

## Health and Care Partnership

**Date:** 14-12-2022  
**Time:** 2-5pm  
**Venue:** MS Teams

### Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Chair	-	2.00
2.	Core Purposes of Integrated Care Systems: <ul style="list-style-type: none"> <li>• <b>improve outcomes</b> in population health and healthcare</li> <li>• <b>tackle inequalities</b> in outcomes, experience and access</li> <li>• <b>enhance productivity</b> and value for money</li> <li>• help the NHS support broader <b>social economic development</b></li> </ul>	Chair		
3.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> <li>• Register of Interests</li> </ul>	Chair	Note changes and approve	
4.	Approval of Minutes and Matters Arising			
5.	Review of Action Tracker			
6.	Health and Care Partnership purpose and governance	Michelle Evans-Riches	Note	2.10
Strategy				
7.	Joint Strategic Needs Assessment and Population health	Sally Cartwright/ Vicky Head	Discuss and note	2.20
8.	Place update including Health and Wellbeing Board feedback from recent meetings and local issues	Cllr Tracey Stock, Peter Marland, Louise Jackson, Khtija Malik and Angela MacPherson	Discuss and note	2.35
9.	Integrated Care Board update	Rima Makarem and Felicity Cox	Discuss and note	3.00

No.	Agenda Item	Lead	Purpose	Time
10.	Integrated Health and Care Strategy	Anne Brierley/ Tracey Stock		3.15
<b>Transformation</b>				
11.	The Fuller Programme – Delivering Integrated Primary Care	Nicky Poulain	Discuss	4.00
<b>Governance</b>				
12.	Communications from the meeting	Chair	Discuss	4.30
13.	Review of meeting effectiveness	Chair	Note	4.35
14.	Annual Cycle of Business (Next meeting Agenda items)	Chair	Discuss	4.40
<b>Closing Actions</b>				
15.	Any Other Business	Chair	-	4.45
16.	Date and time of next meeting: <ul style="list-style-type: none"> <li>▪ 7 March 2023 5-8pm</li> <li>▪ Room 1.02, Milton Keynes Council, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ</li> </ul> Deadline for papers will be: <ul style="list-style-type: none"> <li>▪ 23 February 2023</li> </ul>	Chair	-	

**Members Required**

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

**Members Required**

> Declare any relevant interests relating to matters on the agenda.

> Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via [blmkicb.corporatesec@nhs.net](mailto:blmkicb.corporatesec@nhs.net)

**External Register of Interests**

**BMH Register of Interests**

Register of Interests

Member Name	First Name	Current Role	Registered	Y	N	Y	N	Declaration	Date From	Date To	Notes	Date Declared
Barhey	Manraj	PCN Clinical Director, Luton	Yes	Y				Partner at Wooland Avenue Practice, Luton	01/05/1995	Ongoing	Declare in line with conflicts of interest policy	23/08/2022
Barhey	Manraj	PCN Clinical Director, Luton	Yes	Y				Woodland Avenue Practice is a shareholder in EEXIA - GP Federation in Luton	May-95	Ongoing	Exclusion from involvement in related meeting or decision making	23/08/2022
Cartwright	Sally	Public Health Representative, Luton	No									22/06/2022
Coiffait	Marcel	Chief Executive, Central Bedfordshire Council	Yes	Y				I am the Chief Executive of Central Bedfordshire Council which is an may be commissioned to work on behalf of the ICB	01/11/2020	Ongoing		27/05/2022
Cox	Felicity	Chief Executive	Yes		Y			I am a registered pharmacist with the GPC (General Pharmaceutical Council) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
de Cartaret (Huggins)	Emma	Member and Trust Rep - East of England Ambulance Services NHS Trust	Yes				Y	Husband a BT manager	15/09/2019	Ongoing	Does not deal with any NHS contracts or processes	26/09/2022
Ekuban	Belinda	Clinical Director, Titan PCN, representing PCN Clinical Directors in Central Bedfordshire BCA and ICB	Yes		Y			Clinical Director for Titan Primary Care Network	01/07/2021	Ongoing	Exclusion from involvement in related meeting or decision-making	19/10/2022
Elford	Mary	Member H&C Partnership	Yes	Y				Chair, Cambridgeshire Community Services NHS Trust	01/04/2020	Ongoing	Declare in line with conflicts of interest policy	23/09/2022
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Keech	Tracy	Healthwatch MK	No									23/09/2022

Name	First Name	Role	Director	Declaration				Description	Date From	Date To	Notes	Date Declared
				Financial	Family	Personal	Other					
Kocen	Jane	Bedfordshire Care Alliance Member - Clinical Director for Caritas Medical PCN	No	N	N	N	N					08/08/2022
MacPherson	Angela	ICP Board member, Deputy Leader, Buckinghamshire Council	No									22/09/2022
Makarem	Rima	Chair	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	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	Yes	Y				Lay Member of General Pharmaceutical Council	Apr-19	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Mehta	Sonal	Voluntary, Community & Social Enterprise Partnership Lead	Yes	Y				Director, Catalyst Health Solutions CIC, 18 Station Terrace, Marsh Drive, Great Linford, Milton Keynes MK14 5AP The company offers training and consultancy services to organisations operating in the health, wellbeing and car sector	Feb-21	Ongoing	Remove myself from any decisions regarding commissioning of training or consultancy support	28/09/2022
Mehta	Sonal	Voluntary, Community & Social Enterprise Partnership Lead	Yes		Y			Honorary Associate, The Open University Delivering talks and writing articles to support the Ageing Well project	Jul-22	Jul-23	Declare interest for any agenda items related to ageing	28/09/2022
Murphy	Mike	Exec Dir of Strategy & Business Development, South Central Ambulance Service	No									26/09/2022
Nicholson	Lucy	Chief Executive, Healthwatch Luton	No									05/10/2022
Ogley	Julie	Central Bedfordshire Council Director of Social Care, Health and Housing	Yes		Y			Non-Executive Director of the Central Bedfordshire Council's companies: - Central Bedfordshire group - Care is Central	Aug-20	Ongoing	Exclusion from involvement in related meeting or decision-making	10/08/2022
Rammohan	Navaneetha	Clinical Director, Nexus MK PCN/ICP rep for MK PCNs	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 MK PCN/ICP rep for MK PCNs	Yes		Y			Nexus MK PCN - Clinical Director	01/07/2019	Ongoing	To be excluded from meeting when discussing primary care issues	26/09/2022
Stock	Tracey						Y	Member of the East London Foundation Trust (ELFT) Council of Governors	15/12/2021	01/05/2023	None	05/07/2022

**Date:** 21-09-2022

**Time:** 17.10

**Venue:** Council Chamber, Central Bedfordshire Council

**Minutes of the:** Health and Care Partnership

<b>Members:</b>			
Surname	Forename	Title	Initials
Stock	Tracey	Chair	TS
Bahray	Baz	PCN Clinical Director Luton	BB
Cartwright	Sally	Director of Public Health, Luton	SC
Cox	Felicity	CEO BLMK ICB	FC
Davis	Alison	Chair Milton Keynes Hospital	AD
Elford	Mary	Chair Cambridgeshire Community Services	ME
Head	Vicky	Director of Public Health Bedford Borough, Central Bedfordshire and Milton Keynes	VH
Hussain	Javed	Councillor, Luton Borough Council	JH
Jackson	Louise	Chair of the Health and Wellbeing Board, Bedford Borough Council	LJ
Keech	Tracy	Healthwatch Milton Keynes, Deputy CEO	TC
Kocen	Jane	PCN Clinical Director Bedford	JK
Makarem	Rima	Chair BLMK ICB	RM
Malik	Khtija	Public Health and Commissioning Luton Council Portfolio Holder	KM
Marland	Peter	Leader, Milton Keynes Council	PM
Mehta	Sonal	BLMK VCSE Lead	SM
Ogley	Julie	Director of Social Care, Health and Housing, Central Bedfordshire Council	JO
Rammohan	Navaneetha	PCN Clinical Director, Milton Keynes	NR
Simmons	Hazel	Leader, Luton Borough Council	HS
Sisodia	Mrunal	NED, East of England Ambulance Trust	MS
Taylor	Eileen	Acting Chair, East London Foundation Trust	ET
Terry	Helen	CEO, Healthwatch Bedford Borough	HT
Walker	Kate	Director of Adult Services, Bedford Borough Council	KW

<b>In attendance:</b>			
Surname	Forename	Title	Initials
Bigland	Chris	Bedfordshire Fire Service	CB
Roberts	Martha	Chief People Officer, BLMK ICB	MR
Scanes	Paul	Buckinghamshire Fire Service	PS
Tovey	Hilary	Director of Strategy and Planning, BLMK ICB	HT
Wogan	Maria	Chief of System Assurance and Corporate Services	MW

Evans-Riches	Michelle	Programme Manager ICS Transition, BLMK ICB	ME-R
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Apologies from members:			
Surname	Forename	Title	Initials
Bradburn	Robin	Councillor, Milton Keynes Council	RB
De-Carteret	Emma	Director of Corporate Affairs and Performance, East of England Ambulance	ED
Griffiths	Dorothy	Chair CNWL	DG
Linnett	Simon	Chair Bedfordshire Hospitals	SL
MacPherson	Angela	Leader, Buckinghamshire County Council	AM
Nicholson	Lucy	Healthwatch Luton	LN

No.	Agenda Item	Action
1.	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed everyone to the meeting. Apologies were received and noted as above. The meeting was confirmed as quorate.</p>	
2.	<p><b>Relevant Persons Disclosure of Interests</b></p> <p>Members were asked to declare any relevant interests relating to matters on the agenda and there were none declared.</p>	
3.	<p><b>Approval of Minutes and Matters Arising</b></p> <p>The minutes of the meeting held on 4 July 2022 were approved.</p>	
4.	<p><b>Review of Action Tracker</b></p> <p>The action tracker was reviewed, and the following actions were approved to be closed:</p> <ul style="list-style-type: none"> <li>a. Action 1 Health and Care Partnership Terms of Reference</li> <li>b. Action 3 Integrated Care Strategy</li> </ul> <p>It was noted that action 2 Health and Care Partnership Terms of Reference remains open, as it relates to paragraph 8.1 whereby authority is delegated by the Integrated Care Board and this has not occurred to date.</p>	
5	<p><b>Appointment of Health and Care Partnership Deputy Chair</b></p>	

	<p>The Health and Care Partnership Agenda Setting group has recommended that Rima Makarem, the Integrated Care Board Chair, be appointed as the Deputy Chair of the Health and Care Partnership for a period of two years.</p> <p>It was moved, duly seconded and</p> <p><b>Agreed: That Rima Makarem be appointed as the Deputy Chair of the Health and Care Partnership for a period of two years.</b></p>	
6	<p><b>Draft Integrated care strategy update</b></p> <p>The report provided an update on the development of the Integrated Care Strategy and proposed an approach of publishing a high-level strategy in December with a series of deep dives to help inform a more detailed strategy in 2023. The strategy will inform the Joint Forward Plan which the ICB is responsible for developing and is required to be published in March 2023.</p> <p>Engagement on the strategy will be combined with the Joint Forward Plan to help develop a line of sight between the actions being taken and the ambitions detailed in the strategy.</p> <p>National guidance has been published which supports the proposed approach</p> <p>The strategy will formalise the ambition of the system against the ICS priorities and enablers, using population health information and building from Place plans and Health and Wellbeing Strategies.</p> <p>The model of deep dives on specific areas is being tested in a Children and Young people workshop taking place immediately following this meeting. An Inequalities deep dive session planned for 5 October; all Health and Care Partnership members have been invited. Work is also underway with the mental health programme following a recent deep dive to agree how this will be incorporated into the system strategy. Health and Care Partnership members will be invited to feed into this work.</p> <p>Health and Care Partnership members requested that draft iterations of the Integrated Care Strategy are shared with them for comment as it is developed with tracked changes to enable ease of identification of any amendments made. The strategy needs to reflect what is happening at Place. The Agenda Setting Group will develop a timeline for communication on the strategy with members.</p> <p>The strategy needs to be flexible enough to ensure it is still relevant given changing circumstances, but specific enough to identify the priorities and collaborative change required.</p> <p>It was emphasised that the strategy sets the ambition, but it was the delivery that is important to our residents and this needed to be implemented at pace,</p>	<p><b>ACTION 4 HT</b></p>

	<p>recognising that Places are at different stages. The ICB Board is working with Places to decide upon delegation of responsibility and the associated resources.</p> <p><b>Agreed that the following be approved:</b></p> <p><b>1.The approach to deliver a light touch strategy in December 2022 with a focus on specific priority areas</b></p> <p><b>2. To establish a series of ‘deep dive’ sessions over 2022/23 and 2023/24 and identify what specific areas would you like to see included within these and agree that the Health and Care Partnership Agenda Setting Group should be responsible for agreeing the programme of deep dive sessions.</b></p>	
7	<p><b>Questions from the Public</b></p> <p>None were received.</p>	
8	<p><b>Communications from the meeting</b></p> <p>Key communications from the meeting are:</p> <ul style="list-style-type: none"> <li>• The Integrated Care Strategy will set the strategic overarching ambition for Bedfordshire Luton and Milton Keynes.</li> <li>• There will be a series of deep dives, with the first focusing on children and young people that will help inform the strategy and the plan for subsequent sessions will be developed for the next year.</li> <li>• Delivery of the strategic ambition will be detailed in the Joint Forward Plan specifying how, when and by whom, actions will be taken.</li> <li>• The emphasis was on collaborative working, with partners working to a common goal.</li> <li>• Engagement with our residents and staff will be integral to the process of developing and implementing the strategy.</li> </ul>	
9	<p><b>Health and Care Partnership Forward plan</b></p> <p>The next meeting would consider the draft high level Integrated Care Strategy and members were asked to inform the Partnership Secretariat if there were any other items for the agenda.</p> <p><b>Noted</b></p>	
10	<p><b>Any Other Business</b></p> <p>Members will be invited to provide feedback on the format of the meeting followed by the workshop.</p> <p>A glossary of acronyms will be circulated to members.</p>	
11	<p><b>Date and time of next meeting</b></p> <ul style="list-style-type: none"> <li>• 14 December 2022</li> <li>• Venue to be confirmed</li> </ul>	

The meeting ended at 17.47



**Approval of Draft Minutes by Chair only:**

<b>Name</b>	<b>Role</b>	<b>Date</b>
Tracey Stock	Chair	29-10-2022

Meeting of the **Health and Care Partnership** - Action Tracker

Key

<b>Escalated</b>	<b>Escalated</b> - items flagged RED for 3 subsequent meetings - BLACK
<b>Outstanding</b>	<b>Outstanding</b> - no actions made to progress OR actions made but not on track to deliver
<b>In Progress</b>	<b>In Progress</b> . Outstanding - actions made to progress & on track to deliver due date -
<b>Not Yet Due</b>	Not Yet Due
<b>COMPLETE: Propose closure at next meeting</b>	<b>COMPLETE</b> - GREEN
<b>CLOSED (dd/mm/yyyy)</b>	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)
1	04/07/2022	H&CP Terms of Reference	Agenda setting group consider the Deputy Chair and report to the next meeting	Tracey Stock		21/09/2022	Report on the agenda	<b>COMPLETE: Propose closure at next meeting</b>
2	04/07/2022	H&CP Terms of Reference	Delegated authority as detailed in paragraph 8.1 of the Terms of Reference would be completed and reported to the next meeting	Michelle Evans-Riches		14/12/2022	This paragraph will be updated when authority is delegated from BLMK Integrated Care Board.	<b>Not Yet Due</b>
3	04/07/2022	Integrated Care Strategy	Comments from the Committee incorporated into the development of the Integrated Care Strategy that will be reported to the next meeting.	Hilary Tovey		21/09/2022	Update report on the agenda	<b>COMPLETE: Propose closure at next meeting</b>

Report to the **Health and Care Partnership**  
**14 December 2022**

**Item 6 Health and Care Partnership purpose, governance and review of terms of reference**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	Michelle Evans-Riches, Programme Manager ICS Transition
<b>Date to which the information this report is based on was accurate</b>	30 November 2022
<b>Senior Responsible Owner</b>	Maria Wogan, Chief of System Assurance and Corporate Services

**The following individuals were consulted and involved in the development of this report:**

Not applicable

**This report has been presented to the following board/committee/group:**

None

## Purpose of this report - what are members being asked to do?

The members are asked to **note**:

- the role and purpose of the Health and Care Partnership and the Governance arrangements of the Integrated Care System
- the plans to review the effectiveness of system governance arrangements during 2023

and in accordance with the requirement in the terms of reference to undertake a review at six months, to **propose** any amendments to the terms of reference, membership and working arrangements of the Health and Care Partnership to improve its effectiveness.

## Executive Summary Report

### 1. Brief background / introduction:

1.1 This report is provided to set the context for the meeting of the Health and Care partnership by summarising its purpose, role and duty. It also invites the Partnership to review its terms of reference (Appendix A) and propose any amendments to improve the effectiveness as part of the requirement in the terms of reference to have a review at the six-month point.

1.2 It also provides information on the governance and accountability model adopted in the Bedfordshire, Luton and Milton Keynes (BLMK) ICS and to set the role of the Integrated Care Partnership within the context of the whole system.

1.3 The core purposes of Integrated Care Systems are to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- **enhance productivity** and value for money
- help the NHS support broader **social economic development**

1.4 BLMK ICS's agreed aim is:

*We want everyone in our city, towns, villages and communities to live a longer, healthier life.*

1.4 BLMK ICS has also adopted the following priorities and enabler workstreams to focus effort and resource in the delivery of the agreed aim:



1.5 The BLMK Health and Care Partnership is a Joint Committee of the Board of the ICB and the local authorities with responsibility for social care for BLMK residents (Bedford Borough, Central Bedfordshire, Luton, Milton Keynes and Buckinghamshire Council) and has a statutory duty to:

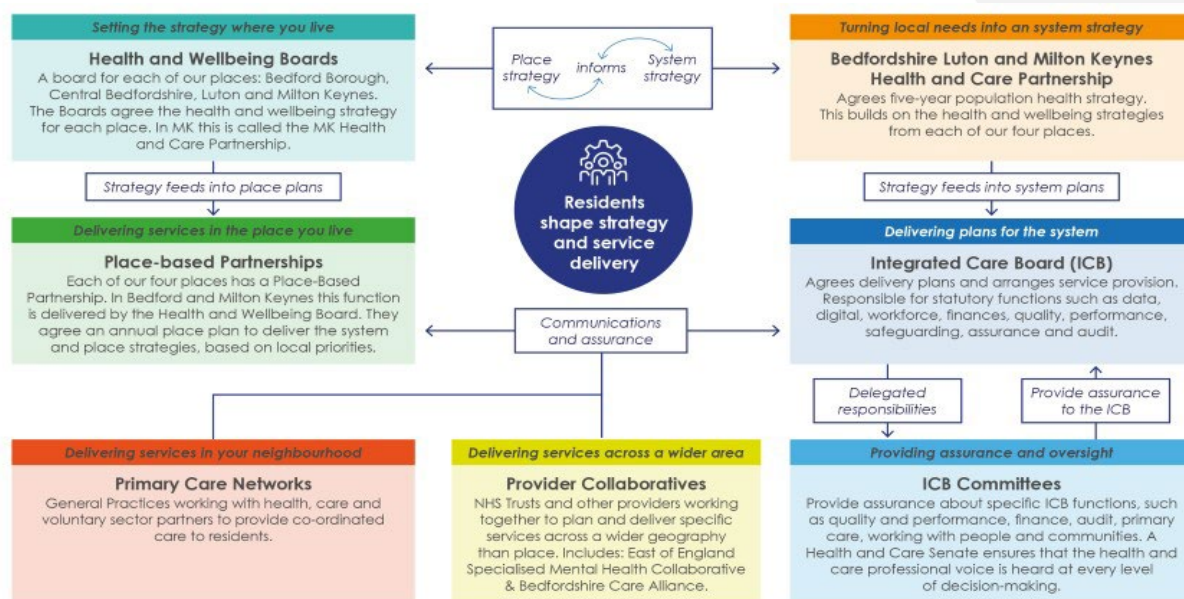
**Develop, agree and monitor** the implementation of the Integrated Health and Care Strategy for Bedfordshire, Luton and Milton Keynes, building on Joint Strategic Needs Assessments, Health and Wellbeing strategies, Place plans, and the voice of people with lived experience, to achieve improved population health outcomes and reduced inequalities for people who live in BLMK.

The Health and Care Partnership had its first formal meeting on 4 July 2022 and has since held one meeting and a workshop on Children and Young People on 21 September 2022.

1.6 Integrated Care Systems comprise of two key elements at a system level: the Integrated Care Partnership (BLMK Health and Care Partnership) and the Integrated Care Board.

1.7 The ICS is committed to subsidiarity whereby decisions and service delivery are taken as close to those residents involved. The ICS has worked collaboratively to develop the governance model below that shows where decisions are made and who is accountable:

# How our system takes decisions



Bedfordshire, Luton and Milton Keynes Health and Care Partnership

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- 1.7 Residents are at the centre of our governance process to shape our strategy and service delivery locally. Place strategy and system strategy inform each other, so they are not working in isolation. Health and Wellbeing Boards feed their strategy into Place plans and the Integrated Care strategy, which is agreed by the Health and Care Partnership. The ICB is responsible for developing the system's joint forward plan to deliver the strategy set by the Health and Care Partnership.
- 1.8 The model shows strong communications and assurance flow between Places, Primary Care Networks, Provider Collaboratives and the ICB. It also shows where responsibilities are delegated from the ICB to Committees which ultimately provide assurance.
- 1.9 These are new ways of working that have been operating since July 2022 and all integrated care systems will want to review and refine their governance arrangements during their first year of operation. From a system perspective, both the Health and Care Partnership and the Integrated Care Board will review, refine and improve their ways of working, to improve the clarity of responsibilities and to address any areas of duplication. As required at clause 13.1 in the Partnership's terms of reference, the Partnership is invited to review its terms of reference and governance arrangements at this meeting and this will feed into a wider review of system governance in the new year which will be reported to future Health and Care Partnership meetings. Some key areas for the Health and Care Partnership to consider are:

- Clarity of purpose of the role of the Partnership (clause 9.2 )
- Membership of the Health and Care Partnership (clause 2.2) and Regular Participants (clause 2.3)
- Approach to meetings/workshops to fulfil the role of the Partnership (clause 6 )
- Two way reporting links to Health and Wellbeing Boards (clause 11.1)
- Resident and VCSE involvement in the work of the Partnership

<b>2 Summary of key points:</b>		
<p>2.1 The governance and operating model of BLMK ICS is as detailed above and as 2022/23 is a transitional year these will be reviewed and modified if required following feedback from partners.</p> <p>2.2 The Health and Care Partnership has a duty to develop, agree and monitor the implementation of the Integrated Health and Care Strategy for BLMK building on Joint Strategic Needs Assessments, Health and Wellbeing strategies, Place plans, and the voice of people with lived experience, to achieve improved population health outcomes and reduced inequalities for people who live in BLMK.</p> <p>2.3 The Health and Care Partnership is required to review its terms of reference after six months operation and annually thereafter. Any amendments to the terms of reference will require approval of all of the founding members of the Partnership (the Board of the ICB and the five local authorities).</p>		
<b>3 Are there any options?</b>		
None as a result of this report		
<b>4 Key Risks and Issues</b>		
None		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5 Are there any financial implications or other resourcing implications, including workforce?</b>		
None		
<b>6 How will / does this work help to address the Green Plan Commitments?</b>		
<a href="#">Click to view Green Plan</a>		
Sustainability is integral to the Health and Wellbeing Strategies and Place plans which the Integrated Care Strategy builds on.		
<b>7 How will / does this work help to address inequalities?</b>		
Inequalities is a priority for BLMK and is the common thread throughout the integrated care strategy.		
<b>8 Next steps:</b>		
<ul style="list-style-type: none"> <li>Any amendments to the terms of reference to be presented to the Councils and ICB for approval</li> <li>Feed comments on effectiveness into the system governance review and report back on the system governance review to future meetings of the Health and Care Partnership</li> <li>Schedule annual review of the terms of reference for December 2023</li> </ul>		
<b>9 Appendices</b>		
Appendix A Terms of Reference of the Health and Care Partnership		
<b>10 Background reading</b>		

None



## Integrated Care Partnership Joint Committee Terms of Reference

### 1.0 Introduction

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

### 2.0 Membership

2.1 The membership of the ICP shall include:

#### 2.2 Core Members

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

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

## 2.3 Regular Participants

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

2.3.2 The following individuals will be regular participants:

<b>Organisation</b>	<b>Role</b>
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Non-Executives, Executives, Primary Care Partner Members – as relevant to agenda items
Local Authorities in BLMK	As requested by local authorities and as relevant to agenda items
NHS Trusts in BLMK	CEOs and others as relevant to agenda items
Bedfordshire Fire and Rescue Service	Nomination from Fire and Rescue Service

Buckinghamshire Fire and Rescue Service	Nomination from Fire and Rescue Service
Thames Valley Police	Nomination from Police
Bedfordshire Police	Nomination from Police
Housing	Relevant to agenda items
Education	Relevant to agenda items
Criminal Justice	Relevant to agenda items
Voluntary, Community and Social Enterprise leads	Relevant to agenda items
Community Groups	Relevant to agenda items
Carers Representative	Relevant to agenda items

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

### **3.0 Joint Committee Chair**

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

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

### **4.0 Quorum**

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

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

### **5.0 Frequency of meetings and attendance**

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

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

### **6.0 Meetings to be held in public**

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

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

## **7.0 Agenda setting**

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

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

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

## **8.0 Authority**

8.1 The Bedfordshire, Luton and Milton Keynes Health and Care Partnership (Joint Committee) is authorised by the Integrated Care Board and the Councils of Bedford Borough, Buckinghamshire, Central Bedfordshire, Luton and Milton Keynes to:

<insert authority in line with Scheme of Reservation and Delegation>

## **9.0 Duties**

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

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

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

## 10.0 Emergency powers

- 10.1 Where an urgent decision needs to be made in between scheduled meetings, members of the Joint Committee can convene an extra-ordinary meeting to discuss a particular issue. Quorum rules in paragraph 4 still apply.
- 10.2 If it is not practicable to meet in person, matters can be dealt with through telephone or the exchange of emails. The exercise of such powers shall be reported, and a minute taken at the next Joint Committee meeting.

## 11.0 Reporting arrangements to the Board

- 11.1 The Joint Committee will report to the ICB and the Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council on a quarterly basis when the minutes of the Joint Committee's meetings will be presented.

## 12.0 Reporting arrangements of other Committees and Groups

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

Meeting Name	Frequency
DN: insert details	

## 13.0 Annual review of the Committee

- 13.1 The Joint Committee will undertake a self-assessment within 6 months of operating and annually thereafter to:
- Review that these Terms of Reference have been complied with and whether they remain fit for purpose.
  - Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and,
  - Recommend any changes and / or actions it considers necessary, in respect of the above.
  - Provide the ICB, and Health and Wellbeing Boards of Bedford Borough Council, Buckinghamshire Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council with an annual report, which details the outcome of the annual review.

## **14.0 Committee servicing**

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

- Agreement of the agenda with the Joint Committee's agenda setting group and collation of papers in-line with the Committee's Annual Cycle of Business.
- Providing written notice of meetings to Joint Committee's members, and the papers, not less than 5 working days before the meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Producing a single document to track the Joint Committee's agreed actions and report progress to the Joint Committee.
- Producing draft minutes for approval within 5 working days of the meeting.

Report to the **Health and Care Partnership**  
**14 December 2022**

**Item 7 - Joint Strategic Needs Assessment and Population health:  
15 Facts about Health Inequalities in BLMK**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	Sally Cartwright, Director of Public Health, Luton  Vicky Head, Director of Public Health, Bedford Borough, Central Bedfordshire & City of Milton Keynes
<b>Date to which the information this report is based on was accurate</b>	1 <sup>st</sup> December 2022, report contains published data for a variety of time periods
<b>Senior Responsible Owner</b>	

**The following individuals were consulted and involved in the development of this report:**

N/A

**This report has been presented to the following board/committee/group:**



N/A

### **Purpose of this report - what are members being asked to do?**

The Health & Care Partnership is asked to note the report and consider how key themes can be addressed in the forthcoming Integrated Care Strategy.

