cancer*** screening available to women and people with a cervix aged between 25 and 64 years in England. Cervical cancer is the most common cancer in women under 35. If all eligible women attended cervical screening regularly, ***83% of cervical cancer deaths could be prevented***.

Targeted ***lung cancer screening*** has recently been recommended by the UK National Screening Committee, advising that screening be offered to the high-risk group of people aged 55 to 74 years with a history of smoking.

In BLMK, with the exception of breast cancer, uptake of cancer screening has been below the England average over the last 10 years. In the younger cohort (age 25 to 49) for cervical screening and bowel screening, there is some correlation between uptake and deprivation.

Opportunities for improvement:

- Increased focus on ***preventing*** cancers in women - interventions such as smoking cessation programmes, HPV uptake and tackling rising obesity.
- Finding more ways to help women ***recognise cancer signs*** and the benefits of national screening programmes, particularly for communities who do not typically come forward, increasing the risk of late presentation.
- Encouraging awareness and continued adoption of ***NICE guidelines*** amongst primary and secondary care clinicians.
- Having the right ***screening and diagnostic capacity*** and resource for the projected rise in need for services - building an agile workforce that can flex across organisation, sector, and geographical boundaries to make sure this is not a cause of avoidable delays in diagnosis and treatment.
- Intelligent use of ***population health data*** to understand the future incidence of cancers that affect women to plan service provision and proactive targeted intervention to better serve areas with poor outcomes.
- There is good compliance against the 62-day standard for cancer treatment from point of referral for Breast cancer. However, we have more work to do to improve performance for ***Gynaecology, Lung,*** and ***Colorectal*** treatment pathways:
  - Continued ***innovation*** to support personalised, targeted treatment of cancer such as genetic testing and use of AI, ensuring seamless embedding and scale across the system to avoid a "postcode lottery".
  - ***Improved access*** to radiotherapy and other oncology services as well as clinical trials.

[19] Office for Health Improvement and Disparities (data from 2022-23). Available at: Fingertips Public Health Data (accessed June 2024)
[20] Secondary prevention: systematically detecting the early stages of disease and providing treatment before full symptoms develop.

This work programme will be led by the ***BLMK Cancer Board*** and will in particular involve ***Primary Care*** partners who are major participants in the work of the Board and will inevitably play a critical role in working towards a proactive and preventative approach to treating cancer.

4. Long Term Conditions – Health optimisation

Healthy life expectancy varies significantly across BLMK. In Central Bedfordshire, men can expect to live healthily until the age of 68 on average, whilst in Luton, only 59 years of age. Whilst the life expectancy of men in the two places differs by only 2.5 years, the men of Luton can expect over 6 years more living in ill health. Often, people will have several co-existing long-term conditions and the impact of these on quality of life may be cumulative.

The burden of long-term conditions is significant, and the management of each is increasingly complex. We have developed a system in which the role of the clinical specialist is much valued: however, ***patients with multiple long-term conditions often benefit from the input of an expert generalist clinician***. General practice and broader primary care are under significant pressure in the context of this burden and ever-growing volumes of relatively straightforward 'transactional' urgent care demand which prevent the required focus on optimal long-term disease management.

The ***long-term conditions programme*** will bring partners together to ensure that the prevention agenda and the optimal management of long-term conditions are championed. It will work to ensure that contracts, funding, and primary care expertise are aligned to the needs of residents: receiving care from the most appropriate member of the team as close to their home as is feasible. ***Care delivery models should be determined by the needs and wishes of patients, and not by custom and practice***.

A key metric for this work will be a ***reduction in premature mortality*** (specifically, all-cause mortality under the age of 75 years). Cardiovascular disease (CVD), respiratory disease, and cancer are the leading causes of death across BLMK, and collectively they contribute the most to the life expectancy gap seen between our most and least deprived neighbourhoods.

The work undertaken beneath the umbrella of long-term conditions will iterate over time as there is a vast array of long-term conditions which would benefit from focused collaborative working. However, a surfeit of priorities results in a failure to prioritise anything. Initial areas of focus which will be confirmed by the priority work programme are likely to include:

1. Identifying hypertension in the population and treating effectively to target - BLMK is the poorest performing ICB in the country at ***treating people with known hypertension to target*** for their age group.
2. Reducing the prevalence of ***musculoskeletal (MSK) conditions*** and improving timely management
3. Reducing number and duration of ***admissions to hospital with heart failure*** - Age-standardised rates of admissions to hospital with heart failure in 2023 were higher in BLMK than any other ICB in the East of England (data from the East of England Cardiac Clinical Network). The optimisation of medicines for heart failure, particularly SGLT2i and MRA, is currently suboptimal.
4. Optimising information and access for residents living with long-term conditions through roll out of the ***NHS App***.

Priority action: Improving identification of hypertension in the population of BLMK and treating effectively to target

Across BLMK, ***approximately 40% of people with hypertension are not managed to their BP target***.[21] There is significant variation between deprivation deciles and between both primary care networks and practices across BLMK. Improving hypertension management is the area of greatest potential for BLMK to prevent future CVD events and deaths and will undoubtedly have a beneficial impact on other areas of secondary prevention, including lipid management and care for people with diabetes.