## **Executive Summary Report**

### **1. Brief background / introduction:**

This information pack presents summary information on key health inequalities across BLMK, highlighting the diversity of the ICS, the importance of understanding our local populations and what drives health needs locally, and the scope for action across the system to reduce inequalities and improve population health.

### **2. Summary of key points:**

- 2.1 BLMK covers a diverse population and there are significant inequalities in health outcomes across the area, with deprivation and ethnicity as important factors.
- 2.2 It is important that all partners in the ICS work together to address the underlying structural causes of health inequalities, but at the same time we must increase the equity of health and care services by:
  - using data and resident engagement to better understand how inequalities manifest and are experienced across services;
  - ensuring we are looking beyond deprivation and ethnicity, recognising the significant inequalities experienced by, for example, people with learning disabilities or severe mental illness, people who are rough sleeping, asylum seekers, Gypsy and Traveller communities and people identifying as LGBTQ+.
  - taking concerted action to remove barriers to accessing care and improve experiences of care; and
  - disproportionately targeting resources to under-served groups.
- 2.3 Unhealthy behaviours tend to cluster and exacerbate underlying inequalities. There is scope to improve the reach of preventative interventions such as smoking cessation, support to lose weight, immunisation, screening and NHS Health Checks among under-served groups to help to reduce inequalities.

### **3. Are there any options?**

No

### **4. Key Risks and Issues**

[please describe your key risks and mitigation]

N/A

**Have you recorded the risk/s on the Risk Management system?**

[Click to access system](#)

Yes

No

**5. Are there any financial implications or other resourcing implications, including workforce?**

No

**6. How will / does this work help to address the Green Plan Commitments?**

[Click to view Green Plan](#)

N/A

**7. How will / does this work help to address inequalities?**

This work highlights key health inequalities and opportunities for partners to address them.

**8. Next steps:**

The Health & Care Partnership is asked to note the report and consider how key themes can be addressed in the forthcoming Integrated Care Strategy.

**9. Appendices**

Appendix A – 15 Facts about Health Inequalities in BLMK

**10. Background reading**

## Bedfordshire, Luton and Milton Keynes ICS

# 15 Facts about Health Inequalities

*Comprising:*

*Bedford Borough, Central Bedfordshire, Luton Borough and the City of Milton Keynes*

*Produced on behalf of BLMK Health and Care Partnership by the Bedford Borough, Central Bedfordshire & Milton Keynes Public Health Evidence and Intelligence Team and AGEM BI Team*

*Note: Please note that data included in the report are correct at the time of writing, but may not be the most current data available.*

**29<sup>th</sup> November 2022**

# Contents



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9	Obesity
10	Smoking
11	Screening
12	Long term conditions
13	Sexually transmitted infections
14	Mental Health
15	Carers
16	Cost of living and fuel poverty
17	Climate change and air pollution



# Life expectancy

## Fact 1: Life expectancy and inequalities in life expectancy vary across BLMK.

Average life expectancy at birth compared to England (2018-20)

Place	Male	Female
Bedford Borough	79.2	83.2
Central Bedfordshire	80.7	84.0
Luton	78.1	82.4
Milton Keynes	79.3	83.2
England	79.4	83.1

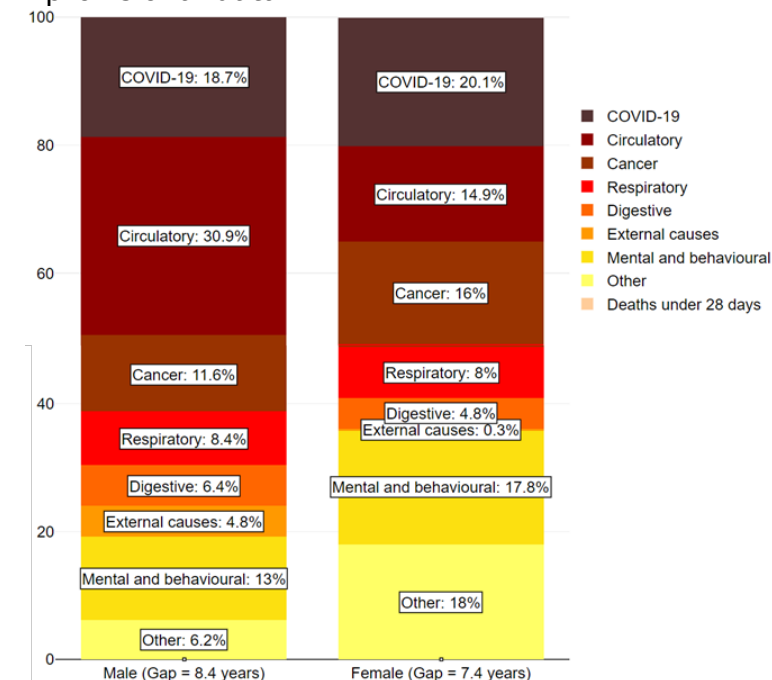
Difference in life expectancy between the most and least deprived areas (slope index of inequality, 2018-20)

Place	For men	For women
Bedford Borough	8.9 years	7.8 years
Central Bedfordshire	5.0 years	5.9 years
Luton	8.7 years	6.5 years
Milton Keynes	8.4 years	7.2 years

**Bedford Borough has the biggest gap in life expectancy** between the most deprived and the least deprived neighbourhoods (**an 8.9 year gap for males and 7.8 year gap for females**) and Central Bedfordshire has the smallest gap, although it is the only place with a wider gap for females (5.9 years) than males (5.0 years).

Source: [Public Health Outcomes Framework, PHE](#) Key: **Green**=better than England, **Amber**=similar to England, **Red**=worse than England

Breakdown of the life expectancy gap in Bedford Borough between the most and least deprived deciles by broad cause of death, 2020/21 provisional data



# Deprivation

**Fact 2: Every part of BLMK has neighbourhoods with higher levels of deprivation, but there are large differences in the proportion of neighbourhoods in the 20% most deprived in England (ranging from 2% in Central Bedfordshire to 24% in Luton).**

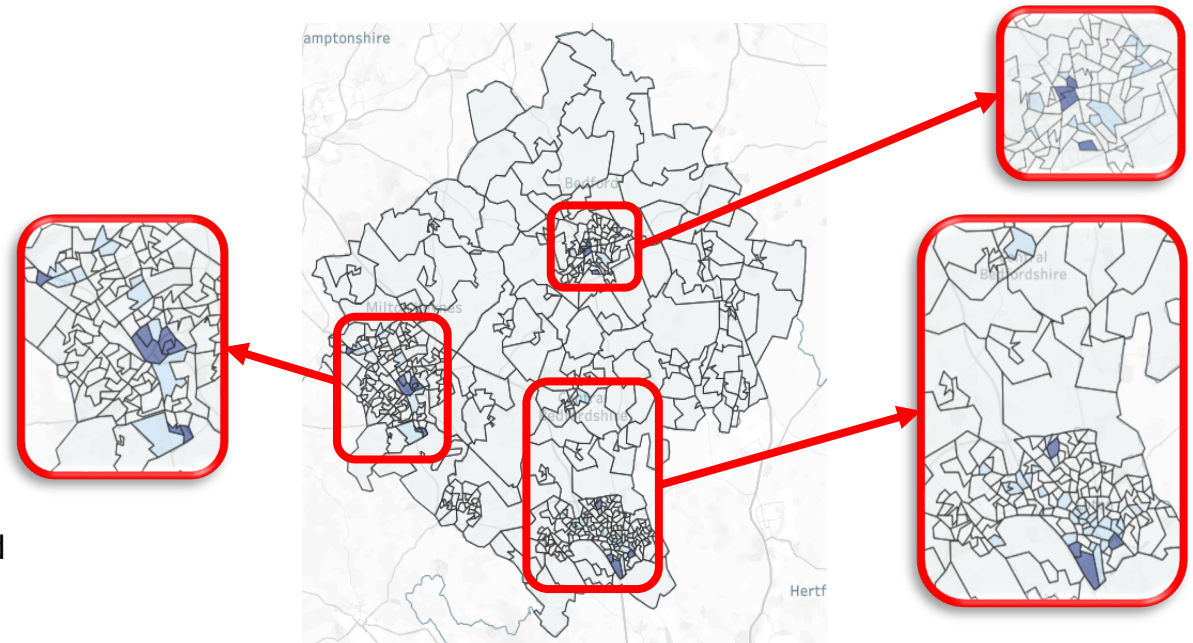
We know that health outcomes are worse in deprived areas, but in BLMK we see that people from the most deprived areas are less likely to be diagnosed with cancer and more likely to be categorised as 'Healthy Well'. This suggests that people in more deprived areas are not having health conditions diagnosed early and are likely to be presenting to the healthcare system at a later point in the progression of their disease.

Central Bedfordshire is the most affluent place with 2% of neighbourhoods (3 lower super output areas or LSOAs, which are small geographical areas of about 1,500 people) in the 20% most deprived neighbourhoods in England. Those small pockets of significant deprivation are important drivers of inequality in Central Bedfordshire. This proportion rises to 12% of neighbourhoods (18 LSOAs) in Milton Keynes and 14% (14 LSOAs) in Bedford Borough.

Luton has the highest levels of deprivation, with **24% of neighbourhoods** (29 LSOAs) among the 20% most deprived neighbourhoods in England.

Many factors contribute to deprivation including worse educational outcomes, low income, mental ill-health and lack of suitable housing.

People from more deprived neighbourhoods tend to have a **shorter life expectancy** and spend more of their life in **ill health**. Females in the most deprived 10% of areas spend 34% of their life in ill health compared with 18% of life for those in the least deprived 10% of areas. For males the figures are 30% and 15%.



# Ethnic Diversity

## Fact 3: The recorded prevalence of some long term conditions is lower for Black and Asian people in BLMK.

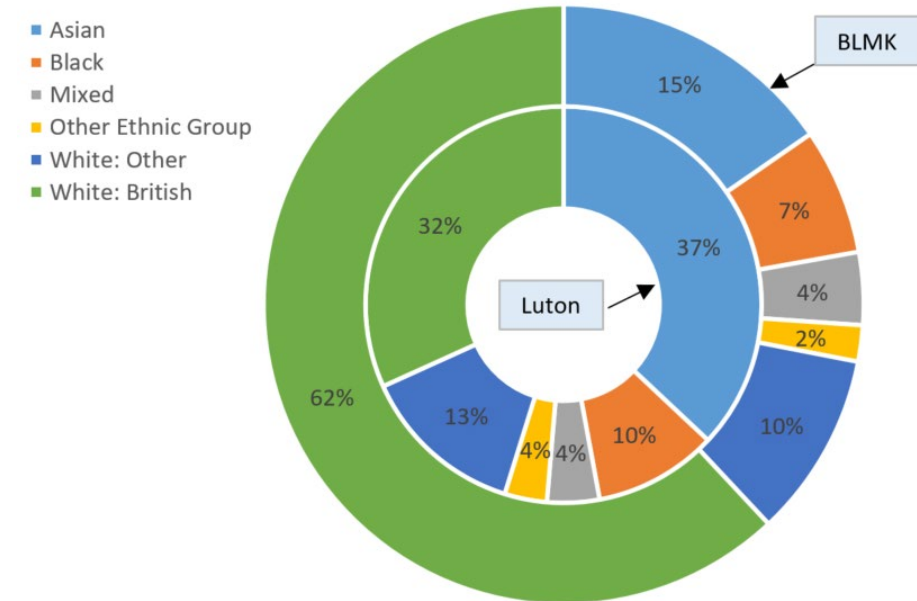
BLMK has an increasingly ethnically diverse population, with a large Asian and 'Other White' population compared to England. The ethnicity breakdown varies across BLMK, with the percentage of people from ethnic groups other than 'White British' ranging from 16% in Central Bedfordshire to 68% in Luton (Census 2021).

In Luton 37% of the population is Asian, 13% is 'Other White' and 10% is Black. Milton Keynes also has a larger Asian population (12%), with 10% from Black ethnic groups. In Bedford Borough the largest population apart from 'White British' is 'Other White' (10%).

Across England, health and wellbeing outcomes for different ethnic groups. For example, those who identify as White Gypsy or Irish Traveller have **worse health across a range of indicators**. Some health issues such as **diabetes, heart disease and kidney disease** are more prominent in people from **South East Asia**. **Mental health issues** are more prominent among **black populations** and black men are more likely to get and die from prostate cancer than white men, and prevalence of stroke is higher in Black and Asian men compared to the general population.

However, for some ethnic groups disease prevalence is lower than expected, which could be a sign of worse access to health services. Within BLMK for example, stroke prevalence among Black and Asian men is lower than that of the general adult population (1.0% vs. 2.1% overall). Asian and Black people in BLMK also have the lowest usage of mental health services.

Compared to 'White British' patients, Asian patients have a higher prevalence of diabetes (11.4%), whereas Black patients have a higher prevalence of obesity (13.3%), hypertension (14.5%) and diabetes (10.6%).

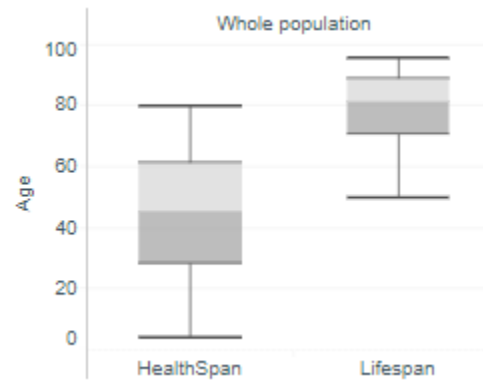




# Aging population

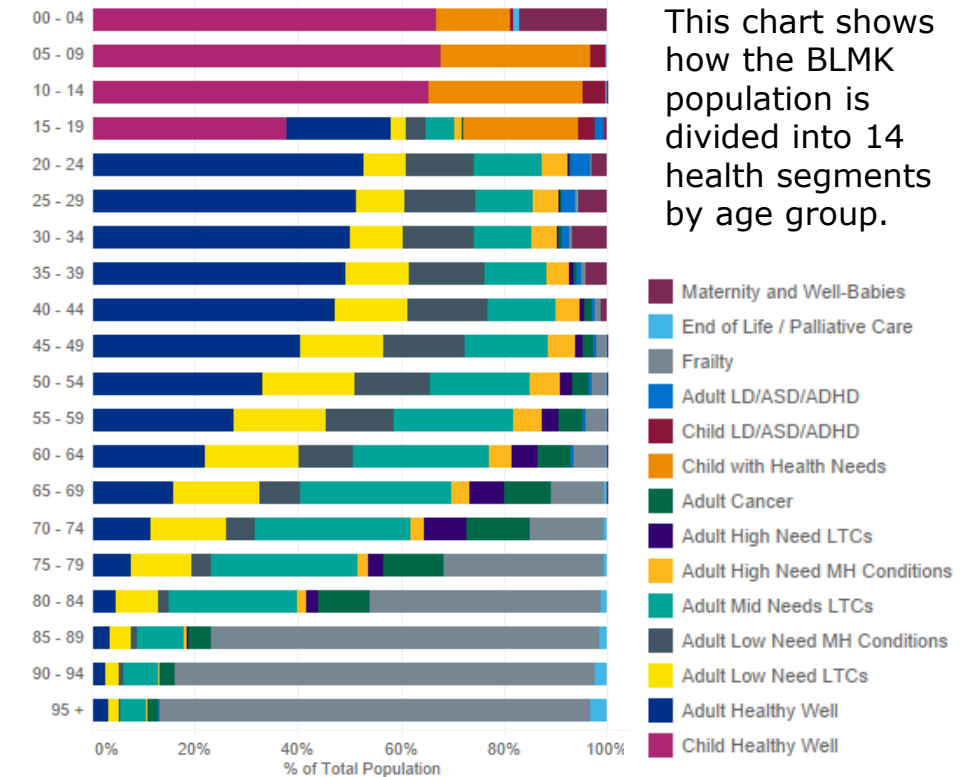
## Fact 4: BLMK has an aging population with increasingly complex needs.

In England, the proportion of people aged 80-84 with two or more long-term conditions increased from 30% in 2006 to 38% in 2015, although the proportion of this population living with no limitations to their activities of daily living has risen from 68% in 2006 to 75% in 2018. This implies that on average older people are living with an increased number of long-term conditions without needing more social care support. On the other hand, the **complexity** of needs among people with the **highest needs** is increasing.



HealthSpan® shows that the median age for patients moving out of the 'Healthy Well' segment in BLMK is 45, with an interquartile range of 28-61 years old.

Segments by Age Band



It shows that the proportion of patients who are 'Healthy Well' declines with age. The changes in segments with age show patients who have long-term conditions gradually move into the frailty segment, and cancer is more common between the ages of 60 and 85.

The number of **people older than 85** in England will double to **2.6 million over the next 25 years**. Currently in BLMK 63% of the population is aged 18-64 years and only 15% are over the age of 65, **but this is set to increase to 22% by 2042**.



# New born babies & maternal health

## Fact 5: The percentage of low birth weight babies is higher in BLMK than the England average and maternal health impacts on health and wellbeing of infants and child health.

In BLMK the percentage of low birth weight babies is higher than the England average (7.5% vs. 6.9%). Luton has the highest percentage of low birth weight babies in BLMK (9.0%), compared with Central Bedfordshire (6.5%), Bedford Borough (6.1%) and Milton Keynes (7.8%). Milton Keynes also has a higher proportion of very low birth weight babies compared to the England average (1.4% vs 1.0%).

Low birth weight increases the risk of **childhood mortality, wheeze, asthma and acute respiratory infections, and diseases in adulthood**, including obesity, coronary heart disease, type 2 diabetes, and chronic kidney disease.

Modifiable maternal risk factors for low birth weight include **smoking and environmental tobacco exposure, illicit drug and alcohol use**, low body mass index, **anaemia**, high blood pressure, bacterial vaginosis, **sexually transmitted infections, teenage pregnancy, intimate partner violence and air pollution**.

These risk factors tend to be more common in areas of higher deprivation and among younger mothers.

## Encouraging a healthy pregnancy



High quality **antenatal care** and access to **preventative services that target particular risk factors** help to ensure that new born babies have the best start in life.

# 0-5 Year Olds and Childhood immunisations

## Fact 6: Childhood immunisation rates continue to decline and measles, mumps and rubella vaccination rates are below target across BLMK.

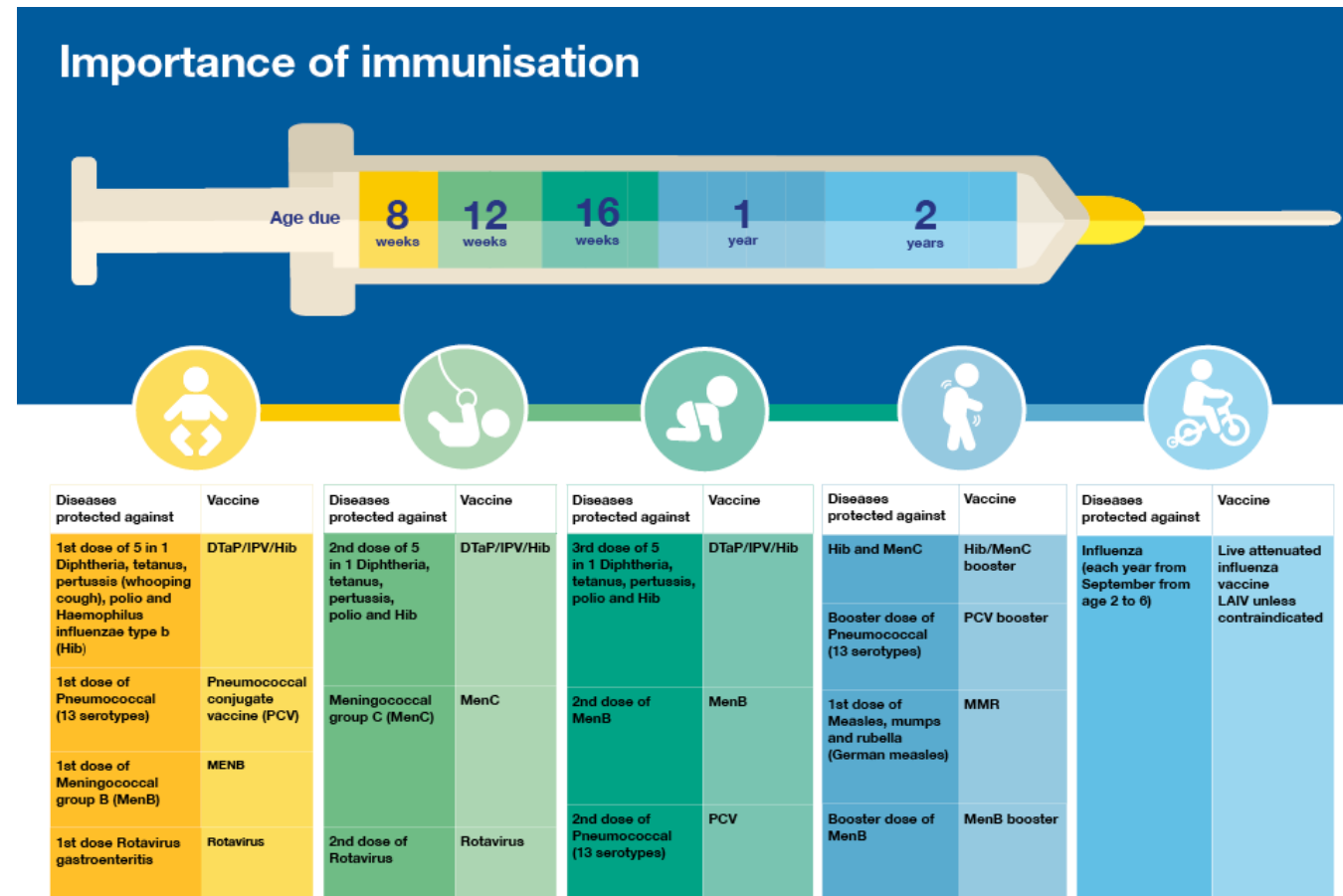
In BLMK there are currently 140,000 children under the age of 5. 20% of children in BLMK have an indicated health need – they **attend their GP an average of 11 times a year** compared with **8 times for a healthy child** and are **twice as likely to attend A&E** and have an unplanned admission to hospital.

It is estimated that **the measles vaccine has prevented over 20 million cases and 4,500 deaths in the UK** since it was introduced in 1968.

Childhood vaccine uptake in England has been **declining since 2012-13** and has been made worse by the COVID-19 pandemic. In Bedford Borough, 89.5% of children at age 5 are fully vaccinated for measles, mumps and rubella (MMR). This figure is 87.9% in Milton Keynes and 91.2% in Central Bedfordshire, but **only 82.2% in Luton**. The target is **95%** to achieve strong **herd immunity and prevent outbreaks**.

**Accessibility and convenience of vaccination services** are reported as the most common barriers to children in England getting vaccinated.

Interventions to support vaccine uptake include invites and reminders, sufficient and flexible appointments, and nurses and doctors providing information and resources on vaccines.



# Obesity

**Fact 7: Obesity cuts lives short and is an increasingly common problem in BLMK, with prevalence of overweight and obesity among children aged 10-11 ranging from 30% to 42%.**

In BLMK the prevalence of overweight and obese children aged 10-11 ranges from **30% in Central Bedfordshire to 42% in Luton**. Bedford Borough is 35% and Milton Keynes is 33%. For adults, the prevalence of overweight and obesity is lowest in Bedford Borough (63%) and highest in Milton Keynes (69%).

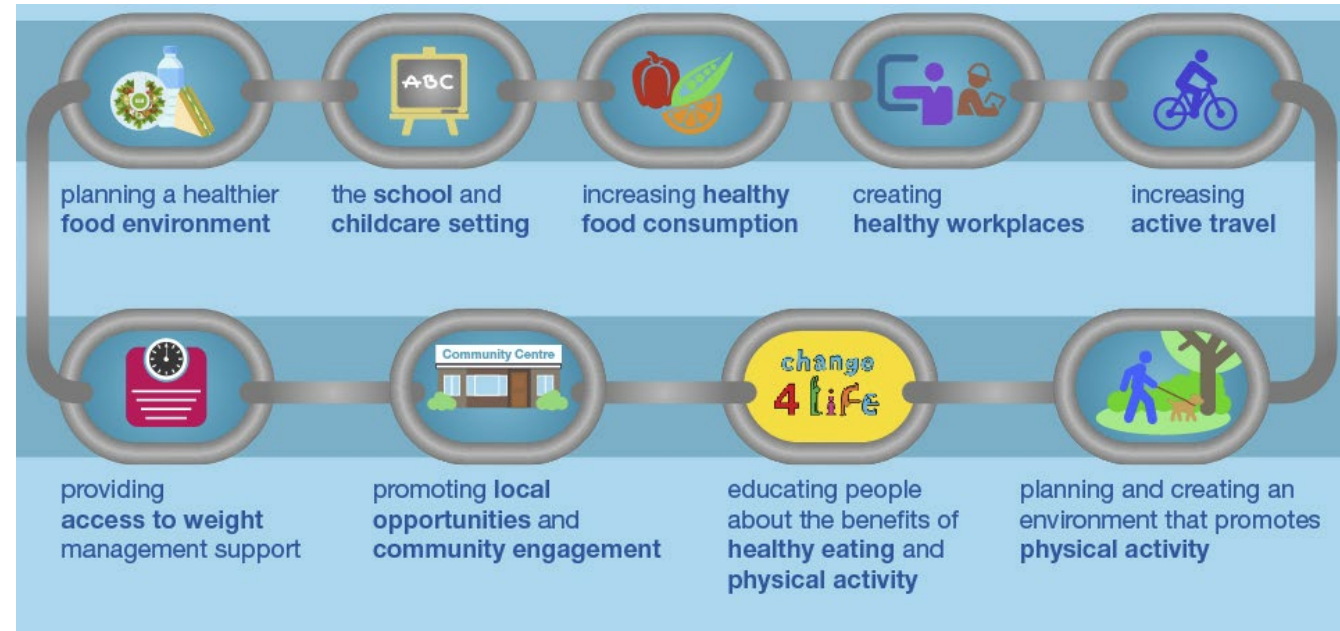
Across England there has been a sharp increase in the prevalence of childhood overweight and obesity in the space of a year.

The prevalence of obesity is around **two times higher** in the most deprived 10% of children compared with the least deprived 10%.

Obesity can lead to other serious conditions like diabetes, CHD, liver disease, asthma, some types of cancer, and stroke. It is responsible for an estimated **30,000 deaths each year** in England and **reduces life expectancy by 3 years** on average.

NICE recommends **multi-component, multi-agency lifestyle weight management services** – the NHS committed to providing access to these services in primary care in the Long Term Plan.

A wider system approach is needed to address the underlying causes of obesity, and this also aligns with other priorities. There is a national target for half of all journeys in towns and cities to be cycled or walked by 2030 – this will reduce obesity and related diseases as well as carbon emissions and local air pollution.



# Smoking

**Fact 8: Smoking remains one of the biggest causes of ill health in the UK and is far more common in certain population groups in BLMK.**

In BLMK the prevalence of smoking ranges from **13% in Bedford Borough, Central Bedfordshire and Milton Keynes to 15% in Luton, compared to the England average of 12%.**

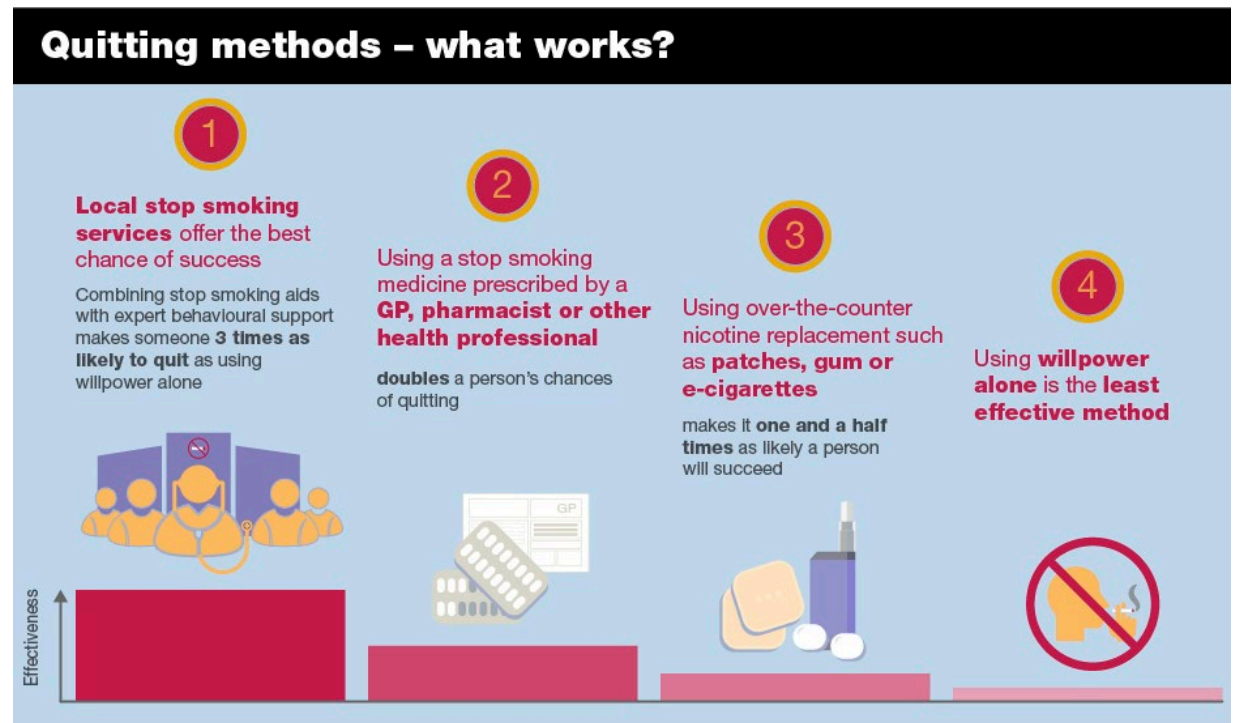
Smoking is much more common among **routine and manual workers** (ranging from **21% in Central Bedfordshire to 31% in Luton**) and among people with **long term mental health conditions** (ranging from **21% in Central Bedfordshire to 33% in Luton**). Across BLMK 1 in 14 mothers (7%) are known to be smoking throughout their pregnancy.

Smoking is responsible for 74,600 deaths each year in England and heavy smoking **reduces life expectancy by 13 years on average. Two-thirds of deaths** in smokers in their 50s, 60s, and 70s can be put down to smoking.

Tailored and targeted support through the Maternity and Mental Health pathways will help these vulnerable groups stop smoking.

The Government plans to reduce smoking prevalence to 5% or less by 2030 (the smokefree generation) and all four BLMK councils have signed the Local Government Declaration on Tobacco Control.

Quitting benefits people's health at any age, but the earlier the better – people who **quit before age 35 have the same life expectancy** as people who have never smoked and people who **quit by age 50 halve their risk of premature death.**





# Screening

## Fact 9: Early diagnosis of cancer means earlier treatment and saves lives, but screening coverage for breast, bowel and cervical cancer varies across BLMK.

Breast cancer is the 2<sup>nd</sup> most common cause of cancer death among women and evidence suggests that participation in **screening reduces risk of dying from breast cancer by 38%**.

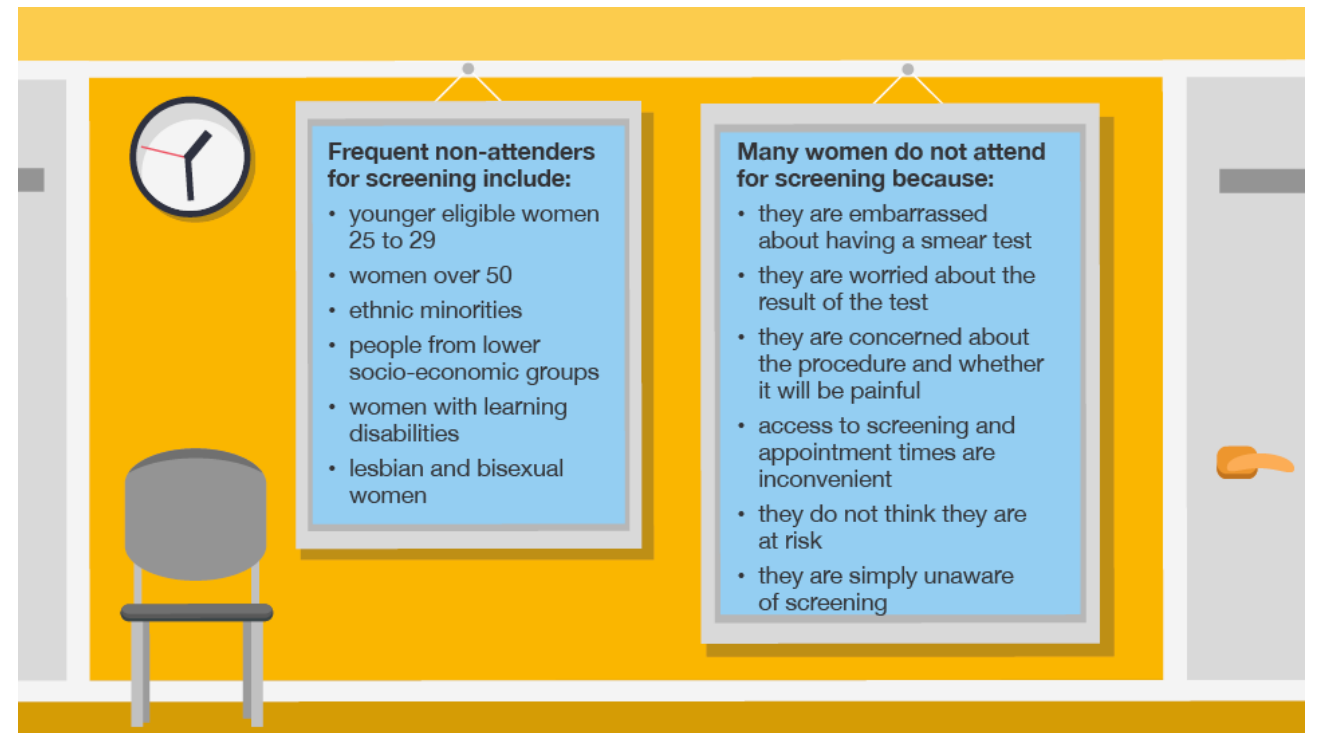
Breast screening coverage is 68% in Milton Keynes, 69% in Luton, 76% in Central Bedfordshire, but only **58% in Bedford Borough**. This compares to 64% in England.

Bowel cancer is the 2<sup>nd</sup> most common cause of cancer in men and women combined. **Screening reduces the risk of dying from bowel cancer by 16%** - the benefit of bowel cancer screening will likely increase due to the introduction of the more sensitive faecal immunochemical test.

**Bowel screening is lower in Luton (57%) and Milton Keynes (64%)** compared to the average across England (65%), whereas it is higher than the England average in Central Bedfordshire (68%). The Bedford Borough value is 65%.

Cervical cancer is the most common cancer in women <35. If all eligible women attended cervical screening regularly, **83% of cervical cancer deaths could be prevented**.

However, cervical screening coverage is falling year-on-year and in it BLMK is 67% among 25-49 year-olds, similar to the England average of 68%. It is **particularly low in Luton at only 57%**, Milton Keynes is also low with 67%. Bedford Borough (68%) is similar to England, while **Central Bedfordshire 76% is significantly higher**.

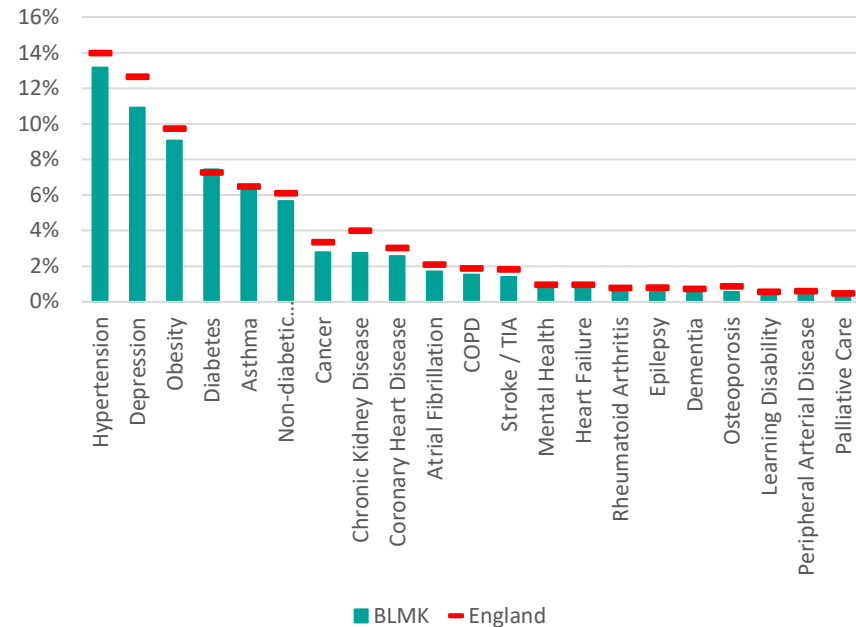


# Long-term conditions

## Fact 10: Waiting lists have been significantly impacted by the pandemic's reduction in in-person consultations.

Compared to the England averages, BLMK has a low prevalence for many of the recorded health conditions. The highest Quality and Outcomes Framework (QOF) prevalence rates in BLMK are for hypertension (13.2%), depression (10.9%), obesity (9.1%), diabetes mellitus (7.4%) and asthma (6.5%).

BLMK QOF Prevalence 2021-22

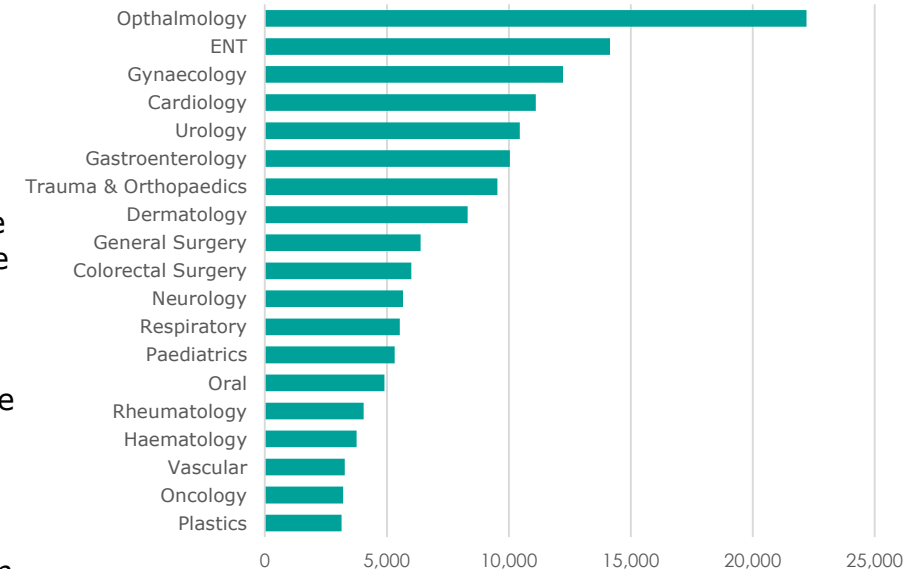


Place QOF Prevalence 2021-22

	Bedford Borough	Central Bedfordshire	Milton Keynes	Luton	BLMK	England
Hypertension	14.2%	13.8%	12.7%	12.1%	13.2%	14.0%
Depression	13.1%	11.4%	10.8%	8.7%	10.9%	12.7%
Obesity	9.7%	8.7%	8.4%	9.9%	9.1%	9.7%
Diabetes	7.6%	6.8%	6.9%	9.0%	7.4%	7.3%
Asthma	7.2%	7.0%	6.1%	5.7%	6.5%	6.5%

The current waiting list in BLMK is **157,000** for planned care and **21,000** for diagnostics.

Top 20 Specialties Waiting List



Within BLMK, 58% of all registered patients have a documented long-term medical condition, while the remaining 42% are categorised as 'healthy well'. **Patients with a long-term condition have higher demands on primary care resources**, requiring on average 14 primary care care-related activities a year compared to 6 for 'health well' patients.

Demand also shows on average one A&E attendance per year for patients with a long-term condition, compared to half this rate among 'healthy well' patients.

# Sexually transmitted infections

**Fact 11: Prevention, early detection and treatment are key to reducing the impact of STIs, however, new HIV diagnoses and late HIV diagnoses are significantly higher in some areas of BLMK and chlamydia detection rates are mostly under target.**

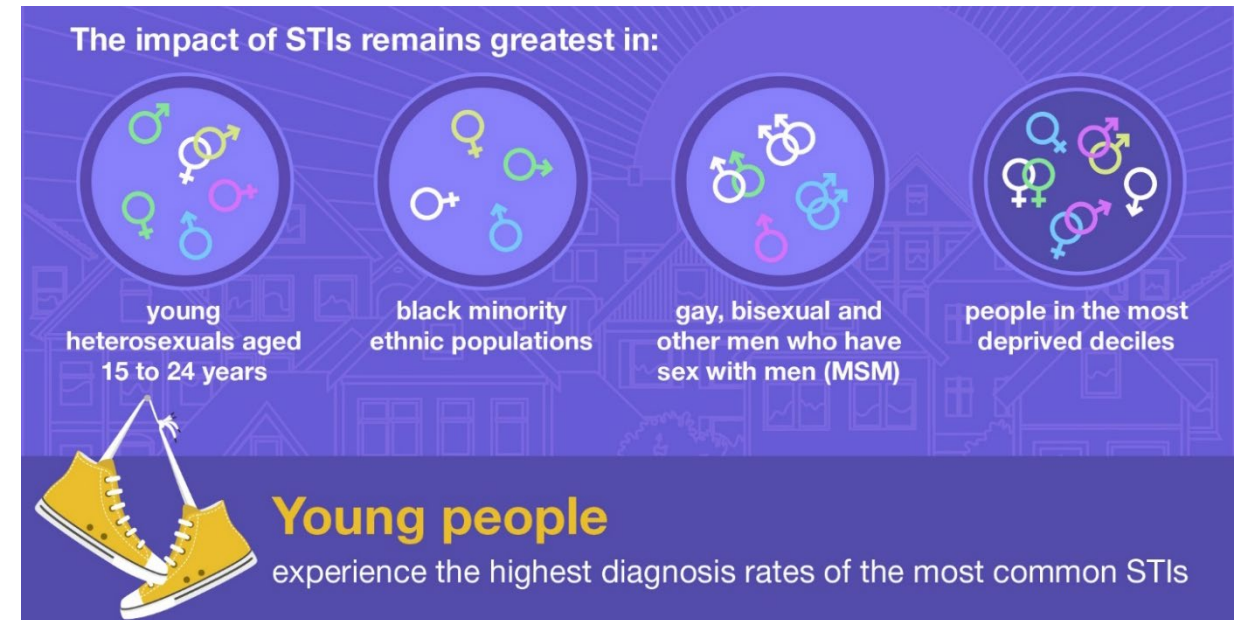
Prevention is central to achieving good sexual health outcomes. **Education, condom use, diagnosis and treatment** are key interventions to prevent and control STIs – most of this work is led by sexual health services. Legislation now requires relationships and sex education to be taught at all schools. Effective outreach is needed to address sexual health inequalities in disproportionately affected groups (see infographic).

Following a drop during the pandemic, **rates of STI diagnoses are rising again** in all four areas, ranging from **221 per 100,000 in Central Bedfordshire to 434 per 100,000 in Milton Keynes**, which is significantly higher than the England average (394 per 100,000).

**New HIV diagnosis** in persons aged 15 to 59 **is significantly higher in Luton** (4.2 per 1,000) **and Milton Keynes** (3.5 per 100,000) compared to England (2.3 per 1,000).

Chlamydia detection rates in persons aged 15 to 24 in BLMK are mostly under the national target, ranging from 931 per 100,000 in Central Bedfordshire to 1,993 per 100,000 in Milton Keynes.

If left **undiagnosed and untreated, common STIs may cause complications and long-term health problems**, including pelvic inflammatory disease, chronic abdominal pain, infertility, adverse pregnancy outcomes, neonatal and infant infections, urethral strictures in men and prostate and bowel infections and genital cancers in men who have sex with men.



# Mental Health

**Fact 12: 25% of patients in BLMK with a long-term condition also experience mental health needs and people with a severe mental illness have much lower life expectancy than that of the general population, largely due to a higher prevalence of physical conditions.**

In BLMK there are currently just under 8,000 patients on the severe mental illness (SMI) register, of these **57% have a recorded annual health check.**

The need for mental health support is growing more and more every year. **The number of referrals to mental health providers increased by 20%** in BLMK from 2020/21 to 2021/22, with the largest increase (26%) among working age adults.

**25% of BLMK patients who have a long-term condition also have a recorded mental health need.** Patients with cancer (35%) and frailty (43%) are more likely to have this.

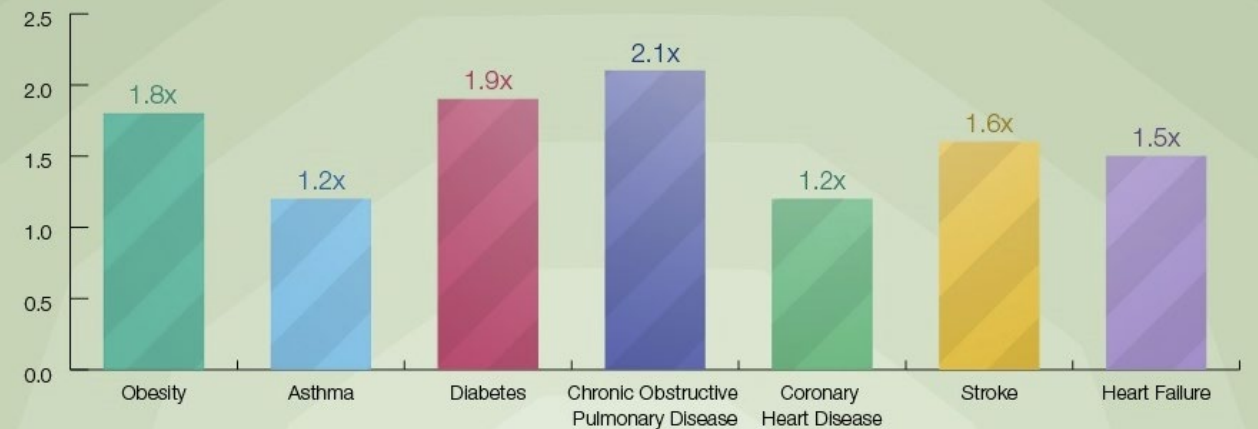
BLMK has 3,500 fewer patients with a diagnosis of dementia than expected. The current prevalence is 3.8% of patients aged 65 and over.

Compared with the general population, **adults with SMI die 15-20 years earlier** from a range of conditions, including cancer, cardiovascular, respiratory and liver disease.

Interventions to address the building blocks of health (e.g. employment and housing), address risk behaviours, improve access to care, and support self-management of conditions will help address health inequality experienced by people with SMI.

## Adults with severe mental illness (SMI) are more likely to have physical health conditions

When compared to the general population of the same age group, people with severe mental illness (SMI)\* aged 15-74 are more likely to have:



\*Sample of people with SMI registered with a general practice



# Carers

## Fact 13: Carers in BLMK are twice as likely to have a mental health problem and are almost three times more likely to have a long-term condition.

BLMK currently has 21,682 patients (around **2% of the population**) registered as a carer with their GP. Of these, 237 are children and just over 3,400 (16%) are aged 80+.

A YouGov poll in May 2020 reported there are an estimated **13.6 million unpaid carers** in the UK. This represents nearly a 50% increase in the number of unpaid carers since the COVID-19 pandemic began and a figure that is more than double the number (6.5 million) captured in the 2011 Census.

In BLMK **the number of carers registered has nearly doubled since 2019.**

In BLMK **carers are almost three times more likely to have a long-term medical condition.** Only 16% of patients identified as having a caring role are classified as 'healthy well', compared to 43% who are not carers.

Carers in BLMK have a higher prevalence of many long-term conditions versus non carers: diabetes (14% vs 8%), hypertension (29% vs 12%) and obesity (23% vs 10%) and frailty (16% vs 5%). **Mental health prevalence is twice as high among carers with 46.3% identified as having a mental health need.**



There are 10 Commissioning for Carers Principles focussed on achieving the best outcomes for carers:

1. Think Carer, Think Family; Make Every Contact Count
2. Support what works for carers, share and learn from others
3. Right care, right time, right place for carers
4. Measure what matters to carers
5. Support for carers depends on partnership working
6. Leadership for carers at all levels
7. Train staff to identify and support carers
8. Prioritise carers' health and wellbeing
9. Invest in carers to sustain and save
10. Support carers to access local resources

# Cost of living and fuel poverty

**Fact 14: Fuel poverty in BLMK varies from 7.3% Milton Keynes to 16.4% in Luton, but it is estimated that 55% of UK households will be experiencing fuel poverty by January 2023, with higher rates among large families, lone parents, and pensioners.**

Fuel poverty in BLMK varies from **7.3% Milton Keynes** to **16.4% in Luton**, compared to England 13.2% in 2020. In Bedford Borough and Central Bedfordshire the percentages are 13.8% and 11.3%, respectively.

The cost of living crisis will increase the number of households affected by fuel poverty in the coming months and years. It is estimated that **55% of UK households** will be experiencing fuel poverty by January 2023 (where >10% of net income is spent on fuel). **Over 80% of large families, lone parents, and pensioner couples will be in fuel poverty.**

Living in cold and damp houses increases the risk of pneumonia, asthma attacks, exacerbation of chronic airway disease, heart attacks, strokes and poor mental health.

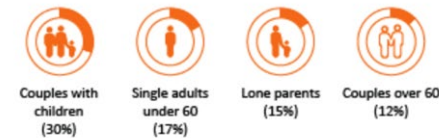
There are many actions that can be taken to address fuel poverty at the LA and ICS level, including: telephone and face-to-face **advice for improved energy efficiency and income maximisation**; **social prescribing** to energy efficiency schemes; collective **switching schemes**; public health **awareness campaigns**; local authority and housing association retrofit; the creation of 'warm spaces'; and **supporting employment opportunities**.

There are 50 foodbanks across BLMK, but they are not evenly distributed: there are 28 in Central Bedfordshire, 7 in Bedford Borough, 5 in Luton, and 10 in Milton Keynes.

## Who are the fuel poor?

■ Percent of households in fuel poverty have this characteristic ■ Percent of households with this characteristic are in fuel poverty

### Household demographics



### Employment status



### Household tenure



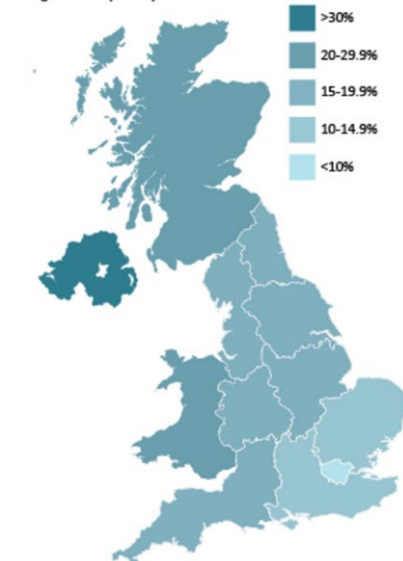
### Income level



### Property characteristics



### Regional fuel poverty rates



# Climate change and air pollution

## Fact 15: Tackling the key sources of air pollution and carbon emissions will improve health and reduce inequalities.

Air pollution is responsible for up to **36,000 deaths** in the UK **each year**. It is responsible for an estimated **5.7% to 6.2% of deaths** in BLMK.

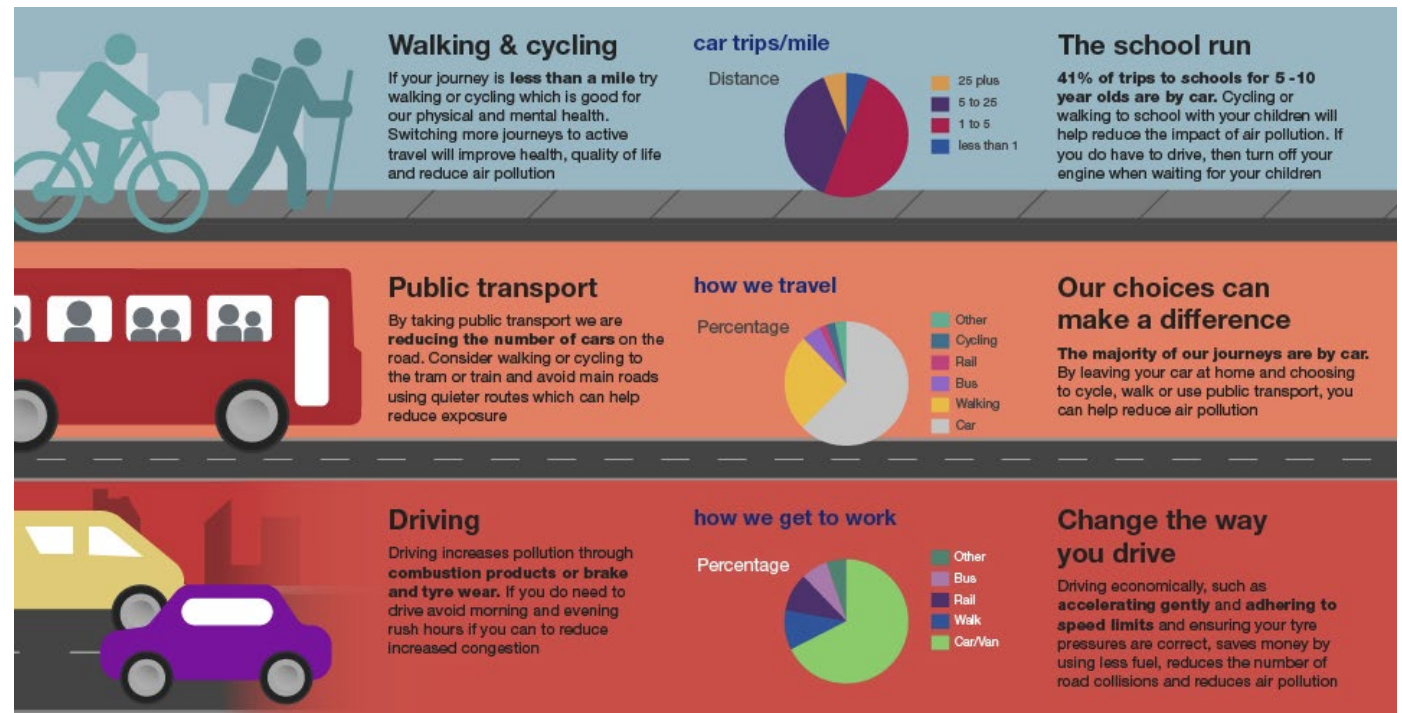
The **most deprived communities** are at greatest risk of the health effects of air pollution because they are more likely to have **existing medical conditions** and live in areas with **poorer air quality**.

In 2020, summer heatwaves caused a record **2,600 excess deaths** in the UK. Heatwave deaths could rise to **7,000 deaths** per year over the next 3 decades.

Key climate change risks affecting BLMK include **water scarcity, flooding, and hotter temperatures**.

Achieving the UK's ambitions under the Paris Climate Change Agreement could see over **5,700 lives** saved from **improved air quality**, **38,000 lives** saved from more **physically activity**, and over **100,000 lives** saved from **healthier diets** annually.

Road transport is a leading source of both carbon emissions and air pollution. The ICS can work to improve **public transport, walking and cycling** infrastructure and promote active travel to help reduce inequalities of health and care access, increase physical activity, and reduce the health risks of climate change and air pollution.