[21] CVD Prevent. Available at: cvdprevent.nhs.uk (accessed June 2024)

Work on this has already begun in Primary Care and significant steps forward have been made:

- Encouragement of ***population health management approaches*** in primary care for managing long term conditions, including hypertension, with resourcing through the ***BLMK Primary Care Framework.***
- Rollout of the ***BLMK Hypertension Protocol***, recommending evidence-based approaches to treatment with optimal efficiency, thereby minimising therapeutic inertia, loss to follow-up and health service utilisation
- Local ***incentivisation to BLMK GP practices*** for BP recording in people with hypertension, noting that higher levels of BP recording are directly linked to higher levels of treatment to target.
- Commissioning of ***SMS-based tool to support self-monitoring*** of blood pressure, medication concordance, lifestyle change and data recording in GP systems
- ***Additional capacity*** for clinical reviews to manage blood pressure through place-based inequalities funding in Bedfordshire

We aim to improve further blood pressure monitoring and recording for people with known hypertension, and to increase the proportion of people treated to NICE-recommended targets (aiming for >80% by end of 2025), whilst also reducing the gradient by socioeconomic deprivation. There will be a particular focus on high-risk groups of people with hypertension – such as those with known cardiovascular disease, diabetes, or renal disease. Specific areas of focus to achieve this include:

- Enhanced upstream detection and intervention in respect of the ***risk factors associated with hypertension*** (including smoking cessation, weight management and support for drug and alcohol misuse).
- Working with ICS partners to ***increase referrals to preventative services***.
- Encouraging increased recording of blood pressure (BP) in people with known hypertension. Continue ongoing work between the ICB, Primary Care Networks (PCNs), practices and public health to encourage a ***proactive approach to care***, using population health management tools to support the identification of people who have not had their annual review.
- Expanding and identifying further opportunities for funding to provide reviews for people with objective evidence of ***unmet needs***.
- Greater awareness and use of the streamlined ***BLMK Hypertension Protocol***.
- Increased use of existing SMS-based tool and further digital technology to support BP management including tools to help people with ***home recording and self-management***.

Priority action: Reducing the prevalence of musculoskeletal (MSK) conditions and improving timely management

Across BLMK there are ***approximately 80,000 referrals made each year into community MSK services***. MSK conditions are a leading cause of disability and sickness absence across BLMK, with significant inequalities by deprivation and ethnicity.[1],[2],[3] We know that MSK conditions are more common in older age groups,[4] therefore we predict a significant increase in demand for MSK services with the forecasted demographic change in our population which is outlined in the foreword of this strategy.

Currently MSK services vary across BLMK, and there is the opportunity for redesign to improve outcomes, as well as patient experience, whilst navigating through what is currently a complex pathway. In partnership with ***HealthWatch*** we have undertaken resident and stakeholder engagement, both with general population and underrepresented groups, to understand views on the current services and to identify key themes for improvement. This will support the co-design of the service specification going forwards as we work to optimise the service offer in BLMK for people with MSK conditions:

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[1] Global Burden of Disease Study, CBD Compare. IHME. Available at: https://vizhub.healthdata.org/gbd-compare/ (accessed August 2024).
[2] Official Census and Labour Market Statistics. Nomis. 2018. Available at: https://www.nomisweb.co.uk/datasets/besa (accessed 2024)
[3] *BLMK Work, Worklessness and Health completed by Public Health Evidence and Intelligence team. Data sources include: HSE. Work-related musculoskeletal disorders statistics in Great Britain, 2021. Available from www.lancashire.gov.uk and HSC HSE's Health & Safety at Work Stats for 2021/2022 Are Here (2022) Available from: hcssafety.co.uk*
[4] Office for Health Improvement and Disparities. Musculoskeletal health: local profiles. Available from: ingertips.phe.org.uk (accessed 2024)

- Have a stratified care model, where the level of intensity of support is dependent on the level of a service user's complexity and have a personalised approach for the service user. This model will:
- Have a greater focus on ***preventing*** key risk factors associated with MSK conditions including, smoking cessation, support with weight management, menopause support. Health professionals will have access to health promotion materials and knowledge of the local and national preventative services available, and patient information will be available to empower service users.
- Promote ***self-care, earlier intervention, and timely access to appropriate interventions*** (surgical and non-surgical) and fostering prehabilitation and rehabilitation. Identify how service users wish to be communicated with and have adaptable resources and communication channels to meet service users' needs.
- Provide a responsive service which will see the person as a whole. In particular, for those with additional mental or physical health conditions, identify a ***spectrum of needs in order to develop a bespoke and complete treatment plan***. For example, this might include referral for talking therapy or signposting to local physical activity offers.

The work of the long-term conditions programme will continue to build on this work. It will be ***led by Primary Care and the Integrated Care Board*** and will involve all partners.

5. Improving urgent and emergency care (UEC) and reducing unnecessary hospital stays.

We are all aware of the unrelenting pressure on urgent care and increases in the number of non-elective admissions to the acute hospitals. This pressure has direct cost and opportunity cost in relation to the negative impact on planned care. Unnecessary admissions to an inpatient environment cause deconditioning, institutionalization, and loss of independence for residents.

Up to 20% of emergency hospital admissions are avoidable with the right care in place. Improving and supporting the capability of primary care and community-based services to avoid admission and hasten discharge is vital in the context of growth projections for the older population. Collaborative team working, managing clinical risks across the system aligned with the patient (rather than within the silo of an organisation) will be key to this work.

The Improving UEC programme will operate primarily 'at Place', capitalizing on the excellent work commenced by the ***Bedfordshire Care Alliance (BCA)*** and the ***Milton Keynes Joint Leadership Team***.

Initial areas of focus will be:

- Development of services which aim to ***avoid overnight hospital admissions***.
- Expansion of ***virtual ward services*** with a focus on outcomes and value for money.
- Positively identifying those likely to be in the final two years of life and ***improving end of life care***.
- Supporting the growth of ***new care models*** focusing on local need and development of integrated neighbourhood teams.[22]

The Improving UEC programme, ***led by Local Authorities, Acute and Community Providers***, will involve all partners.