Report to the Health and Care Partnership  
14 December 2022

**Item 8 Report from Health and Wellbeing Boards**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood. |
| <input type="checkbox"/> | <b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.   |
| <input type="checkbox"/> | <b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.                      |
| <input type="checkbox"/> | <b>Growth:</b> We work together to help build the economy and support sustainable growth.  |
| <input type="checkbox"/> | <b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.                           |

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	Michelle Evans-Riches, ICB Transition Programme Manager
<b>Date to which the information this report is based on was accurate</b>	Maria Wogan, Chief of System Assurance and Corporate Services
<b>Senior Responsible Owner</b>	Felicity Cox, Chief Executive

**The following individuals were consulted and involved in the development of this report:**

The report has been developed from the minutes of the Health and Wellbeing Boards

**This report has been presented to the following board/committee/group:**

This report is a summary of the outcome of Health and Wellbeing Board meetings in the system.

**Purpose of this report - what are members being asked to do?**



The members are asked to **note** the issues discussed by the Health and Wellbeing Boards and take these into account in developing the integrated care strategy for BLMK.

## 1. Executive Summary Report

### 1) Brief background / introduction:

Five local authorities have responsibility for the provision of social care to the residents of BLMK, Bedford Borough, Central Bedfordshire, Luton and Milton Keynes and Buckinghamshire County Council.

Each local authority has a statutory responsibility for developing, implementing and monitoring the health and wellbeing of their residents via their health and wellbeing boards.

Each local authority's health and wellbeing strategy feeds into the development of the system integrated care strategy and therefore there is an important two-way governance link between the health and wellbeing boards and the Health and Care Partnership in terms of sharing information to support the development of strategies at system and local authority level.

The minutes of the meetings of the Health and Wellbeing Boards are attached as appendices and this report summarises the issues discussed at the most recent Health and Wellbeing Board meetings noting that for Bedford Borough Health and Wellbeing Board met on 7 December and Luton Health and Wellbeing Board meetings are taking place on 13 December 2022 after the papers have been published.

#### 1. **Bedford Borough Health and Wellbeing Board 7 September 2022**

The Health and Wellbeing Board has also met on 7 December, but at the time of writing this report the minutes were not available.

##### a. **Pharmaceutical Needs Assessment**

The final pharmaceutical needs assessment was approved following consultation.

##### b. **Better Care Fund**

The quarter 1 performance of the Better Care Fund was reported and highlighted reducing length of stay against non-elective admissions which was a key BLMK priority. It was recognised that there were significant challenges ahead with the increased costs of living, as well as the impact and backlog created by the COVID-19 pandemic, particular concern was expressed regarding the sustainability of the care provider market.

##### c. **Health People, Healthy Places Group**

As part of the discussion of the cost of living crisis, the Healthy People, Healthy Places Group had received a presentation from Public Health on the "Warmer Homes Bedford Borough" scheme and a provider was being procured. The impact of not having a warm and dry home on health and social care outcomes was acknowledged. The cost of living crisis and loss of independence amongst the aging population remained a priority for the group.

##### d. **Child Health and Wellbeing Group**

- i. **Strategic objectives progress report** was considered. It was noted that the Council had hosted Children and Young People's Conference in July 2022, with young people from two schools in the Borough taking part to discuss their experiences during the COVID-19 pandemic. This would be reflected in a Pan-Bedfordshire report.
- ii. **Children and Young People's Oral Health Needs Assessment** – the Specialty Health Registrar in Public Health presented the findings of a recent oral health needs assessment of children and young people in Bedford Borough. The assessment had found that the oral health of children in Bedford Borough had not improved in the past decade. This was in contrast to the oral health of

children in both the Eastern region and in England overall. Oral health was worse in more deprived areas, and among children of Asian/Asian British or mixed heritage. Poor oral health affected both health and education. There was no difference in the oral health of children with special educational needs and/or disability.

The recommended actions in the report to improve oral health in children and young people was agreed.

iii. **Children, Young People and Families Plan 2022-27** - The Board was advised that the Plan had been co-produced by children and young people and was focused on the issues that were important to them, with the following six broad areas of work for the Children's Health and Wellbeing Partnership to focus on over the next five years:

- feeling safe and at home in our community;
- valuing and protecting our environment;
- positive educational experiences for all;
- strong and safe relationships;
- good physical and mental health with supportive pathways; and
- listening and responding to the voice and lived experience of all children and young people including early years.

The Board's comments on the plan were being incorporated and it was being reported to the Council's Executive for adoption.

## **2. Central Bedfordshire Health and Wellbeing Board 19 October 2022**

The Health and Wellbeing Board met on 18 October and the following summarises key points of discussion:

### **a. Public Participation - Prevention**

The significant benefits of prevention was highlighted and it was highlighted that although social prescribers were funded, community groups that ran local activities were not. An example of another local authority that had reduced diabetes levels through community prescribing was given. This issue had also been raised at the Board of the Integrated Care Board.

The Council's Active Lifestyles Manager confirmed that a new grant scheme had been launched where local organisations, non-profits, charities, and other community groups could apply for up to £5000 for physical activity projects which engaged communities. It was one off funding, but if it demonstrated health improvement, opportunities would be looked at to make it more permanent. The current funding round was until 4th December, but there would be additional funding rounds throughout the year.

### **b. SEND Strategy consultation**

The Board received a summary of the 120 responses to the public consultation on the SEND Strategy. The strategy would be amended in light of the responses and published.

### **c. Update on the first year of the adoption of the physical activity strategy**

The actions for this year had been funded by the Public Health reserve in response to health inequalities resulting from Covid and were summarised in the report and coordinated through a new project steering group. Key highlight projects and programmes were presented to the Board: the Active Lifestyles Referral Programme, Falls Prevention – Strength & Balance Referral Programme, Cardiac Rehab, Cancer Prehab/Rehab.

d. The Health and Wellbeing Board also received the Healthwatch annual report, Fuller Neighbourhoods programme & Estates Prioritisation, updates from the Integrated Care Board & Integrated Care Partnership, Place Based Board and the Pharmaceutical needs assessment were received and discussed.

### **3. Luton Health and Wellbeing Board 17 October 2022**

#### **a. Luton 2040 Vision refresh**

The Council has undertaken a great deal of work to ensure strategies fed into the Luton 2040 vision. It contains the same five themes and long-term vision for Luton, for a healthy, fair and sustainable Town, where every one could thrive and no one had to live in poverty, each priority and target outcome had been tweaked to reflect the focus and change over the following 5 years.

#### **b. Refresh of Luton's Sport and Physical Activity Strategy**

A refresh of the Sport and Physical Activity Strategy which was looking to increase activity levels and reduce sedentary behaviour was considered. It was noted that physical activity had a significant role to play for Luton to continue its strong recovery from the pandemic, leading into the Luton 2040 vision and the refresh of the Population Wellbeing Strategy. Physical activity is also key for physical literacy and the development of resilience in children and young people.

Four priority themes had been highlighted and each priority has a number of targeted outcomes:

- creating active people,
- creating active environments,
- creating active societies and
- creating active systems.

#### **d. Better Care Fund (BCF) 2022-23 Narrative**

The Board reviewed the 2022-2023 BCF Narrative Plan and associated Finance and Metric Template, noting that 95% of BCF monies were allocated to core services, with the remaining 5% targeted to enhancing the Health in Care Homes scheme.

#### **e. 2022-23 Section 75 agreement**

The Board agreed the section 75 recommendations of the Joint Commissioning Board which was a combined budget of £83.2m and highlighted collaborative working with partners in BLMK Integrated Care System.

- f. An update following the consultation on the pharmaceutical needs assessment was provided.

### **4. Milton Keynes Health and Care Partnership - 12 October 2022**

#### **a. Joint Strategic Needs Assessment update – key areas of development**

- Musculoskeletal Health Needs Assessment had been completed, undertaken collaboratively by the MKCC Public Health Intelligence Team and the ICB. This would drive commissioning going forward.
- Work on the Children and Young People Inequalities and Vulnerabilities chapter of the JSNA is underway, with completion planned by December 2022.
- The chapter on Long Term Conditions and Ageing Well was being scoped.
- The Place Profile for Milton Keynes had been developed.

The Partnership was also informed of the objective to establish a data platform with place specific dashboards.

#### **b. MK Deal**

The Partnership agreed the Milton Keynes Deal that had four priority areas with SROs and workstream leads:

- Avoiding unnecessary hospital stays / improving system flow
- Tackling Obesity
- Children & young people mental health
- Support for People with Complex needs

The improving system flow and tackling obesity workstreams commenced on 1 December 2022 and will report to the Partnership in February 2023 and development work on the other two priorities will continue, and report to the Partnership in February 2023 for implementation work to commence following the meeting. MK Deal Letter from the Leader of the Council to the Chair of the ICB attached as Appendix Ai.

**c. Milton Keynes Better Care Fund**

The statutory return had been submitted and the plan for the forthcoming year was to continue the initiatives in the current year. It was recognised that there was a considerable focus on supporting hospital discharge which was integral to one of the MK Deal priorities.

**5. Buckinghamshire Council Health and Wellbeing Board 22 September 2022**

**a. Joint Local Health and Wellbeing Strategy**

Over the summer, partners refreshed the Buckinghamshire Joint Local Health and Wellbeing Strategy, Happier, Healthier Lives 2022 to 2025. This Strategy will help the Board achieve their aim to:

- Make a visible difference to health outcomes and reduce health inequalities across the county
- Put residents at the heart of their work
- Drive integration for health and wellbeing across Buckinghamshire

The refreshed strategy and action plans were signed off in September 2022. The action plans and performance will be reviewed at least annually.

**b. Health and Wellbeing Board 22<sup>nd</sup> September 2022 - Joint Strategic Needs Assessment (JSNA)**

A new platform has been launched with a refreshed JSNA. This provides a wide variety of insight and analytics for the public and professionals to access. Content will be reviewed on an iterative basis allowing for more up to date information which will help to determine actions to improve people's health and reduce inequalities.

**c. Health and Wellbeing Board 22<sup>nd</sup> September 2022 - Better Care Fund**

The statutory return had been submitted and the plan was to continue the initiatives in the current year. In addition, there is an ambition to undertake an assessment of how the BCF is being used to reduce health inequalities in Buckinghamshire.

**d. Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board**

There has been an inaugural meeting of the core members of the Integrated Care Partnership to establish the terms of reference and priorities for the Integrated Care Strategy. There will be a public consultation on the strategy in the new year.

A task and finish group for Buckinghamshire is considering place-based partnership arrangements and how these can align with the Health and Wellbeing Board. The group has started an engagement and design phase and a stakeholder engagement survey will take place in January. It is anticipated that the Place Based Partnership will be in place by April 2023.

**2) Summary of key points:**

As above

**3) Are there any options?**

None



<b>4) Key Risks and Issues</b>		
None		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>5) Are there any financial implications or other resourcing implications, including workforce?</b>		
None to escalate to the Partnership in this report.		
<b>6) How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
None		
<b>7) How will / does this work help to address inequalities?</b>		
A focus of Health and Wellbeing Boards is to address inequalities for local residents.		
<b>8) Next steps:</b>		
To report back to the Health and Wellbeing Boards the discussions at the Partnership on the issues raised. To continue to develop the reporting between the Partnership and the Place Based Boards to support system working and effectiveness.		
<b>9) Appendices UPDATE</b>		
Appendix A Bedford Borough Health and Wellbeing Board 7 September 2022 Appendix B Central Bedfordshire Health and Wellbeing Board 19 October 2022 Appendix C Luton Health and Wellbeing Board 17 October 2022 Appendix D i- Milton Keynes Health and Care Partnership Minutes - 12 October 2022 Appendix D ii – Letter from Leader of MK City Council to Chair of ICB re: MK Deal Appendix E – Buckinghamshire Health and Wellbeing Board Minutes 22 September 2022		
<b>Background reading</b>		
None		

7 September 2022

**AT A MEETING**

**of the**

**HEALTH AND WELLBEING BOARD  
BEDFORD BOROUGH**

held on the 7<sup>th</sup> day of September 2022 at 12.30pm

**PRESENT:**

Councillor L Jackson	Portfolio Holder for Health, Public Health and Wellbeing, Bedford Borough Council (Chair)
I Brown	Chief Officer for Public Health, Bedford Borough Council
Councillor D Crofts	Portfolio Holder for Adults Services, Bedford Borough Council
M Harris	Chief Officer for Adults Operational Services, Bedford Borough Council
D Hodgson	The Mayor
A Murray	Director of Nursing (Chief Nurse), BLMK ICS
C Oliver	Public Health Registrar
Councillor J Valentine	Portfolio Holder for Education and Children's Services, Bedford Borough Council
K Walker	Director of Adults' Services, Bedford Borough Council
A White	Senior Officer for Public Health (Children and Young People), Bedford Borough Council
S White	Chief Officer for Health Integration, Bedford Borough Council

The following joined the meeting remotely via Webex:

V Head	Director of Public Health, Bedford Borough Council
K Howard	Chief Nurse/ Director of Infection, Prevention and Control, Cambridgeshire Community Services NHS Trust

Apologies for absence were received from L Church, F Cox, M Purbrick, Dr S Whiteman and J Wright

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**11. QUESTIONS FROM MEMBERS OF THE BOARD, MEMBERS OF THE COUNCIL AND MEMBERS OF THE PUBLIC**

There were no questions.

**12. MINUTES**

RESOLVED:

That the Minutes of the meeting of the Board held on 8 June 2022 be approved.

**13. DISCLOSURES OF INTEREST**

Item and Minute Nos.	Member Disclosing an Interest	Nature of Interest	Present or Absent During Discussion of Item
Item No. 8 – Minute No.17	Councillor Jackson	Local Interest – Member of the Integrated Care Partnership and is employed by Age UK as a policy manager	Present
Item No. 8 – Minute No.17	A Murray	Local interest- Member of the Integrated Care Partnership	Present
Item No. 8 – Minute No.17	K Walker	Local Interest – Member of the Integrated Care Partnership	Present

**14. PHARMECEUTICAL NEEDS ASSESSMENT**

The Chief Officer for Public Health, Bedford Borough Council, presented the final version of the Pharmaceutical Needs Assessment (PNA) for Bedford Borough to the Board for approval. The draft of this document had been submitted to the previous meeting of the Board for comment

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(Minute 8 refers). The last PNA for Bedford Borough was published in March 2018 and was therefore due to be reassessed in line with the extended timetable by October 2022. The PNA has to be revised and publicised every three years, but due to the COVID-19 pandemic nationally all PNAs had put on hold. The draft PNA had been subject to a period of consultation and 32 responses had been received. These were set out at Appendix B to the report and had been considered by the PNA Steering Group. There had been no gaps identified in the current provision of pharmaceutical services across Bedford Borough or anticipated in the next three years, although it was recognised that, given the future housing and population growth anticipated in Bedford Borough, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.

The Mayor expressed concern that the scale of growth forecast in the Borough had not been accurately represented in the report and, as such, there appeared to be an under-provision of available pharmaceutical services, particularly in the rural areas of the Borough. This, in addition to the under-provision of GPs, resulted in worse than average access to primary care services for the Borough's residents. With community pharmacists being recognised as the first port of call for residents, the preventative aspect of this would be impacted by a lack of local provision.

In response to a question relating to domiciliary care and over-medication and a possible link with an increased falling risk, the Director of Adults' Services, Bedford Borough Council, advised that she was not aware of over-medication being an issue of concern locally but that any concerns should be raised through regular medication reviews. This could be raised with the care home sector to gauge whether there were any cases of over-medication.

The Director of Nursing, BLMK ICS, referred to the development of neighbourhood teams, and discussions about what additional support the primary care sector needed to develop further. One of these was the link to pharmaceutical services and how the services could work together more closely to support identified cohorts of patients.

The Chief Officer for Health Integration, Bedford Borough Council, confirmed that the local falls group did have a strand related to medication reviews. Independent pharmacists had been funded through the Better Care Fund to conduct medication reviews and reviews of medications policies for care homes.

RESOLVED:

That the final version of the Pharmaceutical Needs Assessment (PNA) for publication by 1 October 2022.

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**15. BETTER CARE FUND**

The Director of Adult Services, Bedford Borough Council, presented the first quarter integrated performance report update for 2022/23. In introducing, the Director of Adult Services highlighted that:

- Performance against the indicators relating to the length of stay for non-elective admissions (greater than 14 & 21 days) was decreasing as there was a year on year increase, with admissions over 14 days being 11% above target and admissions over 21 days being 24% above target during the reporting period.
- The Reducing Length of Stay programme was in place and this was a key priority of the BLMK system. A number of “Perfect Days” had been carried out in order to better understand and eliminate root cause of any delays; however, the Director of Adult Services stressed that the indicator could not take account of very complex patients who may require longer stays in hospital.
- The performance indicator measuring the effectiveness of rehabilitation and reablement services was also missing its target and performing poorly in comparison to previous years. This had been effected by fewer patients accessing the service, with greater complexity of conditions, as well as a shortage of qualified reablement staff.

The Chief Officer for Health Integration added that:

- Measurements of length of stay could not take into account the complexity of the cases and that some patients may require longer lengths of stay before they were medically optimised for discharge.
- Not all service users were ready for discharge from rehabilitation and reablement after 90 days as they now had more complex needs. Individuals with more complex needs would require support for longer periods of time, and that it was of more benefit to the individuals themselves and those supporting them that the support was provided for as long as necessary, although this would not improve performance against the indicator.

The Chair commented that there were significant challenges ahead with the increased costs of living, as well as the impact and backlog created by the COVID-19 pandemic, expressing particular concern about the sustainability of the care provider market. The Government had not yet indicated that it was considering a workforce strategy to address this issue.

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The Mayor requested that, prior to discharge, Officers could ensure that those leaving hospital were not returning to cold homes by providing reassurance and support to those concerned about the rising cost of fuel.

The Chief Officer for Health Integration replied that, through the Better Care Fund, voluntary sector partners were commissioned to provide this type of support, with Age UK and British Red Cross to do undertake these home visits.

In response to a comment about the indicators, the Director of Adult Services reported that the indicators were set nationally and that the Government had shown no interest in reviewing these. The Council had sought from the outset of the Better Care Fund to negotiate and this had not been successful, although it was noted that there was no longer a financial penalty for failing to meet these targets.

As a system, there was much more awareness of cost of living as a driver of hospital admission, through residents being unable to afford to heat their homes and purchase enough food for themselves and their families. There may be more opportunities to work in partnership with the voluntary sector to check on vulnerable residents and signpost them for support as appropriate.

**RESOLVED:**

That the report be noted.

**16. HEALTHY PEOPLE, HEALTHY PLACES OFFICER GROUP**

Progress against the strategic objectives

The Chief Officer for Adults' Operational Services, Bedford Borough Council, introduced the narrative report of the Healthy People, Healthy Places Officer Group and provided a summary of the most recent meeting of the Officer Group.

As part of the discussion of the cost of living crisis, the Group had received a presentation from Public Health on the "Warmer Homes Bedford Borough" scheme. The impact of not having a warm and dry home on health and social care outcomes was acknowledged. The referral process was included within the report. The cost of living crisis would be retained as a standing agenda item for the Working Group.

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The Officer Group also received a presentation on the findings of the Bedford Borough Profile, with highlights identified as the increase in population of Bedford Borough by 18% since 2011, the rise in childhood obesity and behavioural changes which would impact on health outcomes in the near future arising from the COVID pandemic.

The loss of independence amongst an ageing population continued to be a priority of the Working Group.

In response to a question about the “Warmer Homes Bedford Borough” scheme, the Chief Officer for Public Health advised that the project had not yet started as the Council had had to go through the procurement process for a provider. This process should be concluded by the end of the month and it was hoped that the first visit would take place in October.

In relation to a question about if any ideas had emerged to reach those who had remained isolated following the pandemic, the Chief Officer for Adults’ Operational Services advised that existing schemes had been adapted to identify and work with this particular group.

**RESOLVED:**

That the actions against the strategic objectives be noted.

**17. CHILD HEALTH AND WELLBEING OFFICER GROUP**

**(a) Progress against strategic objectives**

The Chief Officer for Public Health, Bedford Borough Council, presented the narrative reporting template for the Child Health and Wellbeing Partnership Group and advised that this was the last meeting at which the information would be presented to the Board in this format as a new set of outcome and reporting measures was being developed.

In introducing the report, the Chief Officer for Public Health highlighted the following:

- The Council had hosted a Children and Young People’s Conference in July 2022, with young people from two schools in the Borough taking part to discuss their experiences during the COVID-19 pandemic. This would be reflected in a Pan-Bedfordshire report.

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- Performance against the indicators illustrated a mixed picture, with an increase in the number of children subject to Child Protection Plans and increasing levels of childhood obesity, but a continued decrease in the rate of under 18 conceptions and avoidable hospital admissions for under 18's in most areas.

RESOLVED:

That the actions against the strategic objectives be noted.

(b) Children and Young People's Oral Health Needs Assessment

The Specialty Health Registrar in Public Health presented the findings of a recent oral health needs assessment of children and young people in Bedford Borough. The assessment had found that the oral health of children in Bedford Borough had not improved in the past decade. This was in contrast to the oral health of children in both the Eastern region and in England overall. In 2019, a quarter of 5-year-olds had dental decay, as did one tenth of 3-year olds. Oral health was worse in more deprived areas, and among children of Asian/Asian British or mixed heritage. Poor oral health affected both health and education.

There had been no difference in rates of dental decay amongst children and young people with special educational needs and/or disability, even though anecdotally the Parent Carer Forum representatives had highlighted the difficulties of encouraging good oral hygiene.

The recommendations, as set out in the report, were as follows:

- The following key groups should be provided with training sessions, information bulletins with on-going communication to give updates regarding oral health promotion: Adoption & Fostering team, Early Help teams, the designated lead health visitor for Traveller, Gypsy and Roma communities.
- An exemplar food policy should be provided to all primary and secondary schools to emphasise how to align schools' oral health policies with the food environment. Oral health promotion material should be distributed via secondary schools and 6<sup>th</sup> form colleges, for example during National Smile Month.
- Oral health material should be added to Children & Young People's health page on BLMK ICS website to provide another channel for people looking for information and support.



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- Hints & tips about coping with sensory challenges when toothbrushing should be collated in collaboration with parent-carer forums. This information could then be provided to parents via local offer webpages, special schools, and SEND children's centre groups, as well as re-distribution through parent-carer forums.
- Further options should continue to be scoped. The potential to provide free toothbrushing kits to all children within the Universal Partnership Plus offer would be assessed for affordability and feasibility, as would the feasibility of translating oral health material into commonly requested languages.

The importance of encouraging children to adopt positive toothbrushing habits at an early age by making it fun was recognised.

The environmental impact of disposing of toothbrushes was discussed and the Mayor advised that the Deputy Mayor could be asked to consider how the Council could encourage and support residents to recycle toothbrushes.

In response to a question regarding the extraction data, the Speciality Registrar reported that this related to hospital admissions only and did not include extractions undertaken in other health settings such as dental practices.

The Chief Officer for Public Health advised that local authorities no longer had any influence in relation to the fluoridation of water in their areas as this power had transferred to the Secretary of State for Health under the Health and Social Care Act 2022. Regulations setting out how the decision would be made and what bodies would need to be consulted were still awaited.

RESOLVED:

That the report be noted and the recommendations be supported.

(c) Bedford Borough Children, Young People and Their Families Plan 2022-2027

The Senior Officer for Public Health (Children and Young People) introduced the draft Children, Young People and their Families Plan, 2022-27 to the Board for comment. The Plan was intended for submission to the Council's Executive in November 2022.

7 September 2022

The Board was advised that the Plan had been co-produced by children and young people and was focused on the issues that were important to them, with the following six broad areas of work for the Children's Health and Wellbeing Partnership to focus on over the next five years: feeling safe and at home in our community; valuing and protecting our environment; positive educational experiences for all; strong and safe relationships; good physical and mental health with supportive pathways; and listening and responding to the voice and lived experience of all children and young people including early years.

Members of the Board made the following comments:

- It was very important that children and young people were so involved in the co-production of this Plan as this made it a very authentic document.
- Links should be included to the strategies referred to in the Plan.
- More thought was required as to develop measures that would measure what the Council and its partners were being asked to do.
- Information about participation in school sport and other activities should be captured as part of the performance measures.
- The environment was recognised as a key priority of children and young people but this was not adequately reflected in the draft performance measures.
- Vaping amongst young people was a growing area of concern and this should be measured.
- Many of the performance measures appeared to be reactive. The Council and its partners should be seeking to measure the impact of preventative work.

The Board was advised that work was still ongoing to develop outcome measures that captured the intention of the areas of work identified by children and young people and changes had been made since the draft had been published with the agenda, such as the inclusion of measures around the support of services such as KOOH.

The unusual circumstances around young people not being able to sit GCSEs and A Levels in a normal way during the COVID pandemic and the impact this may have on their preparedness for university was recognised. The Senior Officer for Public Health (Children and Young People) thanked staff at secondary schools in the Borough who had been providing additional support to students on results days.

7 September 2022

RESOLVED:

That the Bedford Borough Children, Young People and their Families Plan 2022-2027 be received and the comments be noted in making further amendments to the draft Plan prior to its submission to the Executive.

**18. HEALTH AND WELLBEING WORK PROGRAMME**

The Board received its updated work programme for information.

RESOLVED:

That the Work Programme be received.

**19. DATE OF NEXT MEETING**

RESOLVED:

That it be noted that the next meeting of the Board will be held on Wednesday, 7 December 2022 from 12.30pm until 2.30pm in the Council Chamber.

The meeting closed at 2.02 pm.



At a meeting of the **Health and Wellbeing Board** held in The Council Chamber, Priory House, Monks Walk, Chicksands, Shefford, SG17 5TQ on Wednesday 19 October 2022 from 2.03pm-4.10pm.

**Chair** Cllr T. Stock (Chair)

**Members** D. Blackmun, Chief Executive, Healthwatch Central Bedfordshire  
Cllr S. Clark, Executive Member for Families, Education & Children & Lead Member for Children’s Services, CBC  
V. Head, Director of Public Health, CBC  
Cllr. C. Hegley, Executive Member for Adult Social Care, CBC  
J. Ogley, Director of Social Care & Health and Housing, CBC  
SJ. Smedmor, Director of Children’s Services, CBC

**Observers** D. Carter, Chief Executive, Luton, and Dunstable Hospital  
L. Carver, Director of Place and Communities  
F. Cox, Chief Executive, BLMK ICB  
M. Coiffait, Chief Executive, CBC

**Members** Cllr V. Harvey  
**Members** Cllr G. Perham

**Observers** P. Coker, Head of Partnerships and Performance, CBC Social Care, Health and Housing, CBC  
H. Hughes, Active Lifestyles Manager, CBC  
D. Marden, Physical Activity Manager, CBC  
C. Shohet, Assistant Director, Public Health, CBC  
S. Thorbes, Committee Services Officer, CBC

**Respect**  
**Members:** P. Calaminus, Chief Executive, ELFT  
A. Jones, East London NHS Foundation Trust  
S. Whiteman, Chief Medical Director BLMK ICB  
**Officers:** J. Dickinson, Deputy Director Place and Communities, CBC  
**Cllrs:** A. Dodwell  
P. Snelling  
P. Spicer  
M. Walsh  
H. Whitaker

**Elected Director**

The Board were advised that an Integrated Care Board (ICB) Place Based Director had not formerly been announced, but the ICB had proposed this role could stand for Vice Chair once it was. It was agreed that an interim Vice Chair would be elected.

**RESOLVED**

Dr [Name] be elected as Interim Medical Director of the Health Bedfordshire  
Mental Health Services. The Board be elected as Interim Vice Chair for the  
Mental Health Services.

**Member**

**RESOLVED**

[Name] be elected as Interim Vice Chair for the  
Bedfordshire Health  
and Bedfordshire Mental Health Services Board. The Board be elected as  
Interim Vice Chair for the Bedfordshire Health and Bedfordshire  
Mental Health Services Board.

**Member's Interests**

Cllr Stock declared for transparency that she was the Chair of the Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Partnership (ICP).

**Chair's Announcements**

- The Integrated Care Partnership had held their second Partnership meeting, further details would follow at agenda item 11.
- The Chair had attended the monthly Integrated Care Board meetings.
- The new Secretary of State had announced the ABCD Patient Plan, which covered Ambulances, Backlog, Care, and Doctors and Dentists.
- The Chair thanked Nicky Poulain and her team for the recent Members Briefing on Primary Care.

**Written Question**

Cllr Harvey submitted a written question asking the Board to increase funding for prevention. She outlined the significant benefits to health that prevention had and highlighted that although Social Prescribers were funded, the community groups who ran the activities had very minimal funding.

Cllr Harvey gave an example from another Local Authority, which had cut Diabetes levels with Community Prescribing. Cllr Harvey asked the Board, the Integrated Care System (ICS) and the Patient Clinical Networks (PCNs) to consider Community Prescribing and Arts on Prescription as a way forward.

Cllr Harvey confirmed that she had asked a similar question to the ICS Board and had received a response which expressed an interest in meeting Mr Wayne Farah, Associate Non-Executive Director for Coventry and Warwickshire Partnership NHS Trust. Cllr Harvey asked if a meeting could be arranged, or if Mr Farah could attend a Health and Wellbeing Board meeting to take that further.

The Active Lifestyles Manager confirmed that a new grant scheme had been launched where local organisations, non-profits, charities, and other community groups could apply for up to £5000 for physical activity projects which engaged communities. It was one off funding, but if it demonstrated health improvement, opportunities would be looked at to make it more permanent. The current funding round was until 4<sup>th</sup> December, but there would be additional funding rounds throughout the year. It was highlighted as part of the Council's regular programme, there was free access to classes in open spaces throughout Central Bedfordshire, as well as an exercise and active lifestyle referral programme which worked with GPs.

## RECOMMENDED

The Health and Wellbeing Board decided to refer the recommendation to the Board for consideration. The Board has agreed to refer the recommendation to the Health and Wellbeing Board for consideration.

RECOMMENDED

The Board received a summary of the public consultation responses to the SEND Strategy and the revised and final SEND Strategy.

Points and comments included:

- The SEND Strategy delivered three key action plans:
  - The SEND Strategy Action Plan
  - The Central Bedfordshire Joint Commissioning Plan
  - The Specialist Placement Plan
- A few minor amendments needed to be made to the SEND Strategy, but it would be publicised as soon as those had been completed.
- There had been 120 responses to the public consultation as outlined in the report and appendices.
- There had been agreement about vision and priorities, however comments had been received about how it would be delivered.
- There had been comments on the Governance Arrangements, ensuring that there were good monitoring and review processes in place to report on progress being made against the six priorities.
- The importance of getting the action plan right and delivering on it was emphasised.

## RECOMMENDED

The Health and Wellbeing Board decided to refer the recommendation to the Board for consideration. The Board has agreed to refer the recommendation to the Health and Wellbeing Board for consideration.

The Board received a report and presentation on the Physical Activity Strategy.

**Physical Activity Strategy**

The Board received a report and presentation on the Physical Activity Strategy.

Points and comments included:

- The report set out the current levels of physical activity, delivery to date and the current and future programmes. Implementation had been a partnership approach but had mainly been driven by the Council’s Leisure team.
- The actions for this year had been funded by the Public Health reserve in response to health inequalities resulting from Covid and were summarised in the report and coordinated through a new project steering group.
- Key highlight projects and programmes were presented to the Board: the Active Lifestyles Referral Programme, Falls Prevention – Strength & Balance Referral Programme, Cardiac Rehab, Cancer Prehab/Rehab.
- Developing support for families had started this year. The Healthy Movers project included improving physical literacy in 0-5 years and supporting school readiness. The Street Tag app had also been launched, which enabled users to collect tags in open spaces.
- In response to a question, it was confirmed that funding opportunities were being looked at for longer term sustainability. Going forward if there was a requirement for customer support, it would be for as little cost as possible.
- The Chief Medical Director for BLMK ICB extended an invitation to the CBC Active Lifestyles Manager and the Physical Activity Manager to attend the PCN Clinical Directors meeting to drive further engagement.

**Other**

The Board received a report and presentation on the Physical Activity Strategy.

The Board received a report and presentation on the Physical Activity Strategy.

**Healthwatch Report**

The Board received the Annual Healthwatch Report and the Annual Young Healthwatch Report.

Points and comments included:

- Over 8000 people had contacted Healthwatch to share their experiences over the last year.

- Thirteen reports had been published, with the most popular one being ‘Seen and Heard,’ which highlighted the struggles the deaf community faced when accessing health and care services.
- Some of the main areas being shared by people were about struggling to secure GP appointments, difficulties in registering with an NHS dentist, frustration at lengthy waiting lists, needing more mental health support, and enquiries about the Covid Booster Jab. Examples of how Healthwatch resolved some of these issues were shared with the Board.
- Three areas Healthwatch had focussed on were: Helping to improve a Carers experience, Giving the Deaf community a stronger voice, Improving hospital discharge in Central Bedfordshire.
- This year Young Healthwatch had produced an annual report. Young Healthwatch had trained 539 young people in CPR, exceeding their target of 320. They had addressed discrimination of hidden disabilities on buses and tackled vaccine hesitancy.
- In response to a question, it was confirmed the lead engagement officer regularly visits schools for recruitment. Word of mouth had been the most successful way to recruit. Children often got their siblings to join, and they talk to their friends in school and on social media.
- The Board were interested in the unmet need for adults in Social Care within Central Bedfordshire.

**0 ED**

**Healthwatch Bedfordshire Report**

**Healthwatch Bedfordshire Report**

The Board received a report on the next steps for Integrating Primary Care: Fuller Stocktake Report and the Estates Prioritisation in Central Bedfordshire.

Points and comments included:

- The Fuller Stocktake Report had four recommendations: Neighbourhood Team Development, Emphasis on same day Urgent Care, Personalised Care-especially around long-term conditions, and Prevention.
- For residents there were three main areas where they may notice a change:
  - Prevention- lifestyle changes, use of apps, digital first but not digital only, health coaches, using wider primary care, uptake of vaccination and screening.
  - Change to Urgent and Episodic Care- single point of contact, and place based multidisciplinary teams to triage and sign post people.
  - Person Centred Care- Care coordinators with the emphasis on self-care and self-prevention.
- The Primary Care Update highlighted the ongoing Estates and Hub Programme. There were 45 schemes in Bedfordshire, Luton and Milton Keynes and the Dunstable hub was due to go live in April 2023.



- The hubs were resource intensive and faced challenges such as construction restraints. It was not possible to do 45 schemes at once, and to prioritise them the National Shape Atlas Framework had been used. This would allow for five schemes to be taken forward each year based on the greatest need.
- During discussion, the Board commented that each Place should be involved in driving priorities for its own place, as it was important to remember to champion the population of Central Bedfordshire.
- In response to a question, it was confirmed that the progress on the schemes would be in the public domain but would be discussed at the Central Bedfordshire Place Board meetings and brought to the Health and Wellbeing Board as updates.

**0 ED**

The development plan/framework in response to the 'Next steps for the reformed core reformed Framework Reference' and the reformed core reformed framework

**reformed core reformed Framework Reference Update**

The Board received a verbal update on the ICB and ICP.

Points and comments included:

- The purpose of the ICB was to improve population health, reduce health inequalities, improve productivity, and contribute to social economic development.
- The ICP develop the vision and strategy, which would then be enacted by the ICB.
- A few workshops had taken place for Children and Young People and Health Inequalities. These would be taken forward by the ICB, developed and delivered against the five priorities: growing, living, and ageing well, social and economic growth, and reducing health inequalities.
- Winter pressures were approaching and an update on the Winter Plan would be discussed at the next Central Bedfordshire Place Board meeting. There would be a big focus on Urgent and Emergency Care, looking at care homes and respiratory hubs.
- The ICP met on 21<sup>st</sup> September to agree the Terms of Reference and appoint a Vice Chair, which was Rima Makarem. This was followed by a workshop on Children and Young People with particular focus on mental health.
- The next ICP meeting would be on 14<sup>th</sup> December.

**0 ED**

The development plan/framework in response to the 'Next steps for the reformed core reformed Framework Reference' and the reformed core reformed framework

**Central Bedfordshire Health Board**

The Board received a verbal update on the Central Bedfordshire Place Board.

- The Board were reminded that the Central Bedfordshire Place Board was the redesignated Joint Strategic Planning Group.
- The first meeting as a Place Board took place on 25<sup>th</sup> August. The areas discussed were: Anticipatory Care Framework, which focussed on 3 key areas- living well, general support and targeted support for specific health conditions; the implications of the Fuller Report, and the challenge of how to roll this out across the other Primary Care Networks in Central Bedfordshire; what transformation could be expected with the move towards the Integrated Health and Care Hub in Dunstable.
- The second meeting took place on 29<sup>th</sup> September. There was a detailed presentation from ICB colleagues on the latest version of the Place Profiles with a particular focus on Central Bedfordshire. It was noted there had been a particular increase in children’s referrals due to the lockdowns and this was an area for focus, as was smoking, respiratory disease and cancer. Primary Care demand and A&E attendance were discussed, and whether they were settling and now coming through the Covid period. The Children and Young People’s Plan was received by the Board, with discussions taking place particularly around preparing for adulthood. The Board were informed that the Better Care Fund 2022-23 had been submitted on time. There was also further discussion on the Fuller recommendations.
- There had been a national announcement of £500m to support Adult Social Care. If this were to be allocated in the usual way, this should be just over £1m for Central Bedfordshire. However, no guidance for how this needed to be spent had been released yet.

**OPERED**

**Central Bedfordshire Health Board Update**

**Public Health and Wellbeing Board**

- The draft PNA had been discussed at the July Health and Wellbeing Board meeting and since the public consultation had ended there had been an opportunity for the Board to make any final comments. The report was then finalised and published ahead of the national deadline of the 1<sup>st</sup> October.

**OPERED**

**Central Bedfordshire Health Board Update**

RECOMMENDATIONS

The Board considered the work programme for 2022/23. All partners were encouraged to contribute future agenda items to the Work Programme.

**RECOMMENDATIONS**

The following items are recommended to be added to the Work Programme:

- The Integrated Health and Care Hub Development item to be removed from January 2023.
- The Better Care Fund to be removed from January 2023.
- Joint Immunisation Strategy needed to be confirmed for January 2023.
- The Fairness Taskforce Update should be moved from April 2023 to June 2023.

The following item is recommended to be added to the Work Programme:

- The Director of Public Health’s Report should be added to January 2023.

Chair .....

Dated .....

# Health and Wellbeing Board

Minutes – 17 October 2022 at 6.00 pm

## Present:

- Cllr Simmons - Leader, Luton Borough Council (LBC) - Chair
- Dr Nina Pearson - Strategic Clinical Lead, Primary Care Workforce (BLMK) - Vice Chair
- Cllr Campbell - Minority Group Representative, LBC
- Cllr J. I. Hussain - Portfolio Holder, Population Wellbeing (Adult Social Care), LBC
- Cllr T. Saleem - Portfolio Holder, Children's, Families and Education Services (Children - Health and Wellbeing), LBC
- Cllr K. Malik - Portfolio Holder, Population Wellbeing (Public Health and Integration), LBC
- David Carter - CEO, Bedfordshire Hospitals NHS Foundation Trust - Online
- Sally Cartwright - Director of Public Health, LBC
- Mark Fowler - Corporate Director, Population Wellbeing, LBC
- Allison Parkinson – Interim Corporate Director, Children, Families & Education, LBC
- Robin Porter - CEO, LBC and Chair, Community Safety Partnership
- Nicky Poulain - Chief Primary Care Officer, BLMK Integrated Care Board (ICB)
- Peter Reeve - Sub for Deputy CEO, Cambridgeshire Community Services - Online
- Philip Turner - Chair, Healthwatch Luton

## Observers:

- Cllr Bridgen, Chair, Scrutiny Children Services Review Group, LBC
- Cllr Underwood, Chair, Scrutiny Health and Social Care Review Group, LBC

## 42. Apologies for absence (Ref: 1)

Apologies for absence from the meeting were received on behalf of the following Members of the Board:

- Felicity Cox - CEO, BLMK Integrated Care Board (ICB)
- Amanda Lewis - Corporate Director, Children, Families & Education, Luton Council
- Lucy Nicholson - CEO, Healthwatch Luton
- Maud O'Leary - Director of Adult Social Services, LBC
- Anita Pisani - Deputy CEO, Cambridgeshire Community Services

## Introductions

The Chair welcome Allison Parkinson, the Interim Corporate Director, Children, Families and Education, as a new member of the Board.

The Chair also put on record the gratitude of the Board to Amanda Lewis, who was retiring. She thanked her for all her hard work during her time as a member of the Health and Wellbeing Board.

### 43. Ratification of the resolutions of the inquorate Health and Wellbeing Board meeting of 18 August 2022 (Ref: 2) Introductions

**Resolved:** That the resolutions of the inquorate Health and Wellbeing Board meeting of 18 August 2022 be ratified by approval of the minutes of the meeting, as at Minute 44 below.

### 44. Minutes (Ref: 3)

**Resolved:** That the minutes of the meeting of the Board held on 18 August 2022 be taken as read, approved as a correct record and signed by the Chair, thereby ratifying the resolutions of that meeting.

### 45. Luton 2040 Vision Refresh (Ref: 7)

The Head of Strategy, Policy and Partnerships introduced the Luton 2040 Vision report. She informed the Board that the Luton 2040 vision was a town wide vision and its success depended on a joint sense of ownership and how it was applied to the work of each of the partner organisations.

She added that Luton council had done a lot of internal work to ensure its strategies fed into the Luton 2040 vision. She asked members if the language fitted that of their organisations and if they could see how their strategies were represented in it and how they would be able to see their contribution to changes, when looking at Luton in 18 years' time or in five years' time. There were five-year tangible outcomes in the document to help picture the next steps on the journey and identify the learning from each step taken. Partners were requested to hold each other to account and to support each other in successes.

The Senior Policy and Partnerships Officer and Luton 2040 Programme Manager went on to present the update on the Luton 2040 vision. He reminded members that the vision was launched 2 years previously, following discussion by partners, which shaped the vision at the time. He added that there had been a light refresh of the vision to reflect the changes over the last 2 years and to set out the direction for the following 5 years.

Some of the changes were as set out in the report, which captured and reflected on the progress achieved over the previous 2 years, in terms of recovery from Covid, amongst other activities and positive achievements throughout various partnerships. The refresh also marked the shift from the focus of two years previously when the vision was launched, relating to Covid recovery and laying the foundations to deliver the long-term vision for Luton. The refresh document was about how each priority would be delivered over the following 5 years.

While still focusing on the same five themes and long-term vision for Luton, for a healthy, fair and sustainable Town, where every one could thrive and no one had to live in poverty, each

priority and target outcome had been tweaked to reflect the focus and change over the following 5 years.

In term of the 'inclusive economy', the priority had moved from economic recovery to long term focus on growing key sector of the economy and greater focus on inward investment, maintaining the focus on skills, well paid jobs, Town Centre regeneration and inclusive growth.

The population wellbeing priority had moved away from recovery, with a greater focus on tackling health inequalities and addressing the social determinants of health, building on the recommendations from the Marmot report launched some weeks previously. Key focus on housing and community safety remained in the priority.

The third priority on sustainability and becoming a net zero town reflected the changes over the previous two years, in terms of developing a road map towards net zero to be launched in January 2022, alongside the relaunch of the vision. This would represent an increase in ambition from carbon neutral to net zero, with a greater focus on enhancing biodiversity in the Town and offsetting carbon emissions.

On the Child Friendly Town priority, the focus remained on children growing up happy, healthy and secure, with opportunities to thrive, reflecting the progress over the previous two years, with the work with Ofsted undertaken by Children's Services and the work in keeping schools opened to catch up on education. This priority would be developed, with plans for Luton to become a child-friendly Town over the next six to twelve months.

The fifth priority would retain the focus on fairness and social justice, community pride and social responsibility, building on the positive progress of the fairness task force and citizen's forum over the previous two years. Also included in this priority, was a proposed greater focus on resilience in the community, responding to the current cost of living crisis.

He went on to highlight the three outcomes looked for from the meeting, as set out in the recommendations in the report. First, general feedback on the updated document was sought, in terms of whether it set out the right direction for the Town over the following five years, with the right changes and other matters that members wished to see included.

The second recommendation was on the significant achievements over the previous two years, which partners had been involved in and on any of the key projects over the following five years that were expected to be delivered that had not been picked up in the document.

Thirdly, as the Health and Wellbeing Board was one of the two key partnership Boards for Luton 2040, he said that it was important that members were content with the document and ready to adopt it, subject to any comments and amendments as appropriate. The Board was requested to adopt the updated vision.

The Director of Public Health supported the report and reminded members that the first draft of the updated Population Wellbeing Strategy was in the work programme for the following meeting of the HWB. This would underpin and provide details of the work on some of the key priorities and have clear link to the Luton 2040 document. Meetings were taking place to discuss and tweak the details, as the timing of the two documents were not entirely aligned, but were broadly along the same direction.

The Chief Primary Care Officer for the BLMK Integrated Care Board (ICB), also supported the Luton 2040 vision. She said that the work that the ICB was doing would fit under the

umbrella of the vision, in terms of addressing health inequalities, as it was focused on population health in Luton.

The Primary Care Clinical Director concurred with the Chief Primary Care Officer, recognising that the document advanced and strengthened ongoing work and was content to adopt the Luton 2040 vision. She requested an 'easy to digest' summary version of the document, to share with her colleagues.

The Chair ascertained with the Programme Manager that a summary version of the document under discussion.

The Interim Corporate Director, Children, Families and Education, commented on the shift in the previous two years on the children and child friendly Town priority, particularly on the children's services improvement from the Ofsted inadequate judgement, which the service was proud to have done and were building on. She said that Children's Services were in the middle of the SEND inspection, looking at the progress achieved. She added that the progress was achieved, despite all the challenges of the last two and half years, something the Luton 2040 Vision document could highlight more prominently. She also concurred about the need for a 'child- friendly' document, which would be useful for readers, particularly those with disabilities.

The Corporate Director, Population Wellbeing said that it was important to note that the document was a partnership one, with the Borough collectively coming together to deliver towards 2040. He agreed that if the document could be made clearer for all partners, that would be pivotal as part of its future development.

The Head of Strategy, Policy and Partnerships requested information on any specific achievements towards 2040 within any partner organisations, which were not represented in the document, so that these could be prominently included.

In terms of the recommendations, the Chair commented that feedback provided by members was that the changes to the Luton 2040 vision were in the right direction. She re-iterated the appeal for any achievements not currently included in the document and supported the move from the Vice-Chair to adopt the document, which was agreed.

She thanked the officers for all the work done and to be done on the Luton 2040 vision.

**Resolved:** (i) That the feedback provided by Health and Wellbeing Board members on the proposed refreshed Luton 2040 vision document and the updated priorities and target outcomes, including the need for a summary easy read version of the document, be considered by the Luton 2040 team

(ii) That Health and Wellbeing Board members inform the Luton 2040 team of any suggested additions to the document, including examples of successes over the previous two years and major projects and initiatives that would be delivered over the next five years

(ii) That, subject to any amendments following the above feedback provided by Board members, the Luton 2040 vision document be adopted by the Health and Wellbeing Board.

## 46. Report Refresh of Luton's Sport and Physical Activity Strategy (Ref: 8)

The Public Health Principal and Public Health Officer presented the report, informing the Board on the progress of the refresh Luton's Sport and Physical Activity Strategy, seeking

feedback on the draft Sport and Physical Activity Consultation Surveys and on the draft Sport and Physical Activity Strategy easy read document.

The Public Health Principle said that it was broadly known that physical activity was very important for everybody due to the health benefits from being physically active. For example, he added that physical activity reduced risk of all-cause mortality by 30%, risk of coronary vascular disease by 35%, risk of Type 2 diabetes by 40 % and reduced risk of over 20 other chronic medical conditions. He said that these were key issues of concern in Luton, challenges which the physical activity strategy would help address.

He went to say that according to the Chief Medical officer's guidance, for adults the recommended level of physical activity was 150 minutes per week, at an intensity that is enough to make you breathless, but still able to maintain a conversation. People considered inactive were those who did less than 30 minutes of physical activity per week. He informed the Board that in Luton for adults, based on the Sports England survey, 56.8% were achieving the 150 minutes level of physical activity, compared with 65.9% nationally. Currently, just over a third of the population was considered inactive, with 33.5% doing less than 30 minutes of physical activity per week.

A perception survey undertaken by the Council found that 87% said they were doing more than 30 minutes of physical activity per week. There was a note of caution, as physical activity was known for being misreported when being recalled from memory. Luton was similar to its statistical neighbours, but worse than the national average, showing that there was a lot of work to be done.

He added that physical activity had a significant role to play for Luton to continue its strong recovery from the pandemic, leading into the Luton 2040 vision and the refresh of the Population Wellbeing Strategy.

In terms of the child friendly town priority, he went on to say that physical activity was key for physical literacy and the development of resilience in children and young people.

He added that promoting active and sustainable transport would support the carbon net zero priority.

In terms of the fairness priority, he said that providing a strong and empowered community and supporting the work of the fairness taskforce would provide equal opportunities for everyone to be physically active. This would promote health and wellbeing, supporting the Marmot work, promoting equality and reducing inequality by proportionally targeting priority groups.

In terms of the inclusive economy priority, he added that physical activity had an important role to drive the economy from an employment, health and social care and productivity perspective.

He informed the Board that consultation process had started, with the strategy about to go out to public consultation. He was keen to get Board members views and opinions on how the work was developing so far. He stressed the importance of physical activity being embedded within the policies of all key stakeholder organisations represented on the Board, which needed to provide opportunities to continue to build towards making physical activity everybody's business.

The Public Health Officer informed the Board that a whole systems approach was to be adopted as part of the sport and physical activity strategy. She added that the strategy was



looking to increase activity levels in Luton and reduce sedentary behaviour and, as part of the whole systems approach, all stakeholders needed to ensure that sport and physical activity were embedded in systems and accessible to all. She reiterated that the approach was to create a shared vision and highlight that sport and physical activity was everyone's business, with everyone having a role to play in it.

Following initial engagement with stakeholders and a desktop needs assessment, four priority themes had been highlighted. These were, creating active people, creating active environments, creating active societies and creating active systems. Each of the priorities was underpinned by a number of targeted outcomes, as set out in the report. These included protecting and enhancing Luton sporting infrastructure, active travel and developing partnership and systems mapping. She added that it was also important to create and develop strong relationships with the community, so that the community felt part of the strategy and had a voice in its development.

She went on to say that a two phase consultation was due to start, with the first phase starting at the end of October or beginning of November for eight weeks to obtain views on the draft strategy and the highlighted priority areas from residents, stakeholders and the local community.

The Board's views were welcome on the draft strategy and its easy read version, due to go out to consultation.

The Portfolio Holder, Adult Social Care, welcomed the four priority areas. He added that sometime people did not feel safe in the open areas in Luton, which should be considered, as part of the active environment priority. To promote physical activity, he said that he would like to see an increase in outdoor gym equipment. He also suggested that a room in the Town Hall be equipped with an indoor cycle and treadmill for staff and members to use during their breaks to lead by example.

The Public Health Principal said that safety would be a key focus within the active environment theme and more accessible opportunities would be provided for people to be active. Outdoor gyms, allotments and green spaces would also be the focus within that theme to encourage people going out into open spaces. He added that there would be opportunities to lead by example within the Council, e.g. providing more opportunities in the library buildings, including in the Town centre for people to be physically active.

He went on to say that it was an aspiration to provide opportunities for people to be active in work, through the employee wellness programme. He gave the example of the walking challenge, which encouraged people to get up, walk away from their desks, and commit time to be active. The Chief Executive supports and promotes wellbeing; including being more active and taking breaks from sitting down and being sedentary.

He added that the idea of creating more facilities for staff was an area for further exploration, as part of the wellness work, if funding could be leveraged.

Building on the Adult Social Care Portfolio Holder's comments, the Director of Public Health spoke about a workshop on navigating local systems, when bringing together and encouraging older people to be physically active were discussed. The measures mentioned by the Portfolio Holder, including access to walking, access to green spaces and outdoor gym were raised. These were under discussion and would be built into the strategy.

The Vice-Chair fully embraced the concept, the initiatives and direction of travel, but wondered how residents, who were struggling to make ends meet, fit the hours into their jobs

to undertake physical activities. She suggested a win-win approach, e.g. providing food production in the spaces used, so that they could tangibly see why they should do what was required of them. She added that for some people, physical activity could be a step too far to expect, although a good thing for them to do.

The Public Health Principal agreed that this would be a difficult challenge and added that a local group called the Luton Sport and Physical Activity Network, offered small grants and were working with local clubs to ensure children and young persons and adults, who could not afford memberships had access to additional support to keep level of activities going.

He said that he was also the responsible officer for the healthy weight strategy and the Luton food plan, which was looking to develop a food strategy for Luton. He added that there was a good working relationship with the local food poverty alliance, which was looking at how to use available green space more efficiently for growing food. The fairness task force was also looking at opportunities for creating warm hubs, as well as ensuring people could keep active. Resource availability was identified as a challenge to keep this at a high priority level for the future.

The Adult Social Care Portfolio Holder commented on the feedback from the Vice Chair and said that was why delivery of Luton 2040 as soon as possible was paramount, so that people could be upskilled to get better jobs, lift themselves out of poverty and have a good work-life balance, spending more quality time with their families.

The Portfolio Holder, Children's, Families and Education Services commented on creating active environments, in particular access to green space for walking and recreation, which was free and could be enjoyed by all ages within a family, including the young people. She said that Luton was surrounded by areas of outstanding natural beauty, not far from most people's houses, a matter that could be reflected more in the document to signpost people where they could go for walks and get the benefits of the outdoor and free recreation.

The Chief Primary Care Officer endorsed the comments of partners working together and having one voice across the system and ensuring people had access to information on one sheet of paper. She suggested that people could do something active together, although not necessarily sports, e.g. planting flowers in a garden area.

She also supported the idea of walks, which was available to all ages, e.g. the Wigan Mile initiated by children walking a mile a day, as children could be motivators for families. She advocated a bottom up approach that partners, including councillors, believed in and was passionate about, as role models.

The Portfolio Holder, Children's, Families and Education Services said that each primary school should be made aware of their local green spaces, where children could go for a walk during their breaks or have a picnic with their families. She suggested that this idea should be considered as part of the strategy.

The Corporate Director Population Wellbeing commented that the general conversation should be about de-mystifying sports and physical activity. He added that there was a need to use a common inclusive language, so that people felt connected. He added that all the pieces of work being undertaken should be connected, bearing in mind mental health and the cost of living pressures that people were experiencing currently. How to weave sports and physical activity in that mix was important.

He went to say that the Board should consider how all partners could actively get involved in the consultation, as it was important to get people's views on the ground on how this could be done and finding out from them what they needed partners to do to help and support them.

The Portfolio Holder, Public Health and Integration commented on an initiative in Scotland, where women connected together as a group and went for walks. She suggested that this initiative could be replicated in Luton.

She went on to praise organisations collaborating on mental health and wellbeing and starting physically active groups across the town, but raised concerns about cost of living pressures, which meant that some people could not afford to get involved. She added that communication was key to ensure people knew what was available to them for their wellbeing. She further said that community members and councillors should lead by example to promote physical activity.

The Public Health Officer welcomed the discussions, adding that the strategy was more than just encouraging people to take up organised or club sessions, as it was also about reducing sedentary behaviour and accessing parks and green spaces.

She informed the Board of an ongoing promotional campaign called 'Luton Let's Get Active' to encourage people to move more and sign-posting them to free opportunities, e.g. Push Chair in the park at Wardown Park for mothers and babies.

She added that there were free taster sessions to try something new and to raise awareness of what was already taking place in Luton.

She requested that Board members share and promote the consultation when launched, so that as many residents' views as possible could be heard and not just from those people who traditionally respond to surveys on sports and physical activity. She added that it was important to get the views of people who believed sports and physical activity was not for them and find out how to support them to be more active. The survey would be available online and in hard copy at Leisure centres and community centres. There would also be face-to-face engagement sessions with known groups, such as Faith Groups and the Luton Irish Forum.

Responding to a query from the Chair, the Public Health Officer said that a leaflet or summary version of the strategy that members could use to promote the strategy in the community was under discussion. She reiterated that it would not be an online only survey.