[22] Integrated Neighbourhood Teams based around Primary Care Networks, which is part of the BLMK response to the Fuller Stocktake Report

6. Fragile Services – access to secondary care, critical mass, peer support and learning

Clinical services may be fragile for many reasons including workforce, finances, and quality. Some services may struggle to reach or maintain a critical mass in the modern context of clinical acuity, working patterns and sub-specialisation. Our context in BLMK is an unusual one; we do not have a traditional tertiary centre[23], and our geographical situation within the 'golden triangle' can be seen as both a gift and a curse.

In the recent past, the environment has not encouraged acute providers to share their challenges or operational weaknesses. ***Now, in 2024, shared data and peer benchmarking, although imperfect, represent major steps forward in understanding our challenges as a system:***

- We need to make meaningful attempts to ***understand significant variation*** between local services (in relation to cost or quality outcomes) so that we can identify pragmatic improvement actions.
- We use large numbers of ***premium temporary staff*** across our services, without first exploring the potential for mutual aid from peers.
- Neighbouring services are not routinely looking at their granular performance data such that ***symbiotic support can be offered*** in specific service lines.

The fragile services programme will work to ensure that services within organisations form links and connections with peers, and that apparently unwarranted variation is explored and understood. Through building relationships and trust, services will have the opportunity to learn from one another and over time, the potential to develop alliances, reducing the bureaucracy and duplication inherent in aspects of process and governance. There will also be an opportunity to understand variation within the services offered to residents by the various tertiary providers.

Initial areas of focus will include:

1. Laboratory sciences
2. Vascular surgery
3. Diagnostics
4. Ophthalmology
5. Audiology
6. Neurology
7. Dermatology

The fragile services programme will predominantly involve the ***Acute Providers***, forming the basis of a meaningful acute provider collaborative in BLMK. This work programme will subsume the current ***Elective Collaboration Board***.

[23] Tertiary care refers to "highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services" (www.nhsproviders.org - © NHS Providers 2024)

Engagement in the development of the Health Services Strategy

The Health Services Strategy has been developed over the course of 2023 and 2024 and belongs to the organisations providing publicly funded health services in BLMK – many of which are partners in the BLMK Health and Care Partnership. These organisations have been involved in the inception and development of the strategy. The local authorities, which provide public health services and are key partners in the delivery of joined up health and social care, have been engaged as key stakeholders.

We have engaged with leaders of these organisations over a period of several months and the strategy has matured by iteration.

Key engagement sessions have included (non-exhaustive):

Date	Event	Locality	Sector
17 Apr 2024	BHFT / ICB Board to Board Seminar	Bedfordshire	Acute
23 July 2024	BHFT Executive Group	Bedfordshire	Acute
04 July 2024	MKUH / ICB Private Board	Milton Keynes	Acute
01 July 2024	Session with Executive Leads of ELFT and CNWL	BLMK	Community and Mental Health
18 July 2024	Session with MK Joint Leadership Team	Milton Keynes	Place
23 July & 20 August 2024	BLMK Clinical Leaders and PCN Clinical Directors Meeting (including representatives of Local Medical Committees, LMCs)	BLMK	Primary Care
31 July 2024	ICB Executive Meeting	BLMK	ICB
19 & 30 August 2024	Sessions with ICB Non-Executive Members and Primary Medical Services Providers Partner Members	BLMK	ICB and Primary Care
29 Aug 2024	Place Board	Central Bedfordshire	Place
09 Sep 2024	Executive Delivery Group (BBC)	Bedford Borough	Place
10 Sep 2024	Place Board	Luton	Place
13 Sep 2024	Quality and Performance Committee	BLMK	ICB
19 Sep 2024	Health and Care Partnership Meeting	BLMK	ICB
19 Sep 2024	BLMK CEO Group Meeting	BLMK	ICB
27 Sep 2024	Integrated Care Board Meeting	BLMK	ICB

In addition to these specific engagement sessions, colleagues from across the system have contributed their thoughts and ideas on the strategy as it has evolved. The strategy is richer as a result.

Implementation of the Health Services Strategy

This strategy will be presented to the Board of the ICB for formal adoption. Once adopted and published, we will move to the implementation of the Health Services Strategy which will initially focus on the setting up, reshaping, and resourcing of the six priority work programmes (delivery vehicles) and the **Health and Care Professional Leadership Group (HCPLG)**.

Each of the six priority groups will develop an initial 24-month work programme with detailed goals around the initial areas of focus in this strategy and guided by ***SMART*** metrics. These will be presented to the Integrated Care Board within six months of the ICB's adoption of the strategy.

Establishing a culture of measurement and improvement is included as one of the 15 commitments of our strategy, and a focus will be to establish key clinical metrics to assess performance on and provide the board with clarity on how we are trying to move things at a population health level. Each of the work programmes will also wish to pay attention to ***workforce modelling*** and will be supported in this through the ***BLMK People Strategy*** and our ***Primary Care Training Hub*** as appropriate.

It is our intention to later publish a formal appendix to the strategy (within 8 months of its adoption) detailing these six SMART priority work programmes.

Next Steps – Building to 2040

As the work programmes evolve and grow, so too will their priorities. After the first 24-month cycle of focus initially laid out, the programmes will publish updated priorities and work plans for the next period. These will continue to iterate over time supported and guided by the Health and Care Professionals Senate. The workstreams will continue to provide updates to the Board of the ICB which will hold our organisations to account against the statements and commitments made within this strategy.

Date of the meeting: 19 September 2024

Executive Lead: Dr Ian Reckless, Chief Medical Officer

Report Author: Kathy Nelson, Head of Cancer Network

Report to the: BLMK Health and Care Partnership

Item: Cancer Services across BLMK

Reason for report to the Committee

To inform and bring members up to date with developments and plans for cancer services across BLMK.