The Interim Corporate Director, Children, Families and Education, commented about how to go back to traditional approach to activity, which was free but helpful to parents, such as park runs, which could be replicated for children and families. She said that parks could provide free activities, such as treasure hunts, hopping and skipping, that families could access and try.

She added that outdoor gyms had been successful in many other areas and were well maintained. She suggested ambassadors would be needed to monitor the equipment.

She also suggested an idea of giving free cameras to children to encourage them to take wildlife photographs for competitions, as advocated on Countryfile on TV, to help families get out and do some activities and learn about wildlife. The cameras, together with fact sheets could be put on offer in shops, Luton being a child friendly Town.

The Adult Social Care Portfolio Holder welcomed the opportunity to get involved and assist in any way he could as a councillor, given his link to communities and religious establishments.

The Healthwatch Luton Chair commented about sports England's Active Lives survey, which highlighted that 58% of individuals were keen to be more active after the pandemic to provide a good foundation to build on habits developed during the locked down period. He said that he did a lot of cycling and walking during the lockdown period, but stopped after lockdown. He was not sure of the reasons, but suggested cycling was dangerous on busy roads, which were not so busy during the lockdown. He also suggested that there was an issue about where cycles could be safely stored, raising the idea of the provisions of safe cycle parks for consideration.

The Public Health Principal said that these suggestions were part of various ongoing discussions. He informed the Board that the local cycling and walking infrastructure plan was being reviewed to see where enhancements could be made, e.g. in pathways, cycle routes and safe cycle storage. He agreed that traffic was an issue.

The Public Health Principal went on to say that people were being encouraged by central government to walk and be active, something that could be built on to keep up the momentum, e.g. through the campaign to generate low cost mass participation events across Luton, such as the Run Fest - 5K, 10k and half marathons.

He added that the perception on safety needed to be addressed through the active environment subgroup, subject to being able to leverage grant funding to improve the network further in Luton to encourage people to be more active and to access green spaces through the development of 'green corridors'. This was a challenge, due to Luton being urbanised. It was also challenge to stop people going back to old habits and to keep up the momentum in being active.

The Healthwatch Luton Chair further commented about walk and talk events discussed by a GP at the Healthwatch meeting. It involved walking with people from primary care to get people active and re-engage with primary care, which he thought was a brilliant idea, but not well known.

In response, the Chief Primary Care Officer agreed to share information about the initiative, which had been discussed at the Place Board. She added that the wife of the GP started the movement, as a good way for GPs to re-connect with local people. The groups involved were diverse, ranging from slow walk groups to faster jogging groups and a good example of social movement and role modelling.

The Chair hoped that members' comments and suggestions had been sufficient and noted by the officers for consideration in developing the strategy. She requested that the results of the consultation surveys be reported to a future Board meeting, which was agreed.

**Resolved:** (i) That members' comments and suggestions on the draft Sport and Physical Activity Strategy, Consultation Surveys and the easy read version of the strategy be taken into consideration by Officers in developing the strategy

(ii) That the Public Health Principal be requested to report on the results of the consultation surveys on the Sport and Physical Activity Strategy to a future meeting of the Board.

#### 47. Better Care Fund 2022-2023 Narrative Plan and the associated Finance and Metrics Template (Ref: 9)

The Corporate Director, Population Wellbeing presented the report (Ref: 9), seeking the Board's approval for the Better Care Fund (BCF) 2022-2023, the Narrative Plan and the associated Finance and Metrics Template.

He said that the Better Care Fund was a matter reported to the Board on a regular basis.

He requested that the Board review the 2022-2023 BCF Narrative Plan and associated Finance and Metric Template, as set out in the document, noting that 95% of BCF monies were allocated to core services, with the remaining 5% targeted to enhancing the Health in Care Homes scheme.

He further requested that the Board consider and approve the 2022- 2023 BCF Narrative Plan and the associated Finance and Metric Template, also set out in the document.

In the absence of any questions and comments, the Chair moved that the recommendations in the report be approved, which was agreed.

**Resolved:** (i) That the 2022-2023 Better Care Fund (BCF) Narrative Plan and associated Finance and Metric Template be considered reviewed by the Board

(ii) That it be noted that 95% of BCF and improved BCF monies were allocated to core service budget needs and the remaining 5% to the Enhance Health in Care Homes scheme and the Falls service redesign and that BCF allocations continued to directly support key post pandemic budget pressures, as previously approved by the Board

(iii) That the 2022- 2023 BCF Narrative Plan and the associated Finance and Metric Template be approved for final submission to the Better Care Fund Board and the DHSC.

#### 48. 2022-2023 Luton Section 75 Agreement (Ref: 10)

The Corporate Director, Population Wellbeing presented the report (Ref: 10), seeking the Board's approval for the Luton 2022-2023 Section 75 Agreement to progress to the Integrated Commissioning Board, before signing and sealing.

He said that the report was closely related to the previous one (item ref: 9) on the BCF and was a regular one that had been well under discussion up to that point. He added that the Section 75 Schedules within the agreement had already been formally agreed by the Joint Strategic Commissioning Group.

He requested that the Board consider and approve the Luton 2022-2023 Section 75 Agreement for submission to the Integrated Commissioning Board, following signing by the assigned signatories, so that the requirements in the document could be progressed.

The Luton Council Chief Executive commented that the section 75 combined budget of £83.2m was very significant and represented a very important piece of work, for which he was grateful. He added that it was worth noting by Board members, that more work would be done on schedule one, particularly on children and young people's commissioning through the ICS.

As people often wondered why services did not work together and given that £83.2m was a significant joint budget, the Vice Chair commented about making it more known to change people's perception about the existence of joint working, a matter the Chair agreed with.

The Chief Primary Care Officer concurred about people's perception on this matter and suggested that the Place Board and partners be used for the purpose of putting out the positive messages on joint working. She added that at a recent NHS Board meeting, the national Primary Care Director spoke about primary care being at the centre, given that the population often accessed primary care, be that the dentist, optometrist or a GP and it was a question on how to get the collective message out. She mentioned an initiative called Core 20 Plus5, a national approach to support the reduction of health inequalities at both national and systems level. She added that she had had a discussion with the Director of Public Health on the twenty most deprived areas in Luton and was also looking at BLMK. Luton had about 56000 people affected compared with 6000 in Central Bedfordshire. Evidence also showed inequalities should be looked due to the evidence in Luton and equally at BLMK level.

She went on to say that if inequalities could be addressed, it would make the whole system far more of an opportunity. She said that perception in Luton was changing, with six Primary Care Networks and more patients registered, having made it easier to do so in Luton. She added that joint resources needed to be targeted, working particularly with the Community and Voluntary Sector to map out community assets at household and neighbourhood levels and built up.

The Luton Council Chief Executive further commented that it was pleasing to see that Luton was continuing to lead the way in BLMK, expressing his thanks to the team responsible for bringing this about. He queried the time scale for the 2023/24 agreement, which the Chief Primary Care Officer offered to look into and inform him.

The Chair moved that the recommendations in the report be approved, which was agreed.

**Resolved:** (i) That the Section 75 Schedules agreed by the Joint Strategic Commissioning Group be supported

(ii) That the submission of the Section 75 Schedules to the Integrated Commissioning Board and signing by the designated signatories, Mark Fowler, LBC, Corporate Director Population Wellbeing and Richard Alsop, BLMK ICB, Director Commissioning and Contracts be approved.

#### 49. Luton Pharmaceutical Needs Assessment (PNA) 2022 (Ref: 11)

Responding to a question from the Chair, the Director of Public Health informed the Board that Luton Pharmaceutical Needs Assessment (PNA) had been before the Board before and went out on consultation. The current report was on the result of the consultation.

The Public Health Analyst proceeded to present the report, updating the Board on the conclusions of the PNA after consultation and final review by the PNA steering group and seeking ratification and approval of the Board for final PNA report.

She confirmed that it had been presented to the Board before as a draft just before it went out for the formal consultation, which ran for 60 days, following which there had been a meeting with the Steering Group, comprising stakeholders, such as the Luton Pharmaceutical Committee (LPC), Healthwatch and the NHS. The report following consultation was reviewed and the final version of the document provisionally published. The purpose of

bringing it to the Board was for ratification and for obtaining approval. She added that the version provided in the agenda pack was a pre-designed version, assuring the Board, that apart from minor formatting issues, the contents had not changed. The final designed of the document had been provided as a link for members to view.

She went on to remind the Board that the PNA was required to be carried every three years and published by 1 October. The PNA had been through three consultations, the last formal one carried out in July and August 2022. The feedback received was mainly from the public and some of the pharmacy contractors and had not changed the final draft conclusion that the pharmaceutical provision in Luton was adequate for its population. However, there were ways provisions could be improved and enhanced so that the population could get the best benefit from pharmaceutical provision. Details were as set out in the final version of the report.

One learning point from the consultation was that the document was a bit weighty because it contained a lot of data, which were required for inclusion. Work had started on a shorter and easy read version comprising one or two pages. It was clear that a number of people who wanted to respond to the consultation did not read the document and could not comment on it. A summary of the document was then provided for these people to read. Apart from the main document, a shorter easy read version would be provided.

She requested that the Board approve and agree the conclusions from the Pharmaceutical Needs Assessment, which was that provision was still adequate in Luton. She also requested that the Board approve and ratify the publication of the PNA report on the website.

The Chief Primary Care Officer highlighted the role of pharmacists in Luton, in particular in facilitating Covid and flu vaccinations during the joint systems work with the community of Luton promoting and encouraging take up of the vaccines.

She added that the Board should note that, according to the survey, 95% of people collected prescriptions from pharmacies, but only 50% had gone in for health advice. She emphasised that pharmacies were a resource that needed to be tapped into. While accepting provision was adequate, she said that in 2023, the system would be taking responsibility for pharmacies from NHS England, which would be an opportunity for the system to address inequalities by reaching into communities. She said that the PNA could be used as an enabler to understand what was available and progressing from there.

The Luton Council Chief Executive concurred with the Chief Primary Care Officer. He added that future improvements and better access to pharmacies could be achieved by expanding current providers in Luton, as there was more that pharmacies could do to help the population stay healthier. He suggested that was a piece of work was needed on how to optimise the opportunity of the high street pharmacy to help population wellbeing. He congratulated the Public Health Analyst for her fantastic piece of work.

The Vice Chair added that the provision was adequate, but more and expansion of services would be better, which had resource implications. Some pharmacy premises were very constrained and if pharmacists were required to interact and do more, they needed to have an environment, like general practices, that was fit for purpose. She added the PNA provided the potential for improvement.

Following on from the Vice Chair's comments, the Corporate Director, Population Wellbeing added that there was an issue about where pharmacies were located in the town and wondered if there was an opportunity to expand, do something different and track the results in an evidence led approach, which could be insightful.

The Portfolio Holder, Public Health and Integration concurred with the Corporate Director, adding that education within communities was key. She said that some people did not like to wait for long periods in a confined environment at pharmacies.

The Chair moved that the recommendation in the report be approved, which was agreed.

**Resolved:** That the final PNA report be approved and ratified by the Board for publication on the Council website.

## 50. Health and Wellbeing Board Work Programme Report (Ref: 12)

Members considered and agreed to note the work programme, with the following additional item resolved at Minute 45 (ii) above included for a future meeting of the Board:

- Results of the consultation surveys on the Sport and Physical Activity Strategy - Matthew Hudson/ Jade Horsley (date tbc)

**Resolved:** (i) That the results of the consultation surveys on the Sport and Physical Activity Strategy be included in the Board's work programme for date to be confirmed

(ii) That the work programme be otherwise noted.

**(Notes: The meeting ended at 7.07 pm)**



Minutes of the meeting of the HEALTH and CARE PARTNERSHIP held on WEDNESDAY 12 OCTOBER at 2.00 pm

**Present:** Councillors Marland (Chair), R Bradburn, E Darlington and D Hopkins, M Bracey (Chief Executive, Milton Keynes City Council), V Collins (Director - Adult Services, Milton Keynes City Council), M Heath (Director – Children's Services, Milton Keynes City Council), Dr R Makarem (Chair of BLMK ICB) (Vice-Chair), F Cox (Chief Executive, BLMK ICB), J Hannon (Diggory Divisional Director of Operations, CNWL NHS Foundation Trust), J Harrison (Chief Executive, Milton Keynes University Hospital NHS Foundation Trust), V Head (Director of Public Health, Milton Keynes City Council), Dr N Alam (Representative of Primary Care Networks), C Bell (Deputy Chief Fire Officer, Bucks Fire and Rescue Service), M Taffetani (Chief Executive, Healthwatch Milton Keynes), Supt M Tarbit (LPA Commander, Thames Valley Police), P Wilkinson (Chief Executive, Willen Hospice), J Held (Independent Scrutineer, MK Together)

**Officers:** M Carr (Deputy Director Public Health, Milton Keynes City Council), D Stout (Development Director, Milton Keynes Health & Care Partnership) and A Clayton (Overview and Scrutiny Officer), Milton Keynes City Council

**Observers:** R Green (Head of MK Improvement Action Team, BLMK ICB), M Wogan (Chief of System Assurance and Corporate Services, BLMK ICB)

**Apologies:** None

#### **HCP08 MINUTES AND ACTIONS ARISING**

The Partnership considered the Minutes of the Health and Care Partnership's meeting held on 1 June 2022 and noted that all actions from the meeting had been completed or were in the process of being completed, with those outstanding being recorded on the Forward Plan.

RESOLVED -

1. That the Minutes of the meeting of the Health and Care Partnership held on 1 June 2022 be approved and signed by the Chair as a correct record.
2. The actions arising from the previous meeting held on 1 June 2022 were noted. All other actions were completed or in the process of being completed and noted accordingly on the Forward Plan.

**HCP09 DISCLOSURES OF INTEREST**

None.

**HCP10 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The Partnership received two reports; a) a progress update on the JSNA and b) Milton Keynes Place Profile 2022.

The Director of Public Health presented the report and drew the Partnership's attention to several key points of progress this year:

- Musculoskeletal Health Needs Assessments had been completed, undertaken collaboratively by the MKCC Public Health Intelligence Team and the ICB. This would drive commissioning going forward.
- Work on the Children and Young People Inequalities and Vulnerabilities chapter of the JSNA is underway, with completion planned by December 2022.
- The chapter on Long Term Conditions and Ageing Well was being scoped.
- The Place Profile for Milton Keynes had been developed.

The Partnership heard that the objective was to make the data for the ICB region available on a web based platform, with place-specific dashboards providing key demographic, socio-economic and health indicators. Efficiencies would be achieved through the adoption of the same platform across all councils in the region. Over time it was anticipated that the data would provide an increasingly granular view, allowing for more efficient deployment of public health resources. Disparities in health outcomes amongst different socio-economic groups within the City were made manifest by the data and provided opportunities for appropriate intervention.

The Partnership welcomed the progress made thus far and discussed ways in which the data could be deployed to improve health outcomes. Working collaboratively across the region provided for both a better overview and opportunities for pooling and thereby reducing resources. It was recognised that the JSNA formed the evidential basis on which future commissioning decisions would be made by the ICB in consultation with MKCC, and that, resources being finite, priority should be given to public health initiatives with a strong evidential basis that optimised positive health outcomes for the residents of Milton Keynes.

RESOLVED -

That the reports be noted.

## **HCP11**

### **FEEDBACK FROM THE BLMK INTEGRATED CARE PARTNERSHIP (ICP)**

The Partnership received an oral report from the Chief Executive, BLMK ICB, who identified the following salient points:

- The Integrated Care Partnership for BLMK had now met twice and the focus of discussions to date had been the strategy for the living well priority for children. The ICP was required to formulate clear priorities, whilst taking into account the views and opinions of diverse groups including childcare professionals and members of the general public. The ICP was required by Government to produce the strategy by Christmas this year.
- Whilst the strategy timetable involved working to a deadline, it was more important for the ICP to consider matters in the round in order to arrive at a longer term view.
- The ICP would be meeting next in November 2022.

RESOLVED -

That the oral report be noted.

## **HCP12**

### **UPDATE ON THE PROGRESS OF THE MK DEAL**

The Partnership received an update report on the progress of the MK Deal. The Report was presented by the Chief Executive of Milton Keynes City Council, who provided some background information:

Underneath the Partnership a Joint Leadership Team (JLT) had been formed, comprising representatives from CNWL NHSFT, PCN and MKCC. The JLT met fortnightly to consider in detail how the improvement priorities for Milton Keynes, as decided by the Partnership, might best be met through the working relationship with the BLMK ICB and to bring this together under the MK Deal. The MK Deal is the formal agreement between the Partnership and the BLMK ICB that sets out the arrangements and responsibilities that will operate between the parties to deliver these improvement priorities.

The MK Deal had been agreed with the ICB on 30 September 2022 and an officer had been appointed by BLMK ICB to lead a team on the implementation of the deal in Milton Keynes. One of the key priorities of the implementation was to simplify arrangements and to strengthen the focus on evidence-based solutions, i.e. to focus on key initiatives that were proven to be working well and to cease those initiatives for which the evidence was not strong.

Overall, matters were progressing well. The relationships between the various partners were operating efficiently and the team was

now ready to move forward and put the agreement and plans into action.

The Partnership considered the report and made the following observations:

- That prevention is better than cure, i.e. that the solutions to advancing some of the priorities lay in early interventions, better health education, and the development of strong collaboration with all parties involved in the process, including the voluntary sector, pharmacies and statutory bodies.
- That regarding the hospital discharge policy the plans under consideration would not significantly impact the problems being experienced during this winter season, but the intention was to make improvements in time to alleviate problems during the next.
- That the integrated approach to healthcare offered the potential to improve outcomes across the City. It was hoped that the collaboration required to achieve the four priority areas set this year would strengthen the partnership across the sectors and help build a strong foundation for working together in the future.

RESOLVED –

1. That the MK Deal, as set out in the report, was agreed and a letter sent to the ICB confirming this.
2. That the work on hospital discharge and obesity should start first with a report back to the Partnership at its next meeting on 22 February 2023.
3. That development work on the other two priorities should continue, with a view that the Partnership will agree when these will start at its next meeting on 22 February 2023.
4. That where additional approvals were required to meet the objectives in the MK Deal that these be agreed and actioned by the JLT in consultation with the Chair and Vice-Chair of the Partnership.

### **HCP13**

#### **MILTON KEYNES BETTER CARE FUND (BCF) PLAN SEPT 2022**

The Partnership received a report from the Director of Adult Services, who explained that the statutory return was completed and submitted recently and that this report comprised the narrative part of that return.

That the approach and focus of the plan this year was essentially a repetition of the previous year's plan and that no significant changes

had been proposed. The overall spend under the plan was circa. £26 million and had been agreed by all parties, including a range of performance indicators to provide for measurement of success and accountability.

The Partnership considered the report and made the following observations:

- There was a considerable focus on initiatives pertaining to hospital discharge, one of the priorities of the MK Deal. For example, the BCF included funding for a social care team based in the hospital. The use of the BCF provided a model in many ways for the future operation of the MK Deal, involving cooperation between many providers of healthcare in the City.
- That the BCF provided for many services that had become core, essential services. As it was not a fixed fund, but additional monies that were agreed on an annual basis, the Partnership expressed concern about the reliability of these funds in the future, particularly in the context of possible cutbacks in public sector funding.

RESOLVED -

That the report be noted.

**HCP14 INFORMATION ITEM – UPDATE FROM SAFEGUARDING PARTNERSHIP**

RESOLVED –

That the report be noted.

**HCP15 DATE OF NEXT MEETING**

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 22 February 2022 at 2.00 pm.

THE CHAIR CLOSED THE MEETING AT 3.22 PM

Reply to Cllr Peter Marland  
Call 01908 253732  
E-mail peter.marland@milton-keynes.gov.uk

Dr Rima Makarem  
Chair of the Bedfordshire, Luton and Milton Keynes Integrated Care Board

Via email: rima.makarem@nhs.net

9 November 2022

Dear Rima

**I am writing to formally confirm that the Milton Keynes Health and Care Partnership (MKHCP) agreed the 'MK Deal' at our meeting on 12 October 2022.**

While we all acknowledged that this is just the first step in devolving decision within the BLMK Integrated Care System, it offers a real opportunity to drive improvement in the four priority areas set out within the 'MK Deal'. I know we have a shared belief that making decisions closer to the communities we serve through strong place-based partnerships is key to managing the challenges we face in health and care.

We welcome the initial steps taken by the Integrated Care Board (ICB) to align your resources to support MKHCP to deliver the responsibilities set out in the 'Deal' and your commitment to agreeing a longer-term resource plan with us over the next 12 months.

We discussed the phasing of the implementation of the 'Deal' at the MKHCP meeting on 12 October, noting that we need to agree a timetable for the 'go live' date for MKHCP taking on responsibility for each priority area set out in the 'MK Deal'.

#### **Avoiding unnecessary hospital stays/System flow**

We agreed that we want to operationalise the 'Avoiding unnecessary hospital stays/System flow' priority as soon as possible. We propose that MKHCP takes on responsibility for the functions set out in the 'MK Deal' for this priority from 1 December 2022. Following discussion with ICB colleagues, this means:

1. Strengthening the existing approach to the day to day management of the urgent care system in Milton Keynes, including effective management of winter pressures.
2. Developing a longer term improvement plan to deliver functionally integrated services between MKUH, CNWL and Milton Keynes City Council, including:
  - a. Simplification of existing pathways for care
  - b. More integrated workforce to address workforce shortages

- c. Planning and delivery of the virtual ward in MK
  - d. Agreement of shared risk management and other clinical policies
  - e. Improved interface with primary care services
3. Taking responsibility for design and delivery of services within the agreed scope including all decisions on the deployment of funding for these services and the use of the existing s256 funding for reducing delays in acute discharge and ensuring that more people are supported at home.
  4. Where new financial allocations such as winter funding are received by the ICB during the year relevant to the agreed areas of responsibility being taken on by MKHCP, these will be made available to MKHCP on a fair shares or other agreed apportionment basis agreed through the BLMK system finance directors' group.
  5. Partners within the MKHCP will commit to provide leadership and staffing resources to deliver these objectives. The ICB will continue to provide the agreed existing levels of input to the work under the direction of the MKHCP.
  6. Partners within MKHCP will continue to report on all mandated indicators to ensure transparency of performance and the ICB will continue to support reporting to NHSE as required. MKHCP will use the following metrics to track progress over time and in comparison to other similar areas to measure the impact of our collective action:
    - a. Percentage of patients in MKUH not meeting criteria to reside
    - b. 78 week waits at MKUH for elective care
    - c. Number of 30 minute ambulance handover delays at MKUH
    - d. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
    - e. Percentage of two hour Urgent Community Response referrals that achieved the two hour standard

## **Tackling obesity**

We also agreed that responsibility for the 'Tackling obesity' priority will be taken on by the MKHCP from 1 December 2022. Following discussion with ICB and public health colleagues, this means working together to:

1. Review our NHS and Public Health commissioned weight management services to ensure the offer and referral routes are as effective and simple as possible and residents have appropriate access to support to lose weight.
2. Explore new ways to support people to lose weight so that we can provide support to more people - for example through population health management, the use of wearable technology, use of pharmacological therapies, campaigns in schools and primary care, and proactive work to engage people in community clubs, groups and activities.

3. Through our organisations' roles in policy-making and as employers, shape the food and activity environment in MK in order to prevent more people reaching an unhealthy weight in the future. Examples of this include procurement, planning policy, limits to commercial influence over food choices, use of premises, reward of active travel and employment policies.
4. Measure progress over time and in comparison to other similar areas against the following key annual metrics, recognising that the impact of our collective action will be long term:
  - a. Prevalence of overweight (including obesity) among MK pupils of Reception age (Source: National Child Measurement Programme)
  - b. Prevalence of overweight (including obesity) among MK pupils in Year 6 (Source: National Child Measurement Programme)
  - c. Percentage point gap in the prevalence of overweight (including obesity) between the most and least deprived areas, as measured in year 6 (Source: National Child Measurement Programme)
  - d. Adult prevalence of overweight/obesity (Source: Active Lives Adult Survey)

For the other two priority areas (Children and young people's mental health and Managing complex needs), we propose that we move to a 'pre-start' development phase and that we update the ICB on readiness to proceed after the MKHCP meeting in February 2023.

We anticipate the scope of the 'MK Deal' will change over time and as we learn from the work in these initial priority areas. We recognise that the ICB is planning to restructure the organisation in order to provide more dedicated resources to support place-based working and we look forward to hearing more about progress in this area when we meet again in February 2023.

I look forward to continuing to work with you and colleagues within the ICB to continue to strengthen our partnership and shared commitment to improving health and care in Milton Keynes and the wider Integrated Care System.

Yours sincerely



**Cllr Peter Marland**

Chair of the Milton Keynes Health and Care Partnership

cc: Felicity Cox  
Maria Wogan



## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 22 September 2022 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.15 pm.

### Members present

Cllr A Cranmer, Dr R Bajwa, Dr J O'Grady, Mr N Macdonald (Vice-Chairman), Dr S Roberts, Cllr S Bowles, Dr K West, Cllr Z Mohammed, M Powls, Dr R Sawhney, D Walker and P Miller, Cllr A Macpherson (Chairman), M Gallagher, G Quinton and K Higginson.

### Others in attendance

S Taylor, B Binstead, C Kavanagh, T Burch and K Vockins, J Boosey, R Nash, Z McIntosh, G McDonald, P Baker, R Beasley, H Mee, G Elton and M Evans-Riches.

### Agenda Item

#### 1 Welcome

The Vice Chairman, Neil Macdonald, Chief Executive Officer for Buckinghamshire Healthcare NHS Trust, acted as Chairman for this meeting due to Councillor Angela Macpherson, Deputy Leader and Cabinet Member for Health and Wellbeing, attending remotely.

N Macdonald welcomed everyone to the meeting and explained that some partners had joined the meeting remotely.

#### 2 Apologies

Rebecca Binstead, Senior Democratic Services Officer, advised that apologies had been received from John Macilwraith, Corporate Director for Children's Services, Buckinghamshire Council; Dr Craig McDonald, Acting Children's Clinical Lead, BHT and Robert Majilton Deputy Chief (Accountable) Officer Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB).

Richard Nash, Service Director for Children's Social Care, attended as substitute for John Macilwraith.

#### 3 Announcements from the Chairman

Councillor Angela Macpherson, Deputy Leader and Cabinet Member for Health and Wellbeing, welcomed Phillipa Baker. From October Philippa will be joining the Board as the Place Director for Buckinghamshire, representing the Integrated Care Board.

Councillor A Macpherson announced that the report on GP access and the impact of

housing growth on GP access in Buckinghamshire, from Dr James Kent the Chief Executive of the Integrated Care System over Buckinghamshire, Oxfordshire and Berkshire, had been postponed to the meeting on 15 December 2022.

#### **4 Declarations of Interest**

There were no declarations of interest.

#### **5 Minutes of the previous meeting**

**Resolved:** The minutes of the meeting held on 26 May 2022 were **agreed** as an accurate record.

#### **6 Public Questions**

The Vice Chairman stated that no questions had been received before the deadline of 12 noon on the Friday the week prior to the meeting. A question regarding the Pharmaceutical Needs Assessment had been received after the deadline and would be heard under the relevant item, as it had been previously noted during consultation and a response had been included in the corresponding report.

#### **7 Healthwatch Bucks Quarterly Review and Annual Report**

Zoe McIntosh, Chief Executive, Healthwatch Bucks, referred to the Quarterly Review and Annual Report in the agenda pack and raised the following:

- The social prescribing survey found that awareness of social prescribing was low, but people who had accessed the service were very positive about the benefits it could offer. The recommendations focused on raising awareness and how this could be achieved, such as targeting specific groups. Healthwatch was awaiting a response from Dr James Kent, Chief Executive, Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS), on these recommendations.
- Healthwatch had published 18 reports that had been received by the Health and Wellbeing Board and Commissioners. Recommendations to Commissioners were followed-up with after 6 months to review whether changes had been implemented.
- As a signposting service, Healthwatch had over 200 people come to them for advice and information. Common issues included access to dentistry and General Practitioner (GP) services.
- Priorities for 2023 had been identified as health and inequalities, primary care, and social care, with particular focus on dementia. A project regarding early onset dementia was planned for the next quarter.
- Healthwatch had witnessed an increase in feedback relating to pharmacies, which was likely due to increased footfall. There had been an increase of negative experiences in accessing pharmacies, however it was noted that they were more likely to hear from negative experiences than good ones.