1.0 Executive Summary

1.1 Approximately 4,500 residents of BLMK are diagnosed with cancer each year and the incidence is predicted to increase. This report sets out the BLMK Cancer Board's 10 year transformation plan to address long term ambitions to diagnose more cancers earlier, reduce mortality from cancer and ensure more people are supported holistically following a cancer diagnosis. It also provides an update on changes to improve access to radiotherapy for BLMK residents.

2.0 Recommendations

2.1 The Partnership is asked to **note** the report

3.0 Key Implications

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

4.0 Report

4.1 Cancer Services across BLMK: An update on current and future planned provision

1 in 2 people will get cancer in their lifetime. Across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes approximately 4,500 people are diagnosed with cancer each year and approximately 40% of those diagnoses will lead to death.

The most commonly diagnosed cancers are breast cancer, prostate cancer and colorectal cancer. There are approximately 1,769 preventable cancers in BLMK each year. Smoking, obesity, diet and alcohol are major risk factors. In order to achieve world-class outcomes for patients, we must tackle these preventable risk factors.

Our context for improvement on cancer is:

- The incidence of cancer is predicted to increase.
- Work by NHS RightCare and our Patient Experience survey suggest that improvements can be made in certain areas of cancer care. For instance, one year survival rates for breast cancer are worse than England for Luton and Milton Keynes CCG - one year survival for lung cancer is worse than England for Bedfordshire CCG and one year survival for colorectal cancer is worse than England for Luton CCG. We have therefore identified Early Diagnosis and Personalised Care as key priorities.
- Cancer services should be localised where possible and centralised where necessary.
- The *NHS Long Term Plan* set out requirements to improve diagnostic capacity and improve the way cancer services are organised. We have already started a programme of work around this.
- We want to reduce health inequalities over the next ten years. In some parts of our partnership there is an 11 year difference in life expectancy between the least and most deprived areas, with the main cause of death attributed to Cancer.
- Our partnership works with three different Cancer Networks (with tertiary centres in Cambridge, Oxford and London) which adds to a complex system of delivery.

The ICS responded to the NHS Long Term Plan for cancer in 2019 by identifying the following actions which now forms part of the ICS Cancer Strategy:

Earlier and Faster Diagnosis: achievement of the **Faster Diagnosis Standard**, improve 1- and 5-year survival and increase the number of people diagnosed at stage 1 and 2;
Screening: improve **uptake** of all cancer screening programmes;

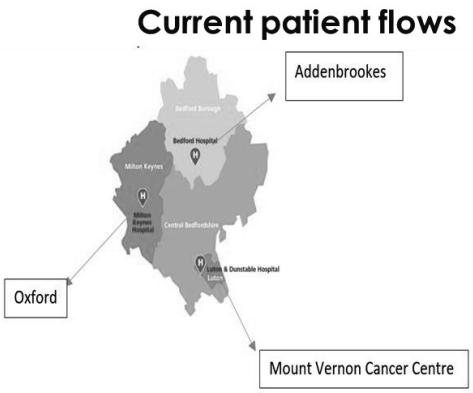
- ***Treatment and treatment uptake***: the aim is that patients will receive the most **effective, precise and safe treatments**, with fewer side effects and shorter treatment times. Key strands of work include maintaining cancer waiting times;

Personalised Care: roll out personalised care interventions, including supported follow up pathways to **improve quality of life**;
Workforce: over the next 5 years it is expected that additional clinical and diagnostic staff will be recruited. All patients will have **access to clinical nurse specialists or other support workers/navigators**;
Specialised Cancer Care: the incidence of cancer is predicted to increase and therefore we need to ensure that providers and commissioners are adequately prepared to **manage the increasing demand**;
Primary Care: the NHS LTP set an expectation from 2020 that Primary Care Networks will support **early cancer diagnosis** through a programme of enhanced services to the GP contract. The NHS LTP also states that systems should have plans to improve GP referral practice.

Focus on: Improving access to Radiotherapy

Radiotherapy is used as an effective treatment for many types of cancer. The treatment is usually undertaken at specialist cancer centres although there is a growing demand for satellite or networked services linking the specialist centres to more local provision.

In BLMK patients have access to Radiotherapy services as part of large cancer centres in Cambridge, Oxford and London (Mount Vernon). BLMK access to radiotherapy has been an issue for many years because of the distance patients have to travel and the associated challenges around cost, dependency on others for support and managing short term and long-term side effects of treatment.



A core part of the ICS Cancer strategy has been to deliver care closer to home where possible.

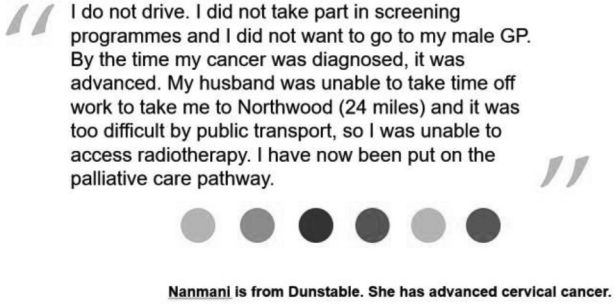
The Cancer Board reviewed the various options for delivering care closer to home and at this time it is not feasible to develop a Tertiary cancer centre within BLMK however we have the option to develop networked radiotherapy services within our area instead.

A partnership between Oxford Cancer Centre and Milton Keynes is already in full implementation with a networked radiotherapy unit opening on the MKUH site in the Autumn. During the resident engagement people told us about the impact travel times had on their recovery and patient experience during treatment.