It was noted the resulting recommendations from the social prescribing report included encouraging more GPs and Primary Care Networks (PCNs) to utilise their

own websites to display and promote social prescribing. The Vice Chairman emphasised the importance of raising awareness in professional networks as well as public. It was agreed that Zoe McIntosh would share the details of the report for it to be distributed internally.

**Action: Z McIntosh**

## **8 Integrated Care Partnership**

Rob Beasley, Interim Director of Communications and Engagement, Integrated Care Board (ICB), advised that the membership of the Integrated Care Partnership (ICP) Committee had been agreed and the first meeting was planned for late October. It was noted that the Intergrated Care strategy must be agreed by the end of 2022.

The Integrated Care Board (ICB) were working on developing communications and an engagement framework, which was due to be received by the ICB on Tuesday 27<sup>th</sup> September 2022. Pending approval, this aims to make full use of partner's channels to communicate, consult and engage with a wider audience. R Beasley explained that they were also looking to expand the Citizens Panel.

The following key points were raised in discussion:

- That development of Integrated Care strategy would be built upon Health and Wellbeing Board strategies across Buckinghamshire, Oxfordshire and Berkshire West (BOB), to encourage a place-based localised approach.
- Councillor A Macpherson raised concerns over whether key documents and strategies would receive stronger place-based consultation. R Beasley provided reassurance that the ICP would be a partnership comprised of Local Authorities, Healthwatch, local trusts, volunteer and community organisations and its work would reflect this.
- It was queried how residents would be encouraged to contribute and understand the impact of the ICB. Gillian Quinton, Corporate Director Adults and Health, Buckinghamshire Council, emphasised that this was part of the ICB's public facing responsibilities and the ICB need to articulate the benefits of health outcomes for the public as a result of ICB development. R Beasley stated that working as a partnership would allow the ICP to use their channels to reach as wide an audience as possible.
- R Beasley explained that the ICB were planning on developing an improved feedback system through their relationship with the Citizen's Panel, via regular consultation, focus groups and engagement.
- David Walker detailed the challenge of addressing regional inequalities throughout the wider BOB geographical area and the importance of protecting resident's provision.

## **9 Joint Local Health and Wellbeing Strategy Refresh**

Councillor A Macpherson introduced the item by reminding members of the Health and Wellbeing Board meeting on Thursday 26 May 2022, whereby the proposal for the Board to focus on a limited number of key priorities in order to deliver long-term

improvement in health in some of the most challenging areas was agreed. These priorities endorsed the Joint Local Health and Wellbeing Strategy life course approach and over the summer period of 2022, work had been undertaken to refresh the strategy. The Chair gave thanks to everyone involved, in particular the leads for the priority areas:

- Heidi Beddall at Buckinghamshire Healthcare NHS Trust and Dan Flecknoe from Public Health on their work on 'Improving outcomes during maternity and early years'
- Donna Clarke at Oxford Health NHS Foundation Trust and Louise Hurst from Public Health on their work on 'Improving mental health support'
- Sally Hone from Public Health on 'Reducing the prevalence of obesity in children and adults' and 'Increasing the physical activity of older people'
- Tiffany Burch from Public Health on 'Reducing the rates of cardiovascular disease' and
- Dr Sarah Winchester from Public Health on 'Improving places and helping communities to support healthy ageing'

Dr J O'Grady, Director of Public Health, stated that action plans were in development to reduce inequalities and gaps in health across the life course approach. Regarding mental health, the differential access and experience for ethnic minority groups was considered. The Board were informed of the planned work to co-design action plans with local communities and Voluntary, Community and Social Enterprise (VCSE) organisations.

Dr O'Grady referred to the papers in the agenda pack and noted the minor changes to the strategy including the priorities starting on page 33 of the agenda pack. It was explained that performance baseline measures would be presented to the Health and Wellbeing Board in December to help track progress.

**Resolved:** The Health and Wellbeing Board:

- **Noted** and **agreed** the refreshed Buckinghamshire Joint Local Health and Wellbeing Strategy as set out in Appendix 1.
- **Noted** and **agreed** the Action Plan as set out in Appendix 2.
- **Noted** and **agreed** the Action Plans on a Page as set out in Appendix 3.
- **Noted** and **agreed** that the Strategy is iterative and to contribute to the development of the action plans.

Dr O'Grady spoke about 'Stoptober' to support people to quit smoking. It was agreed the Health and Wellbeing Board alongside its partners issue a shared press release. This would be coordinated through the smoking cessation and tobacco control group.

It was suggested that linking in with existing primary care programmes such as flu clinics, utilising primary care websites, and issuing media for rotating waiting room screens would help reach a wider audience. Recognising that the current cost of

living crisis may be making it more difficult to quit, it was suggested that incorporating financial saving messages may be helpful. Councillor A Macpherson proposed advertising Stoptober to those in the health and local authority workforce.

**Action: All** – To send any ‘Stoptober’ ideas to Tiffany Burch

**Action: J Boosey** – To circulate Tiffany’s email address after the meeting

**Resolved:** The Health and Wellbeing Board **agreed** to support the Stoptober campaign and all partners would promote a shared press release

## **10 Joint Strategic Needs Assessment**

The Vice Chairman welcomed Tiffany Burch, Public Health Consultant. T Burch identified the purpose of the Joint Strategic Needs Assessment (JSNA) as improving health and wellbeing outcomes of the local community and reducing inequalities for all ages. It was noted that the JSNA would help with monitoring progress, identify changing priorities and monitoring emerging trends.

T Burch informed the Board that a new JSNA website would be launched, hosted on the Buckinghamshire Council website. The purpose of this would make it easier for the public to access information in one area and be more accessible.

In the discussion that followed, the Vice Chair enquired into how the development of the ONS Health Index impacted the JSNA. T Burch advised that the JSNA utilised a wider range of social determinate factors to provide more detailed data and fill in gaps of information not covered by the ONS Health Index. It was stated that the aim of the JSNA was to make it easier to access local, national and regional information in one place.

In response to an enquiry into how joint working across BOB would be achieved, it was stated that a longer-term aim was to develop an ICB common set of needs assessment across BOB.

**Resolved:** The Health and Wellbeing Board:

- **Noted** and **agreed** the proposed focus topics as outlined in the JSNA workplan.
- **Committed** and **agreed** to the delivery by all partners of new and updated JSNA content and priorities.

## **11 Better Care Fund**

This item was presented by Colette Kavanagh, Head of Service Integrated Commissioning, Buckinghamshire Council, as substitute for Tracey Ironmonger, Integrated Commissioning Service Director, Buckinghamshire Council. C Kavanagh referred to the report in the agenda pack and noted the changes to the fourth condition to the Better Care Fund (BCF) Policy Framework. It was noted that the national BCF team had asked for an intermediate care demand and capacity plan for Buckinghamshire to be submitted in order to identify what support systems were needed.

C Kavanagh proposed that the BCF undertook work to look at the impact of the BCF in relation to inequalities and welcomed the Health and Wellbeing Board to help identify and steer priority areas.

The following key points were raised in discussion:

- Councillor A Macpherson suggested that the BCF looked at 9 most deprived wards identified through Opportunity Bucks, to focus funding and deliver health improvements.
- Dr Jane O’Grady enquired into the scope of the project. It was confirmed that the BCF contributed to many core services and the scope had yet to be defined.
- It was suggested that referring to the Health and Wellbeing Strategy would be useful in terms of looking at experiences and opportunities for mental health services for deprived areas and ethnic communities.
- The Vice Chairman stated that it would be interesting to see what the provisions of care and services looked like within BCF mapped wards. It was suggested that the BCF could look at service speed experienced outside of the BOB partnership.
- Dr Raj Bajwa, Clinical GP Chair, confirmed that targeting this resource towards populations of deprivation, regarding inpatient experience, could be achieved.
- Dr Rashmi Sawhney, Clinical Director for Health Inequalities, raised the topic of digital poverty.

**Action: C Kavanagh** – To follow up on scope of inequalities project with Dr Jane O’Grady and bring back to HWB

The Vice Chairman reminded the Board of the Olympic lodge joint programme, which was planned to run additional capacity in October 2022. It was stated that this was above and beyond the scope of the BCF.

**Resolved:** The Health and Wellbeing Board:

- **Noted** and **approved** the Buckinghamshire Better Care Fund Plan for 2022-2023.
- **Continued** to delegate the authority for the development of Buckinghamshire’s BCF plans, allocation of expenditure and proposed metrics trajectories for plans to the Integrated Commissioning Executive Team (ICET) with the provision that the membership of the ICET be reviewed along with the accountability, governance and reporting process due to the transition from the Clinical Commissioning Group to the Integrated Care System.

## **12 Pharmaceutical Needs Assessment**

Note: the running order for this agenda was changed and item 12: Pharmaceutical Needs Assessment was taken after item 10: Joint Strategic Needs Assessment.

Councillor A Macpherson introduced the item by explaining that every Health and Wellbeing Board is required to undertake a Pharmaceutical Needs Assessment

(PNA). In Buckinghamshire, the work is undertaken by a multidisciplinary group. Any decisions on where to locate pharmacies will be taken by the NHS, however one of the pieces of evidence they will consider is the PNA.

Matt Powls, ICB Interim Executive Place Director, referred to the papers in the agenda pack and highlighted the recommendation found in the Buckinghamshire Pharmaceutical Needs Assessment (PNA) 2022-2025 that no improvements or better access were identified in the lifetime of this PNA.

A draft version of this PNA was published online for technical consultation for a 60-day period during 23 May and 24 July 2022 and a general response to feedback had been published within the report. M Powls stated that feedback had been received from members of the public affiliated with the Berryfields geographical area requesting a pharmacy. In response, additional analysis had been undertaken to investigate this, however the recommendation remained the same.

It was noted that a question from managing director of Jardines pharmacy had been received by the Health and Wellbeing Board. Tiffany Burch gave a response which can be found in the agenda pack starting on page 324.

The Vice Chairman welcomed Gary Elton, Treasurer Bucks Local Pharmaceutical Committee. G Elton concurred with the conclusions of the PNA and reported that pharmaceutical colleagues were content that national guidelines and processes had been followed in production of this PNA. It was stated that any applications made to NHS England for a new community pharmacy must pass a series of tests outlined in the Pharmaceutical and Local Pharmaceutical Services Regulations 2013. G Elton stated that a pharmacy contractor could dispute a decision through NHS Resolution and be re-assessed. It was emphasised that a PNA assesses need in a given location, not desirability.

Councillor A Macpherson gave assurance that if planning permission was granted for additional housing developments, the steering group could reconvene and reconsider.

In response to an enquiry on the expanded role of community pharmacies and its effect on the workforce, it was confirmed that contractors were asked about capacity and it was found to be a concern.

**Resolved:** The Health and Wellbeing Board:

- **Noted** the Executive Summary, full Pharmaceutical Needs Assessment and the 60-Day Consultation report.
- **Agreed** for the report to be published in line with legal requirements.
- **Delegated** any final responsibility for approval of the PNA following this meeting to the PNA Steering Group.

### 13 Any Other Business

Jacqueline Boosey, Business Manager, Health and Wellbeing, advised that the

forward plan would be updated to link more closely with the Joint Local Health and Wellbeing Strategy refresh. It was noted that three workshops would be held with partners and relevant organisations in 2023.

J Boosey informed the Health and Wellbeing Board that the website would be launched at the end of October 2022, containing key messages from the Board and its partners.

**Action: J Boosey**

Councillor Steve Bowles, Cabinet Member for Communities, promoted the Community Safety Consultation which would run until 16 October 2022 and was open to anyone living or working in Buckinghamshire. Residents were encouraged to help the Safer Buckinghamshire Board develop and implement an action plan to reduce crime in Buckinghamshire. A link to the survey is available on the [Your Voice Bucks website here](#).

**14 Date of next meeting**

Thursday 15 December 2022 at 2.00pm in the Oculus.



Report to the **Health and Care Partnership**

14 December 2022

**Item 9 Integrated Care Board update**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood. |
| <input type="checkbox"/> | <b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.   |
| <input type="checkbox"/> | <b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.                      |
| <input type="checkbox"/> | <b>Growth:</b> We work together to help build the economy and support sustainable growth.  |
| <input type="checkbox"/> | <b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.                           |

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**Report Author**

Maria Wogan, Chief of System Assurance and Corporate Services

**Date to which the information this report is based on was accurate**

2 December 2022

**Senior Responsible Owner**

Felicity Cox, Chief Executive Officer BLMK Integrated Care Board

**The following individuals were consulted and involved in the development of this report:**

None

**This report has been presented to the following board/committee/group:**

This report summarises the main reports and discussion at the Board of the BLMK Integrated Care Board meetings in July, September and November 2022. This will be a regular report to the Health and Care Partnership.

## Purpose of this report - what are members being asked to do?

The members are asked to **note** the update from the Board of the BLMK Integrated Care Board.

## Executive Summary Report

### 1. Brief background / introduction:

The Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) was established as a statutory organisation on 1 July 2022 and the Board of the ICB had a procedural meeting on this date to agree key governance documentation e.g. Constitution, policies etc.

The Board of the ICB has met three times since the initial procedural meeting on 29 July, 30 September and 25 November 2022 and this report summarises the key reports and discussions at the meetings. The minutes of the meetings held on 29 July and 30 September 2022 are available in the separate information pack.

The minutes of the meeting on 25 November will be circulated when available.

The main strategic items considered by the Board during this period were:

- Implementation of integrated neighbourhood teams around primary care networks building on the findings of the Fuller Stocktake report
- Establishment of the BLMK Research Hub in partnership with the University of Bedfordshire
- Approval of the 'MK Deal'
- Approval of the Digital and Working with People and Communities Strategies
- Approval of a Memorandum of Understanding with the Voluntary, Community and Social Enterprise Sector
- Support for the establishment of a BLMK Mental Health, Learning Disability & Autism Collaborative
- Approval of the Local Maternity and Neonatal System Equity & Equality 5-Year Action Plan

The Board received assurance reports about quality, operational performance, finance and winter planning and review the systems strategic risks via the Board Assurance Framework. Summary reports from Place Based Partnerships and the Board's Committees were also received by the Board and some amendments were agreed to the ICB's governance arrangements in the light of operational experience. The Board meets in public in venues around the four BLMK places and the papers and minutes for Board meetings are available on the ICB's website. The next Board meeting will be at Borough Hall, Bedford, at 10am on 27<sup>th</sup> January 2023 and members of the Health and Care Partnership and the public are very welcome to join the meeting in person or on line.

### 2. Summary of key points:

#### 2.1 Board of the ICB 29 July 2022 – Meeting held in Central Bedfordshire

The Board of the ICB met on 29 July and the minutes are in the supporting pack of information. Key areas that were discussed are as follows:

### **2.1.1 Integrated Care Strategy**

A report on the plan to develop the Integrated Care Strategy was reported and it was stressed that the strategy would build on existing strategies e.g. the Health and Wellbeing strategies and the ambitions developed in response to the Long Term Plan.

### **2.1.2 Next Steps for Integrating Primary Care – Fuller Stocktake**

The 'Next Steps for Integrating Primary Care: Fuller Stocktake report'<sup>i</sup> was published by NHS England in May 2022 and is a key enabler to achieve the ambition of our system in Bedfordshire, Luton and Milton Keynes, to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community. [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

The Fuller report, outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. Its focus is on managing the overall demands on primary care and providing continuity of care to the groups of patients described in the Core 20+5.<sup>ii</sup> (Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.)

The vision focuses on four main areas:

- neighbourhood teams aligned to local communities;
- streamlined and flexible access for people who require same-day urgent access; proactive,
- personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs, and
- more ambitious and joined-up approach to prevention at all levels.

The Board agreed to utilise our four established Place Boards to work with our communities and enable the development of neighbourhood teams that will make a positive difference to the lives of our residents. A further update on this report was provided to the Board at its November meeting.

### **2.1.3 Strategic Risk Management Integrated Care Board and Board Assurance Framework (BAF)**

The ICB Board agreed that the system risk management approach needs to be developed together with partners including place based boards and the Bedfordshire Care Alliance to enable:

- the management of risks at the most appropriate level in the system based on the principle of subsidiarity; and
- the appropriate escalation of risks.

The Board agreed that growth and the cost of living crisis be added to the BAF and the current BAF risks (as reported to the ICB Board on 25 November) are:

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF 1	Recovery of Elective & Cancer Services	There is a risk that the NHS is unable to recover elective and cancer services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	16	≡
BAF 2	Developing Suitable Workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	≡
BAF 3	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the health and social care system which threatens delivery of services across BLMK. This may lead to poorer patient outcomes and reputational damage.	20	↑
BAF 4	Widening Inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	16	≡
BAF 5	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	16	↑
BAF 6	Financial Sustainability & Underlying Financial Health	As a result of increased inflation, significant operational pressures, patient backlogs and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	15	≡
BAF 7	Climate Change	Due to climate change, there is a risk of increased pressure on health and care services, and deteriorating population health outcomes.	16	≡
BAF 8	Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	16	≡
BAF 9	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	12	≡

#### 2.1.4 Quality and Performance

A quality and performance report is considered at each Board meeting and details are contained in the reports to the Board [Board Meetings - BLMK Integrated Care Board \(icb.nhs.uk\)](https://www.icb.nhs.uk).

The report provided detail on some key areas including Covid-19 cases, elective recovery, emergency care and flow, cancer care and primary care. It was also reported that Central Bedfordshire Council had a SEND revisit from Ofsted and CQC and the subsequent report dated 8 September 2022 can be accessed via [SEND re-visit 4 to 6 July 2022 | Central Bedfordshire Council](#)

The quality and performance report continues to be developed and improved.

#### 2.1.5 Integrated Care Board Finance Plan 2022/23

The BLMK Clinical Commissioning Group ceased to be an organisation on 30 June 2022 and accounts were produced for this period which were subject to audit.

The system has prepared a balanced financial plan at both system and organisational level (NHS organisations only). However, the plan includes utilisation of non-recurrent mitigations and further work is required to deliver a sustainable financial position for 2023/24 and the medium term.

### 2.2 Board of the ICB 30 September 2022 – Meeting held in Milton Keynes

The Board of the ICB met on 30 September 2022 and the minutes enclosed in the supporting pack for information. Key areas that were discussed are as follows:

#### 2.2.1 BLMK Research Hub

A joint research hub had been established with the University of Bedfordshire, and an Innovation Manager jointly appointed by the ICB and the two Academic Health Science Networks (AHSNs) is in post. The University has secured £3 million from the National Institute for Health & Care Research (NIHR) for the Research Hub and has raised a further £2million for areas of Public Health research which are relevant to our agenda as an ICB.

#### 2.2.2 System People and Workforce Report

The People Plan for BLMK has recently been refreshed and approved by the ICS System People Board. The Board discussed areas of development for the People Strategy which included an open rotation policy, engagement with the private sector, extension of links with care home providers etc.

Workforce Race Equality Standards is a NHS standard and is also being piloted in Local Government and will help to give a system level view of what we need to do to address inequalities.

### **2.2.3 Milton Keynes Health and Care Partnership – MK Deal**

MK Place and ICB teams have worked together to produce the MK Deal, that was approved by the ICB Board on 30 September. It details the roles and responsibilities to be taken on by the Milton Keynes Health & Care Partnership (MKHCP) on behalf of the ICB in 2022/23 and the resources which the ICB will make available to support delivery of those responsibilities.

There are four areas of focus are:

- Avoiding unnecessary hospital stays and improve system flow
- Children and Young Peoples Mental Health
- Tackling Obesity
- Managing complex needs

### **2.2.3 Digital Strategy**

The digital strategy approved by the ICB Board (see supporting pack) is the culmination of several months collaboration and co-design with all the partner organisations to develop a digital vision for BLMK to deliver over the next three years which all of the partner organisations have agreed.

The digital strategy starts and ends at the resident with five key themes, A resident first approach - Digital as an enabler - Putting Data at the heart of decision making - Personalised Care - Supporting Collaboration and Innovation.

All the partners have developed this digital vision for the future at the same time as delivering the What Good Looks Like (WGLL) national framework for digital maturity which is being utilised to accelerate digital and data transformation across all ICB's in England.

BLMK success criteria are themed through all the priorities of the strategy and the development plans which focuses on improving population health outcomes, improving efficiency, experience, and safety to transform health and care. BLMK investment plan for 2022/23 has a total funding of circa £11M of which £3m is in digitisation of social care.

### **2.2.4 Estates Utilisation**

A review of the utilisation of the Bedfordshire, Luton & Milton Keynes NHS estate has commenced in preparation for a larger piece of work to update the ICB Estates/Infrastructure Strategy. The outcome will be reported to a future Board meeting. It was agreed that this work needed led and delivered through place partners.

### **2.2.5 Planning for Winter 2022/23**

Colleagues from across health and care have inputted into the Winter plan and there has been positive feedback from our regional colleagues on the quality of the plan. The implementation of the plan will be monitored by BLMK system Performance and Delivery Group.

### **2.2.6 Local Maternity and Neonatal System Equity & Equality 5-Year Action Plan**

The recent Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK): Mothers and Babies report: "Reducing Risk through Audits and Confidential Enquiries" regarding maternal perinatal mortality still shows considerable differences in outcomes for women and babies from Black, Asian, and Mixed ethnic groups (BAME) and those living in the most deprived areas. Furthermore, the Covid-19 pandemic

highlighted the urgency to prevent and manage ill health in those who experience the greatest health inequalities.

In September 2021, “Equity and Equality: Guidance for local maternity systems” was published in response to these findings with a clear ask of local maternity and neonatal systems (LMNS) to create a five-year plan setting out how we will work in partnership across the system to improve equity in outcomes for women and babies and improve race equality for staff.

The final Five-Year Plan for BLMK LMNS developed by a sub-group of the BLMK LMNS Board in consultation with BLMK ICS Inequalities Board was approved by the Board of the ICB. The Plan will evolve and be refreshed annually over the five years reflecting progress against interventions, timescales (the ambition is to achieve the timescales prescribed but recognise that flexibility is necessary) and performance against targets.

The overall aim of the strategy is to reduce the difference in outcomes for mothers and babies from both deprived communities and from BAME communities as well as improving working lives of the staff working across maternity and neonatal services in BLMK.

## **2.3 Board of the ICB 25 November 2022 – meeting held in Luton**

### **2.3.1 Working with People & Communities Strategy (see supporting pack)**

The Working with People and Communities Strategy has been developed through engagement with NHS Trusts, local authorities and Healthwatch and was approved by the ICB Board subject to greater reference to the context and diversity of BLMK and strengthening of the references to using existing networks to deliver the work. An implementation plan for the first year was presented, with a focus on building up capability and information resources in this area, including the development of an insight bank and co-production training for colleagues in the ICB and the system. The Board received a presentation on the experience of co-production at the YMCA in Milton Keynes which demonstrated the value of co-production in empowering residents and improving their lives.

### **2.3.2 Memorandum of Understanding (MOU) with the Voluntary, Community & Social Enterprise (VCSE) Sector (see supporting pack)**

The MOU between the ICB and the VCSE has been developed by the BLMK VCSE Strategy Group and ICB and was approved by the Board. It sets out the strategic intent for the ICS working with the VCSE sector and investing our resources to support the framework and achieve our core objectives.

Next steps are to develop the strategic intent as set out in this MOU into a plan and identifying work streams where we can start to test the principles of the architecture and the MOU that we have developed. An update will be brought to the meeting of the Board in January.

### **2.3.3 ICP Strategy and ICB Operational Delivery Planning Update**

An update on the Integrated Care Strategy which is required to be published by the end of December 2022 was provided. The strategy will emphasise how the system is mobilising to meet its aims.

There was also an update on the system collaboration work in developing the Operational Delivery Plan. It was noted that the operational planning guidance is unlikely to be published before Christmas.

### 2.3.4 Developing a BLMK Mental Health, Learning Disability & Autism Collaborative

A proposal to develop a BLMK Mental Health, Learning disability and autism collaborative was considered. There has been significant focus and investment on mental health as part of the Long Term Plan implementation. One of the core reasons for the success in schemes has been the single team approach with providers. It was proposed that this approach be formalised in the development of a collaborative which can work collaboratively on key areas of focus. The ICB Board agreed to formalising a plan for the collaborative and preparing an expression of interest to NHSE for “accelerator” status with NHSE’s Provider Collaborative Programme.

2.4 Papers for the meeting can be found on the ICB Board website

[Board Meetings - BLMK Integrated Care Board \(icb.nhs.uk\)](https://icb.nhs.uk)

### 3 Are there any options?

None as a result of this report

### 4 Key Risks and Issues

Details of system risks are reported to the Board in the Board Assurance Framework which is summarised at paragraph 2.1.3 above

Have you recorded the risk/s on the Risk Management system?

Yes

No

### 5 Are there any financial implications or other resourcing implications, including workforce?

Financial implications were addressed in the individual board papers available on the ICB website.

### 6 How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

Sustainability implications were addressed in the individual board papers available on the ICB website.

### 7 How will / does this work help to address inequalities?

Inequalities implications were addressed in the individual board papers available on the ICB website.

### 8 Next steps:

Reports from the ICB will continue to be reported to the Health and Care Partnership.

### 9 Appendices

None

## 10 Background reading

All ICB Board meeting reports and minutes can be accessed via this link:

[Board Meetings - BLMK Integrated Care Board \(icb.nhs.uk\)](#)

[Supporting pack of information.](#)

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<sup>i</sup> [NHS England » Next steps for integrating primary care: Fuller Stocktake report](#)

<sup>ii</sup> [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)



**Report to the BLMK Health & Care Partnership  
14 December 2022**

**Item 10 BLMK Integrated Strategy (draft)**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input checked="" type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input checked="" type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	Hilary Tovey, Interim Director of Strategy
<b>Date to which the information this report is based on was accurate</b>	6 <sup>th</sup> December 2022
<b>Senior Responsible Owner</b>	Anne Brierley Chief Transformation Officer, BLMK

**The following individuals were consulted and involved in the development of this report:**

BLMK Integrated Care Board Members  
Chair, BLMK ICP

**This report has been presented to the following board/committee/group:**

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## Purpose of this report - what are members being asked to do?

The members are asked to review and comment on the following:

- A) The content
- B) The communication style – relevance and accessibility to the public and partners
- C) Contribute to the discussion on the communications approach to publicise and engage residents, local communities and staff with this strategy

## Executive Summary Report

All Integrated Care Systems are required to publish their Strategy by the 1<sup>st</sup> January 2023. This is a core document setting the context and population needs to inform our planning and delivery at Place and Provider Collaboratives, with collective oversight and peer-accountability through the Integrated Care Board.

In BLMK, we recognise that this first iteration is a ‘mobilisation’ strategy, giving the initial steer to Places and Provider Collaboratives as we prepare our first formal integrated Plans during Quarter 4 for operational delivery in 2023-5.

The audience for this document is:

- Local residents
- NHS, Local Authority and public sector partners who contribute to the health & well-being of our communities
- Voluntary, community and social enterprise organisations working within our communities

BLMK Integrated Health and Care Partnership Board members are asked to review and comment on this first draft, with specific consideration to the questions as above.

## 1. Brief background / introduction:

The ICS’ Strategy is owned by the Integrated Health & Care Partnership, whose role is to act as ‘custodian for population health’ supporting and enabling the improvements to health outcomes and tackling inequalities outlined in the Strategy. This role is in 3 parts:

1. Review and approval of the Strategy itself
2. During Q4, approval of Place and Provider Collaborative operational delivery plans, specifically whether
  - a. the actions identified are clearly linked to specific inequalities or health outcomes in local populations that will be improved through these plans
  - b. there is a clear approach to co-design and co-production with residents and local communities
3. Highlighting and connecting public sector and voluntary / social enterprises which through working in partnership can achieve more for our population

The attached DRAFT Strategy is circa 85% complete. We wanted to seek your input into it at this stage to help create a strategy that

- Reflects our population and communities in BLMK
- Suitably reflects our 5 strategic priorities
  - Start Well
  - Live Well
  - Age Well

- Growth
- Tackling Inequalities

- Reflects our commitment to subsidiarity (Place), with planning, decision-making and delivery as close to the resident as possible
- Emphasizes our ambition to go further using our partnerships to support residents to live longer, and live more years in good health, especially the central role played by VCSE in supporting residents to thrive
- Speaks of real examples that make a difference to local people

## 2. Proposed Strategy finalisation & publication – actions & timescales

NHSE guidelines to Integrated Care Boards outline the expectation that these first Integrated Care Partnership strategies will be shared with partners and published on the ICB website no later than 1<sup>st</sup> January 2023.