This proposal will cover residents whose local hospital is Milton Keynes as part of a reprovision of service.

Milton Keynes resident

The relocation from the Mount Vernon Cancer Centre will include the development of a networked radiotherapy site either at the Lister Hospital or the Luton and Dunstable Hospital. Which will then provide local radiotherapy provision in other parts of BLMK. The proposal to reprovide the service currently delivered in Hillingdon will create opportunities for Luton and Central Bedfordshire residents to access a wider range of treatment opportunities that are currently not available due to the constraints of the current provision at Mount Vernon. A consultation is planned for later this year. More information about the review can be found here About The Review | Mount Vernon Cancer Centre Review (mvccreview.nhs.uk)



Nanmani is from Dunstable. She has advanced cervical cancer.

Improving access to radiotherapy brings a number of system opportunities:

- Opportunity to improve radiotherapy uptake
- Bring new skills into BLMK
- Improving travel times for our residents
- Opportunity for system partners to develop/integrate cancer services
- Provide more influence on end to end cancer pathway commissioning/redesign with specialised commissioning

The partnership is asked to note the ambition of the cancer programme to improve cancer outcomes, to note the transformation already underway to improve access to treatments, to note this work is led by the cancer board which has representatives from across the partnership to deliver improvements through all of our partners.

Appendix

BLMK Cancer 10 year transformation plan

Case for change

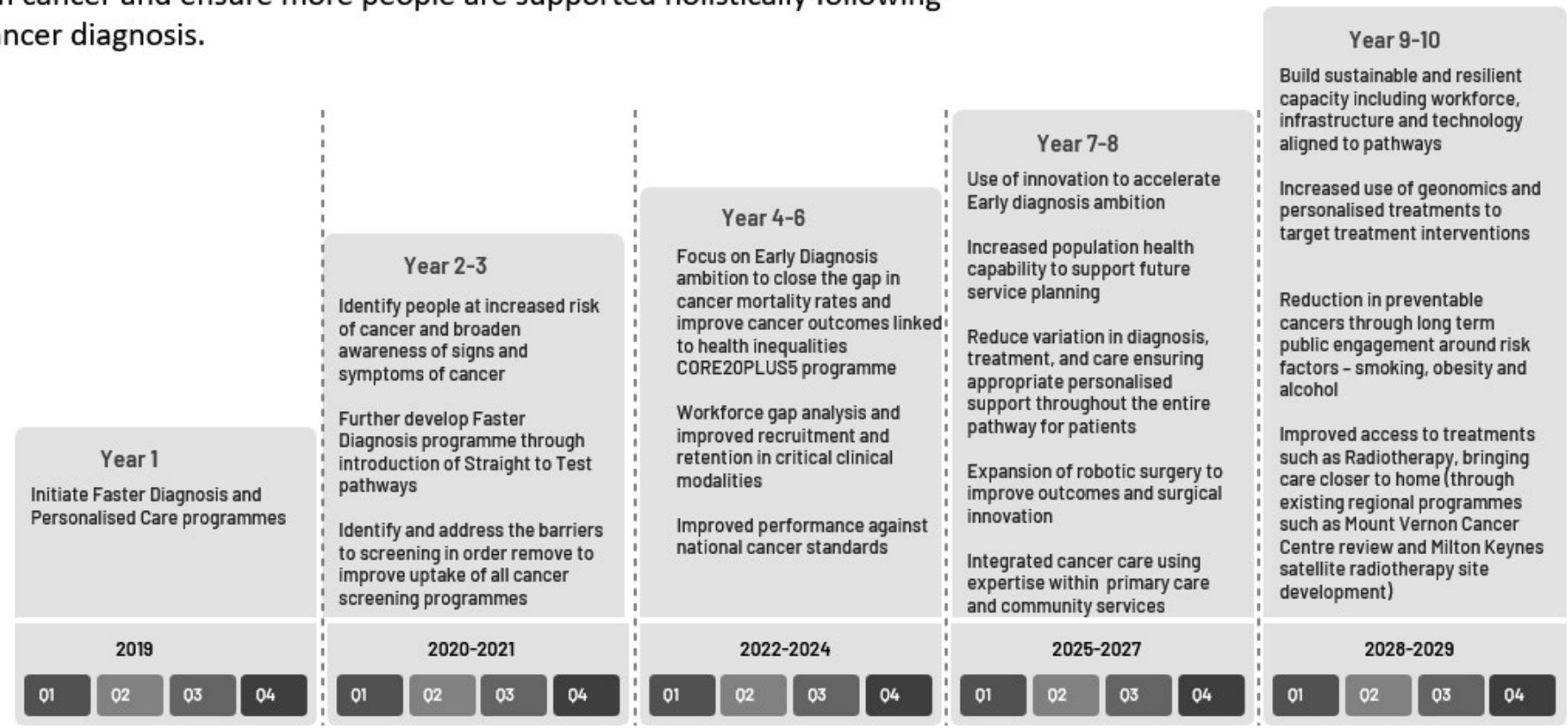
What we know already:

More cancers will be diagnosed over the next 10 years

- We are still working within complex IOG (tertiary) pathways based on historic cancer networks – Anglia pathways into Addenbrookes, Herts and Beds pathways to Lister, Watford and London, Thames Valley into Northampton and Oxford.
- The populations we serve have existing health inequalities and with COVID we expected more later stage disease to be identified over the next 5 years.
- The system is already involved in significant redesign of cancer services in the form of NHSE reviews of radiotherapy provision which support the development of satellite services and the potential for devolved responsibility of cancer services from NHSE to the ICS
- Deprivation is a huge factor in the difference in mortality rates for most cancers in men and women, with higher rates in those in most deprived groups and non-white ethnicity. Too few people, particularly from areas of higher deprivation and some groups, are able to take up the cancer screening programmes e.g. people with learning disabilities
- COVID has potentially shifted the trajectory for key ambitions such as early diagnosis and mortality rates as many people delayed coming forward for treatment during 2020-21 and capacity delays for key specialties has impacted faster diagnosis within 28 days. We now know that cancer diagnosis rates within BLMK declined through COVID and we need to further explore this in partnership with the EoE Cancer Alliance.
- Patients are presenting with more complex needs, multiple co-morbidities when means that clinical management of patients requires additional consideration in decision making on treatment plans
- There are cancer services with significant workforce challenges that need to be addressed over the next 5 years
- People with cancer are still falling into the cracks between primary and secondary care: information is not always tailored to individual needs; support for wider needs, including mental health, is patchy and often delayed.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

The BLMK Cancer Board has an agreed 10 year plan to address the long-term plan ambition to diagnose more cancers earlier, reduce mortality from cancer and ensure more people are supported holistically following a cancer diagnosis.



5.0 Next Steps

5.1 The consultation on the relocation of services from Mt Vernon is scheduled to begin later this year

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List of appendices

Appendix – included in the report

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 19 September 2024

Executive Lead: Sarah Stanley, Chief Nurse ICB

Report Author: Natasha Young, Senior Transformation Manager ICB
Julia Robson, Inequalities Programme Lead ICB

Report to the: BLMK Health and Care Partnership

Item: Creating a Fairer BLMK' Improving Health Equity Event on 17th May 2024, Report and Next Steps

Reason for report to the Committee other - cycle of business

1.0 Executive Summary

The first 'Creating a Fairer BLMK' event was held on Friday 17th May 2024 bringing together key stakeholders and residents with lived experience to share learning and shape the BLMK Improving Health Equity transformation programme.

This report provides a summary of the events content, outlines progress made since the event took place, and next steps for the Improving Health Equity programme and partnership with Institute of Healthcare Improvement (IHI). Further detail is captured within the ICB Board paper 'Annual Report for System Health Inequalities work, including the Health Equity programme' scheduled for Friday 27th September.

2.0 Recommendations

The Committee is asked to **note** the report.

3.0 Key Implications

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

Resourcing: Improving Health Equity is acknowledged as one of the eleven priority transformation programmes and therefore has dedicated System Transformation Team (STT) resource to work alongside Communication and Engagement and System Assurance colleagues. Subsequent annual events will require additional resource to plan, facilitate, deliver and evaluate an event of similar scale.

Equality / Health Inequalities: To strengthen the approach and representation of the Improving Health Equity Programme, and promoting values as highlighted in The Denny Review, the STT has proactively engaged with team members from black and ethnic minority backgrounds as part of the programme team, to support successful delivery of the programme objectives.

Engagement: This report has been shared with Senior Responsible Officer, Sarah Stanley ahead of publication. The annual report 'System Health Inequalities work, including the Health Equity programme' encompassing the system response to The Denny Review is timetabled for Quality and Performance Committee and ICB Board in September 2024.

Green Plan Commitments: With improved health equity across BLMK, healthcare needs should be met timelier, be prevention focused and encourage care closer to home. Research and Innovation opportunities will continue to be explored. The programme stakeholder map includes representatives from across Voluntary, Community and Social Enterprise (VCSE) sector in addition to residents and those with lived experience.

BAF Risk: There is a Board Assurance Framework risk that inequalities and outcomes for specific demographic groups within BLMK population will widen (e.g. cost of living, health and care demand pressures) compromising our ICS purpose to improve outcomes and tackle inequalities. The implementation of the Improving Health Equity programme provides some controls and mitigation against this risk.

4.0 Report

The ICP and ICB Board Seminar on Friday 17th May 2024 was used to host the first 'Creating a Fairer BLMK' event. The event concluded a week-long series of high-profile events, webinars and meetings to showcase our commitment to creating fair and inclusive health and care services. This focused event on health equity is to be scheduled annually to share and showcase best practice examples from across the system and to report progress against The Denny Review recommendations and wider Improving Health Equity programme aims.

The event, attended by over 120 people, opened with a dance performance by Born To Perform, an inclusive care and Performing Arts School for children and adults with disabilities based in Bedford. The energising performance set the tone for the day and was a tough act to follow. Keynote speakers, Councillor Khtija Malik, Co-Chair of BLMK Health & Care Partnership and Lorraine Sunduza, ICB Board Denny Review Champion and Chief Executive Officer, East London Foundation Trust, articulated the importance of the event and the role we play in ensuring change and improvement across the system.

Figure 1: Born to Perform opening the Creating a Fairer BLMK event 17/05/2024

A dedicated lived experience panel with residents and representatives demonstrated the value of coproduction. Chaired by Lorraine Mattis, ICB Non-Executive Member and Chair of the Working with People and Communities Committee, the panel heard compelling stories about how health needs have not been met across varying communities alongside solutions that have been put in place, and suggested steps to take to make further improvements.

The panel included:

- Reverend Lloyd Denny, Author of The Denny Review
- Crina Morteanu, Roma Trust

- Heather Wildsmith, Autism Bedfordshire
- Carron Huggett, resident who is deaf as uses British Sign Language (BSL)
- Mark Peddor, Keech Hospice
- Craig Donohoe, resident who accesses mental health support through ELFT

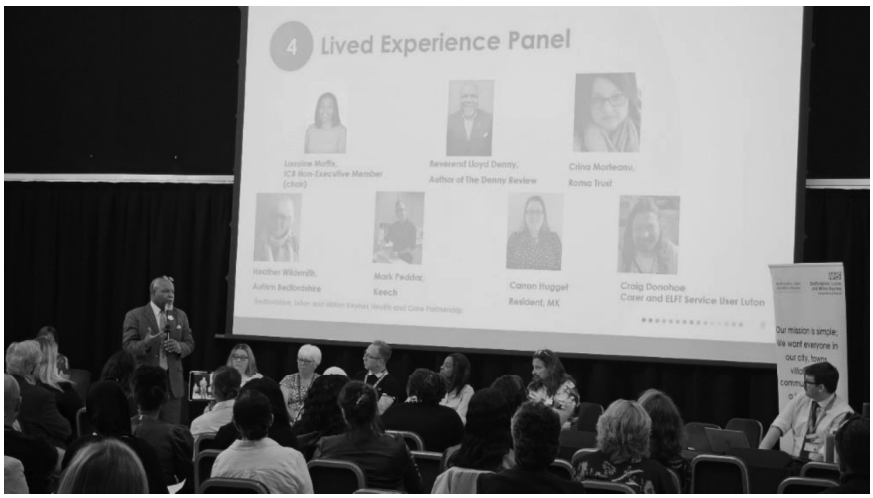

Figure 2: Lived Experience Panel at Creating a Fairer BLMK event 17/05/2024

Four exemplar pieces of work were presented within interactive breakout sessions:

- Delivering on the Denny Review, by Reverend Lloyd Denny and Healthwatch
- Barbershop Live - Luton Cancer Outcomes project, by Andrew Murrell and Kathy Nelson
- Talk, Listen, Change - Luton 2040, by Sally Cartwright and Chimeme Egbutah
- Bedfordshire Rural Communities Charity – Social Prescribing, by Kate Ellis

These sessions shared project outcomes to date and generated discussion around future opportunities. Feedback from attendees suggested more time should have been allocated to this part of the agenda due to the wealth of knowledge and experiences being shared. Market stalls around the perimeter of the room gave attendees an additional opportunity to learn from example and network with colleagues from a range of organisations including, but not limited to The Ethnic Food Bank, Wisdom Principle and Keech Hospice Care.

The event also introduced the Institute of Healthcare Improvement (IHI) as our partner in using Quality Improvement (QI) to tackle inequalities, starting with Hypertension management as a focused area. Chief Nurse and SRO, Sarah Stanley reinforced the importance of 'knowing your numbers' by offering free blood pressure checks to attendees. The event marked the beginning of our journey to collaborate with residents, system partners, and the IHI as equal partners in a three-year programme that includes a Learning and Action Network (LAN). A LAN is a group learning method that helps residents, organisations, and communities build Quality Improvement capability and advance their improvement journeys by applying QI methodology, systems thinking, an equity lens and co-design with people with lived experience.

The event outputs and feedback has helped shape the BLMK priority transformation Improving Health Equity programme into four workstreams:

- residents feel services are for them
- residents feel they can access services they need
- residents are involved in making improvements
- women feel seen and heard

5.0 Next Steps

A workshop with System Transformation Team (STT), ICB Board Champion, Lorraine Sunduza and others has been scheduled for 31st October 2024. This session aims to socialise the Improving Health Equity driver diagram for the programme, provide oversight

of actions that drive the outcomes and aims of the programme, agree governance and reporting lines and assure the programme is landing as intended.

Planning for the second 'Creating a Fairer BLMK' event will follow, with event due to take place in Q1 of 2025.

A remuneration policy is being developed by the ICB People Directorate recognising the valuable role residents play to co-produce.

Progress against the four workstream themes is summarised below and further information is incorporated into the 'Annual Report for System Health Inequalities work, including the Health Equity programme' ICB Board report scheduled for Friday 27th September.

A research and innovation exchange event is to be explored with a focus on translation and interpretation opportunities.

5.1 Residents feel services are for them

This workstream encompasses many of the Denny Review recommendations under its themes of 'representation' and 'understanding others'. Fundamentally, to deliver health equity we need to recognise and celebrate the diversity of the population we serve and make reasonable adjustments to service delivery to accommodate additional and/or varying needs.

Change ideas within this workstream include, but are not limited to:

- hosting lived experience webinars from a range of community groups, following the success of the Gypsy and Traveller webinar held during the week of the 'Creating a Fairer BLMK' event
- developing a 'What Matters to Me' page on clinical records to capture a holistic view
- embedding lived experience into reporting templates and key documents

5.2 Residents feel they can access the services they need

This workstream encompasses many of the Denny Review recommendations under its themes of 'access' and communication'. Reviewing existing translation and interpretation services across the system was identified as a priority area within this programme.

Change ideas within this workstream include, but are not limited to:

- working with local Healthwatches to conduct an observation study and interviews with workforce across the system to capture experiences of using translation and interpretation services to enable effective communication with residents
- monitor and challenge adherence to Accessible Information Standards
- build upon the success of the live Breaking Barriers videos with Autism Bedfordshire and develop further orientation videos and social stories.

5.3 Residents are involved in making improvements

The key principle for the ICB in this journey is to collaborate with residents, system partners, and the IHI as equal partners in a three-year programme that includes a Learning and Action Network (LAN).

Virtual workshops with supporting data packs are being delivered at Place. These facilitated group exercises will gather views and determine which population to work with and focus on for the LAN. The Place teams will then begin recruiting for the LAN teams by identifying assets linked to these populations who share responsibility for them, such as barber shops, faith groups, community groups, and health organisations.

The teams will consist of 8-10 people, including Place teams, subject matter experts (the assets), clinicians, and residents. To recruit residents, posters are being developed that outline the requirements to join the LAN, the time commitments, the remuneration, and the purpose and excitement of being part of this new journey to tackle inequalities.

5.4 Women feel seen and heard

The Women's Health programme has many interdependencies with the Improving Health Equity programme with access, communication and representation being key themes for change. As a result, the programme has been aligned to fit within the Improving Health Equity programme structure.

The Women's Health Strategy for England encourages national expansion of women's health 'hubs', locally termed 'networks', to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities. Women's health networks aim to bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. The Luton Women's Health Network is due to launch in September 2024, hosted by Lea Vale PCN. The network will have an additional focus on women from inclusion health groups and work closely with VCSE partners including, but not limited to, Luton All Women's Centre and Azalea to deliver targeted healthcare.

Background reading

The Denny Review
The Big Conversation
The Women's Health Strategy for England

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 19 September 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance, and SRO for ICS Green Plan

Report Author: Tim Simmance, Associate Director of Sustainability and Growth

Report to the: Health and Care Partnership

Item: Leading for a Sustainable BLMK Health and Care System seminar – 15 November 2024

Reason for report to the Committee

(a) other – briefing prior to Sustainable Health and Care seminar which will inform the refresh of the BLMK Green Plan which supports delivery of the ICS's Growth priority.

1.0 Executive Summary

1.1 A seminar on Sustainable Health and Care is being held for ICP and ICB Board members on 15 November, as part of the ICS Green Plan refresh, to address the ambition to be a net zero health and care system. The ICS Green Plan is due to be refreshed by March 2025 and supports delivery of the ICS's Growth Priority. The seminar will provide the opportunity for Health and Care Partnership, ICB Board members and wider partners to input to the refresh of the Green Plan.

1.2 Members are asked to:

1. note the event and confirm attendance, by responding to the Outlook invite as soon as possible.
2. provide suggestions for topics, speakers and local case studies for consideration in planning the seminar to Tim Simmance, during the committee meeting or *via* tim.simmance@nhs.net by 30 September 2024.
3. familiarise themselves with the BLMK ICS Green Plan and executive summary of the associated Health Impact Assessment (links in appendices) ahead of the seminar.

2.0 Recommendations

2.1 Members are asked to **discuss** the report and provide suggestions to help shape the programme for the seminar.

3.0 Key Implications

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

3.1 As described through the BAF risk 7, climate change presents a threat to both health and wellbeing and to health and care service delivery.

3.2 A great health and care system is environmentally sustainable. Implementing a Sustainable Health and Care model will:

- reduce the contribution health and care services make to driving climate change.
- help move towards a preventative, patient-empowered, lean and low-carbon system.
- reduce environment-related risks to health and reduce the risk of unequal impact on certain groups (including those living in more-deprived areas).
- reduce the risks to health and service delivery from extreme weather events and minimise exposure to financial risks caused by having to manage untoward incidents.
- support better staff morale and reduce the risk of increasing staff sickness absence.
- demonstrate a response to public opinion on addressing climate change.

3.3 Providing health and care leaders with the knowledge and opportunity to shape the ICS Green Plan will facilitate more-effective delivery of our statutory net zero ambitions.

4.0 Report

4.1 A seminar for ICB Board and Health and Care Partnership members is to be held on 15 November 2024 between 0930 and 1300 at the MK Christian Centre. The topic of the seminar is Leading for a Sustainable Health and Care system, and forms part of the delivery of the ICS Green Plan, and its upcoming refresh.

4.2 The purpose of the event is for system leaders to:

- shape the refresh of the BLMK ICS Green Plan – our approach to a sustainable, net-zero health and care system.
- hear from expert speakers on how environmental sustainability drives efficient and effective health and care.
- talk to local people leading the way on environmentally sustainable health and care.
- learn ways to embed environmental sustainability in the way we work together.

4.4 The event will be attended by health and care leaders from the the Health and Care Partnership and ICB Board, primary care, local Trusts, local authorities, and public health teams, as well as representatives from VCSE organisations, and residents from across Bedfordshire, Luton and Milton Keynes.

4.5 The seminar presents an opportunity to support leaders in the system to help embed a sustainable health and care model, contribute to refreshing the ICS Green Plan, and discuss the challenges in implementing activities towards net zero and a Sustainable Health and Care system.

4.6 The ICS Green Plan 2022-2025 (approved April 2022) sets out commitments and ambitions to move towards a net zero healthcare system by 2035 for directly controlled emissions and 2045 for all other emissions. The Green Plan covers several broad areas, including workforce, estates, supply chain, medicines, travel and transport, and care models. This plan is required by NHS England and forms part of BLMK ICS's Growth priority, and its role under the fourth pillar of an ICS (to help the NHS support social and economic development).

4.7 A Health Impact Assessment, reported to the ICP in early 2023, gave recommendations for ensuring the Green Plan drove a greater benefit to health. The report included the recommendation to increase the specificity of ambitions and activities, and link them to evidence-based research on the links between climate change and health. The key evidence links to between climate and health were in relation to air quality, diet, activity levels, and extreme weather. These recommendations have been incorporated into existing activities and the research is informing the refresh of the Green Plan (due for completion by March 2025).

5.0 Next Steps

5.1 Outlook calendar holds to be circulated – members are asked to respond to the invite as soon as possible to confirm attendance.

5.2 Agenda and confirmed speakers will be circulated in late October / early November

5.3 Event to be held on 15 November 2024 at the MK Christian Centre from 0930 to 1300 (registration from 0900).

List of appendices

None

Background reading

Annex A – BLMK ICS Green Plan
Annex B – BLMK ICS Green Plan - Health Impact Assessment (executive summary)