It is proposed that comments will be received until Friday 16<sup>th</sup> December, after which a final version will be circulated and published by 1<sup>st</sup> January 2023.

The final documents will have links to supporting strategies, such as the ICB People Strategy and the Clinical Services Strategy.

## 3. Use of Strategy to Inform and Assure Operational Planning at Place & Collaborative

During Quarter 4 of 2022-3, the ICB will need to oversee the development of the 2-year operational delivery plans. Whilst some of this will encompass the NHS planning cycle for NHS organisations, it is proposed that a simplified version of this is undertaken (in line with expected planning guidance from NHSE), with resources in the ICS freed up to support Places and Collaboratives finalise:

- Their operational plans to deliver together at Place
- Clarity on which populations will benefit – improving health outcomes and tackling inequalities
- Clear metrics for measuring the impact of Place / Collaborative delivery plans in improving health outcomes and tackling inequalities, supported by progress milestones

It is proposed that the Health & Well-Being Boards (as well as Place Boards) review these plans locally before the Integrated Health & Care Partnership Board reviews the Place operational delivery plans and assure themselves of the above for all BLMK residents in March 2023.

It will be the role of the ICB to undertake the assurance of delivery and outcomes through triangulation of Place plans with this finalised strategy, and workforce and financial plans.

## 4. Key Risks and Issues

Key risks relate primarily to the development and delivery of Place and Collaborative Plans to deliver local improvements in line with this Strategy during this ongoing period of high demand pressure and constrained resources.

<p><b>Have you recorded the risk/s on the Risk Management system?</b></p> <p><a href="#">Click to access system</a></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Any unmitigated risks will be added following discussion and review at the Health and Care Partnership meeting on 14<sup>th</sup> December 2022.</p>		
<p><b>5. Are there any financial implications or other resourcing implications, including workforce?</b></p>		
<p>The ICS will run a streamlined NHS planning cycle during Quarter 4, freeing up resources to support Places and Collaboratives with their delivery plans and associated metrics to measure impact for local populations.</p>		
<p><b>6. How will / does this work help to address the Green Plan Commitments?</b></p> <p><a href="#">Click to view Green Plan</a></p>		
<p>This is a clearly defined priority in the Strategy</p>		
<p><b>7. How will / does this work help to address inequalities?</b></p>		
<p>This is a clearly defined priority in the Strategy</p>		
<p><b>8. Next steps:</b></p>		
<p>The next steps are outlined in sections 2 and 3 above.</p>		
<p><b>9. Appendices</b></p>		
<p>Appendix A -</p>		
<p><b>10. Background reading</b></p>		
<p></p>		

# Bedfordshire Luton and Milton Keynes Health and Care Strategy

November 2022

DRAFT

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# Our vision is for everyone in our towns, villages and communities to live a longer, healthier life

Your health and wellbeing matters to us.

But we know the experience of using health and care services is not always as easy as it should be. And that there is more we can do to support our residents to live longer, and live more of those years in good health.

That's why we are publishing this strategy. It aims to make sure everyone involved in your health and care is working much more closely together, including your local Councils and your NHS.

We use the money we receive from your taxes to help our residents have good health and care at each stage of life. To Start Well, Live Well and Age Well.

This strategy sets out what we want to improve, and how we will work together to achieve this.

By April 2023 we will have published our two-year Delivery Plan. It will clearly show the steps we will take in 2023-2025 and how our work will be measured.

Our work is based on partnerships. With you and your family. They are also with community groups who keep people connected and well, as well as your Councils and your NHS.

We know times are tough. But together we can, and will, improve services to help you, your family and community to thrive.

**ADD SIGNATURE – CLLR STOCK**



# Our Purpose

Bedfordshire, Luton and Milton Keynes Health and Care Partnership aims to improve the health and wellbeing of our population.

The Partnership is made up of local Councils, NHS service providers and voluntary sector partners in your area. We are looking to answer three questions to help us change services for the better.

- 1. Are we doing the right things to improve health outcomes and tackle inequalities for all our residents?**
- 2. Are we making the best use of the partnerships between public services, VCSE and local communities?**
- 3. Are we working with local communities understand what matters to our residents and co-design and co-produce sustainable solutions with them as equal partners?**

This Strategy sets out our ambition for improving health outcomes and reducing inequalities.

It shows how we will work together, and what this will mean for people and communities across Bedfordshire, Luton and Milton Keynes.

**The Mandate of our Integrated Care System is to...**

**improve outcomes** in population health and healthcare

**tackle inequalities** in outcomes, experience and access

**enhance productivity** and value for money

help the NHS support broader **social economic development**



# The people of Bedfordshire, Luton & Milton Keynes



Our area covers four places **Bedford, Central Bedfordshire, Luton and Milton Keynes** – all vibrant, unique and rich in cultural heritage. Our population is diverse with more than 100 languages spoken.



With **2 million jobs** we are one of the fastest growing economies in England, contributing **£110bn** to the economy. We are served by excellent air, rail and road transport links.



BLMK has a **diverse population**. Of our population of one million people, 69% identify as White British, 13% Asian, 8% 'Other White' and 6% Black.

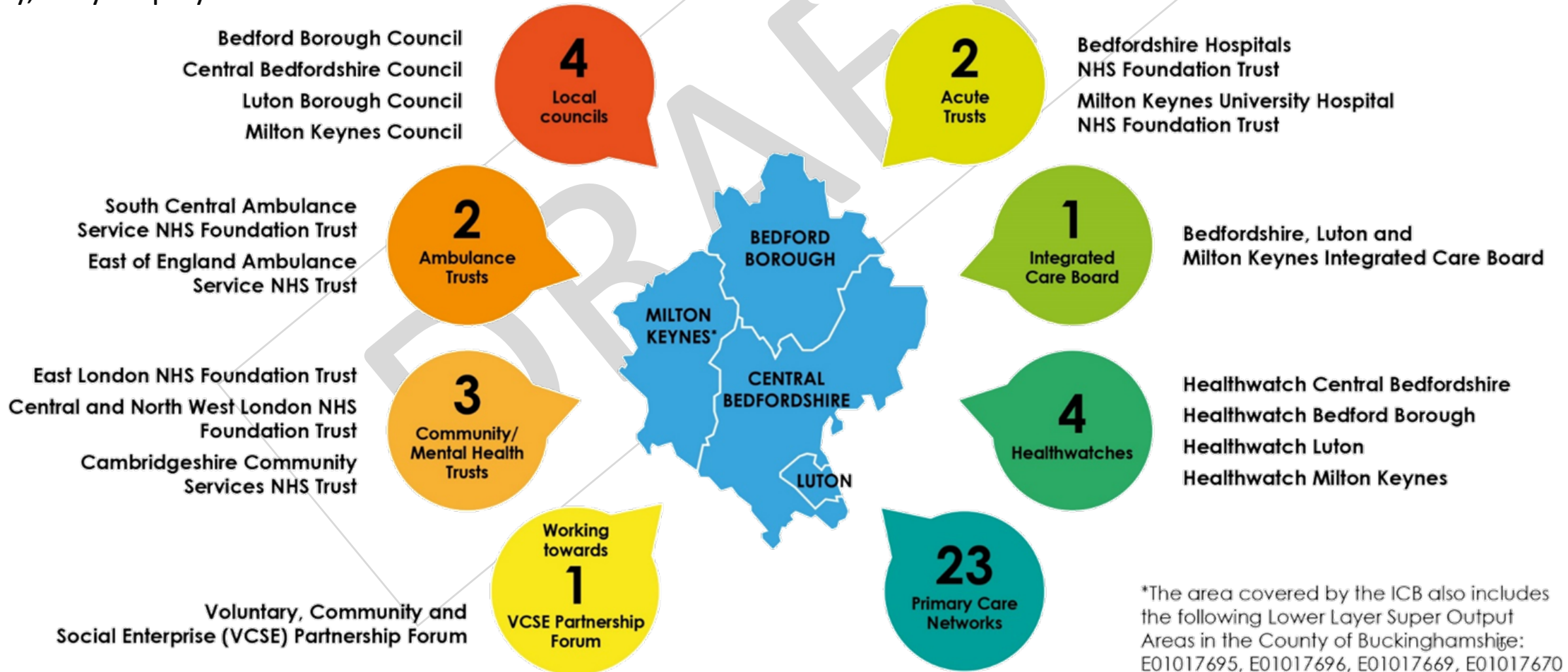


We are one of the **fastest growing areas in the country**. Our population is expected to exceed **1.2m** within the **next decade** and could increase by nearly **90%** by **2050**.

# The Health and Care Partners in BLMK

Here you can see many of the organisations which make up the Bedfordshire, Luton and Milton Keynes Health and Care Partnership. From local Councils providing education and housing and the NHS, through to the police and ambulance services who are there in an emergency, they all play a vital role.

Partners also include people in our communities, businesses and universities, as well as many voluntary organisations. All can help to promote health and wellbeing, and grow our economy.



# How our partnership will work together

All partners, including Healthwatch and the voluntary sector, come together at the **BLMK Health and Care Partnership** to oversee the development and delivery of our integrated care strategy.

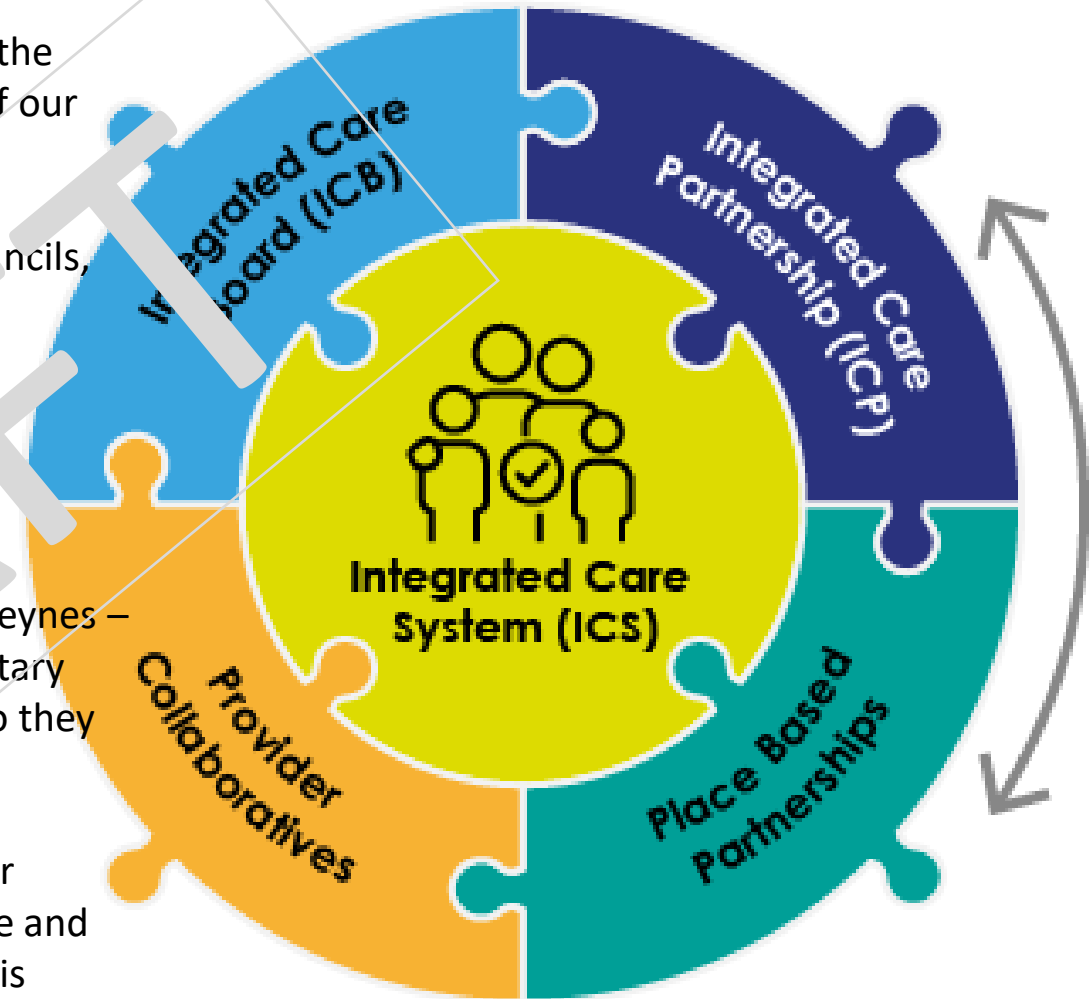
The **BLMK Integrated Care Board** brings together senior leaders from your councils, NHS and voluntary sector. They hold collective responsibility for our actions to:

- Improve outcomes in population health & healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social economic development

Each local council – Bedford Borough, Central Bedfordshire, Luton and Milton Keynes – across has a **Place-based partnership** at which the NHS, local council and voluntary services agree priorities and take decisions about services for their residents, so they meet local needs.

**Provider collaboratives** are groups of providers working together across a wider geography than at place. In our area this includes the Bedfordshire Care Alliance and the All-Ages Mental Health, Learning Disabilities and Autism Collaborative, and is supported by the East of England Children and Young People Provider Collaborative.

At the heart of our system are the new **Neighbourhood Teams** which are combined NHS, local council and voluntary sector teams working in partnership with a group of GP practices. Much of the proactive and preventative care for local residents is delivered by these teams.



# Our overarching ambition is...

To increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community.

This is the right goal but it is ambitious and will take a long time to achieve. The impact of COVID and the cost of living challenges have made it harder.

The only way to achieve it is by working together. Our Health and Care Partnership allows us achieve more for residents than by working as separate organisations. The image to the right shows the different activities needed to achieve our goal, with the needs of our residents at the centre of everything we do.



# OUR PURPOSE

DRAFT

# Where we\* will focus our efforts

Our Health and Care Partnership has five priorities which will inform our work. These focus on how we want to improve health outcomes for people of all ages.

They reflect the importance of economic growth and sustainability in tackling inequalities. These inequalities could be in health outcomes, or social factors such as housing, employment and isolation.

These priorities are supported by seven enablers. These are areas of work which will help us to make progress.

For each priority we will use our data on population health to help us understand where there may be inequalities, and identify the actions we need to take to address them. This could locally, or across the wider area.

We will focus our actions through place partnerships.



**\* Where 'we' means our whole system: our population, families & friends, our communities, our Councils and NHS, people working in the public sector, businesses, universities, charities and other voluntary, community and social enterprise organisations.**

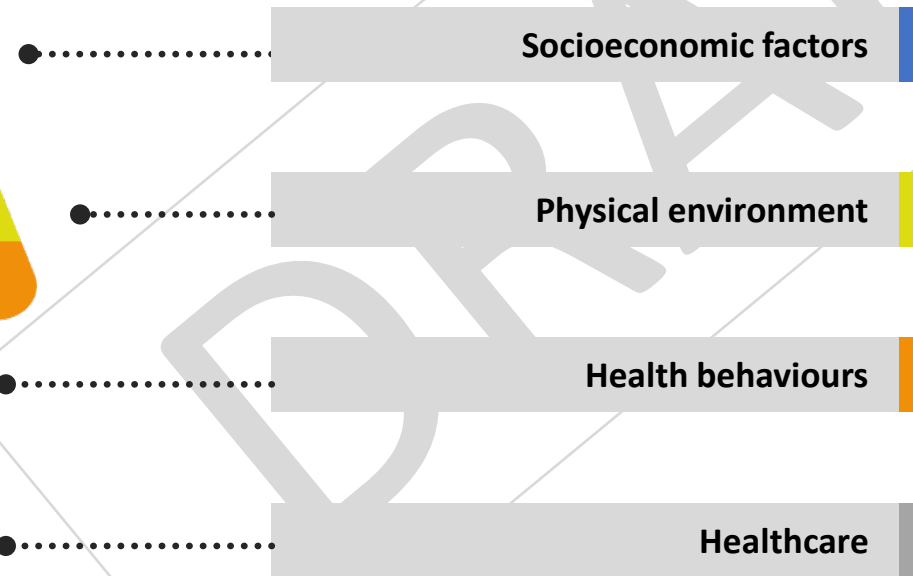
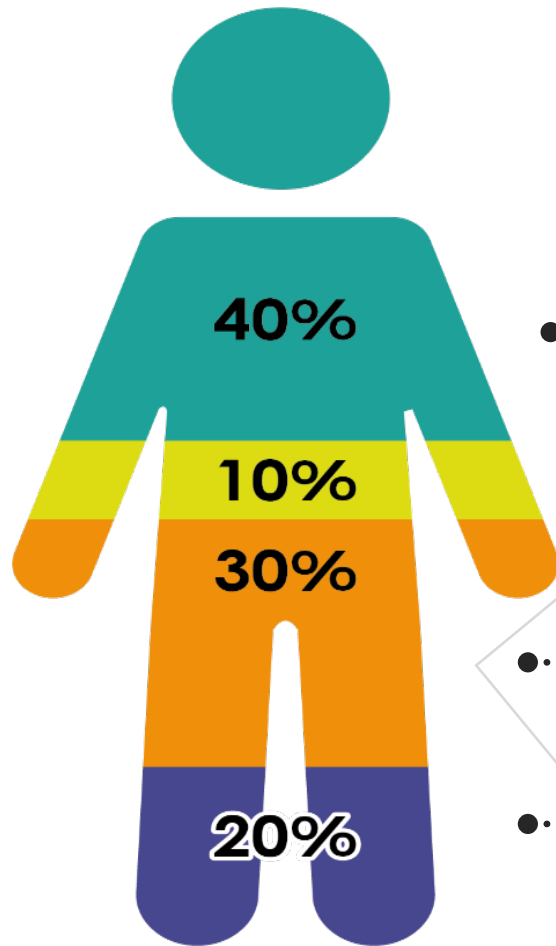


# What do we Need to Do to Support Our Communities to Thrive?

There are lots of factors that affect our chances of living a **longer, healthier life**.

Access to high quality healthcare is very important. But a good education, decent housing, working in a growing local economy, keeping active and enjoying time with other people all have an important part to play.

In many ways these factors that affect a person's health are all connected.



That's why we are developing closer and more collaborative ways of working with residents, communities, voluntary sector, your Councils and NHS.

This partnership enables us to provide better joined up care to you and your family, and allows us achieve more for residents than by working as separate organisations.

# Supporting Our Residents to Live Longer, healthier lives

We want everyone in our towns, villages and communities to live a **longer, healthier life**. This means improving life expectancy and increasing the number of years people live in good health.

Life expectancy varies widely across our area, and can lag behind other parts of the country. Years lived in good health or without disability are also better for people in some other places.

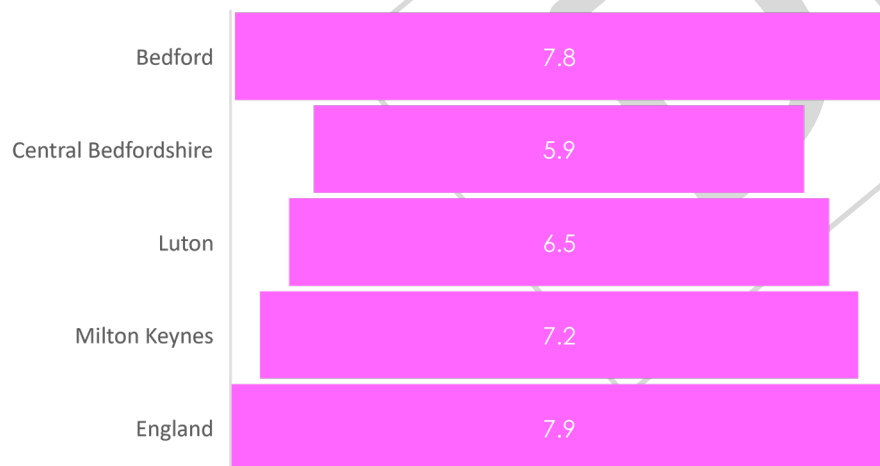
**Smoking** in our area is higher than the England average and is more common in some population groups. Two thirds of deaths in 50-70 year old smokers are due to smoking.

Up to 40% of our children are **overweight or obese**, more in the most deprived children. This can lead to serious conditions like diabetes and asthma, and reduce life expectancy.

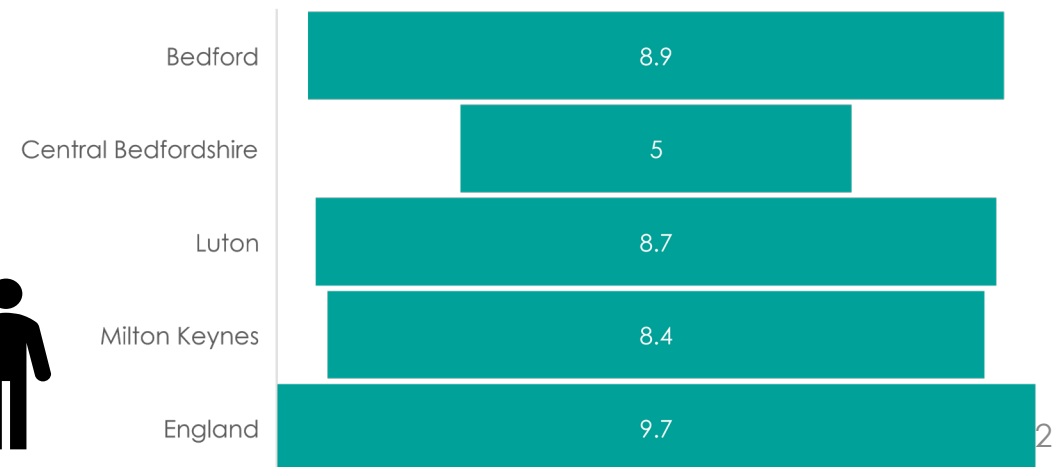
**Over half of UK households will live in fuel poverty by January 2023**. Living in cold, damp houses increases the risk of pneumonia and asthma, and worsens airway disease, heart attacks, strokes and poor mental health.

**Air pollution has a significant impact on health and inequalities** and is already responsible for around 6% of all deaths in Bedfordshire, Luton and Milton Keynes.

Difference in Life Expectancy most deprived and least



Difference in Life Expectancy most deprived and least





# Factors driving our health challenges



A child from the most affluent areas of BLMK

**54%**

achieve 5x GCSEs A\* to C overall (2015/16)

**19%**

Percentage of adults who are smokers

A child from the most deprived areas of BLMK



**30%**

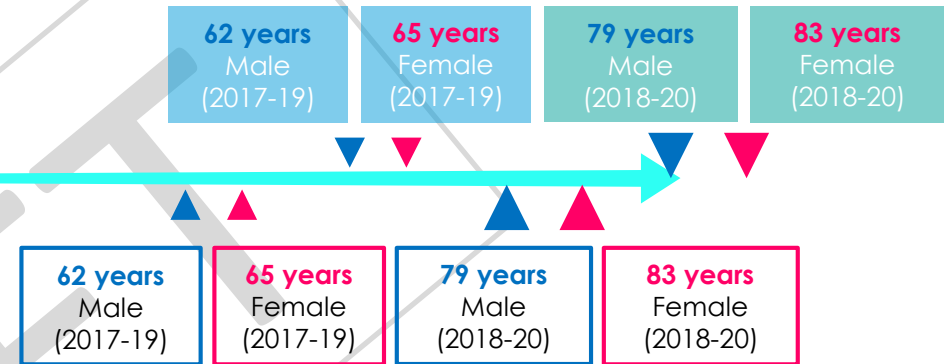
achieve 5x GCSEs A\* to C eligible for FSM (2014/15)

**34%**

Percentage of adults in routine and manual occupations who are smokers

Healthy life expectancy

Life expectancy



**There are more low birth weight babies than the England average.** This increases the risk of childhood mortality, asthma and infections, and diseases in adulthood.

**The uptake of childhood vaccinations are low and falling.** Uptake is now below the level of strong population immunity.

**Waiting lists have lengthened since the pandemic.** Stopping face to face appointments was necessary, but now people are waiting longer and more likely to have conditions undiagnosed.

**People with a learning disability or autism** are less likely to attend for screening, have longer waiting times for treatment and are likely to die 14 years younger than the rest of the population.

**Cancer screening coverage varies and is lower in some population groups.** Screening can reduce the risk of dying from cancer - by 38% for breast cancer. Cervical screening can prevent 83% deaths from this cancer.

**Referrals to mental health services are increasing.** One in five people with a long term condition also have mental health needs. People with a severe mental illness are more likely to die earlier, yet 40% missed their health check last year.

**The number of people who are registered as carers has nearly doubled since 2019.** Carers are twice as likely to have a mental health problem and almost three times more likely to have a long-term condition.

# What We Are Going To Do Together\*

## Start Well

- The first 1001 days of life – Baby and Family
- Enabling our Children to Thrive (staying fit and healthy, managing complex care needs, mental health, supporting those most disadvantaged)
- Successful transition to adulthood

## Live Well

- Well-being and Lifestyle – being in control of your life, well-being and health
- Improving cancer outcomes (prevention, detection, treatment and recovery)
- Access to Primary Care – your Neighbourhood Team
- Tackling the big three – cardiovascular disease, respiratory illness and diabetes
- Care tailored to individual needs – Learning Disabilities, Veterans, End of Life Care

## Age Well

- Staying Well at Home – falls prevention, Virtual World, medicines review, enabling independence, living with dementia
- Tackling loneliness and isolation – staying connected
- Home First after hospital admission - recovery, rehabilitation and reablement

\*Together – You, your family & friends, your community, your Councils & NHS



## Tackle Inequalities

- Improve health outcomes to enable people to live longer in good health
- Tackle the causes of disadvantages in life
- Measure the impact of our actions, learn and maximise positive outcomes for residents

## Growth

- Grow our local workforce – support residents into training and employment
- Make good use of our resources – people, buildings and money
- Look after our planet
- Support our staff to thrive

# The Challenges

## Residents' health and care needs have changed over the pandemic

- Children and young people's lives have been disrupted – there are more referrals for safeguarding, and for conditions such as anxiety and eating disorders
- Increased demand for primary care, especially GP and dental services
- Larger packages of care required for patients who need support on discharge from hospital.

## Living Well is more challenging for everyone

- Cost of living pressures have risen, and many families are struggling to pay their bills
- Our staff are feeling the effect of their huge contribution during COVID. Vacancies have been steadily increasing – these currently run at nearly 14% for NHS staff and 10% across adult social care - and this further affects staff morale
- There are increases in urgent care needs and challenges to recover elective waits post-COVID

## Public Sector Funding Needs to Go Further

- Funding challenge for local councils and the NHS
- Cost pressures for providers and suppliers

# Our strengths – what we are proud of

There is no doubt that improving health outcomes and tackling inequalities against the backdrop of increased demand for health and care services, the impact to our population of COVID and the challenges of the cost of living is a real challenge. We will need to work together and much smarter to achieve a greater impact for our residents in the current context.

However, the Bedfordshire, Luton and Milton Keynes Integrated Care system has some real strengths that we can draw upon to help us achieve our shared vision of supporting all our communities to thrive.

- **There is a shared commitment across all your Councils and NHS to improve health outcomes and tackle inequalities.** This is reflected in the work we are already doing to support our residents to live longer, and live more years in health.
- **We have vibrant voluntary, community and social enterprise organisations in all our communities,** whose reach and understanding of residents and their needs is immense – and who are willing to work further with statutory services through formal partnerships underpinned by the BLMK Memorandum of Understanding between the ICB and Voluntary, Community & Social Enterprises
- And **we have strong partnerships between the local Councils and NHS organisations,** demonstrating that we are willing to develop our ways of working together to support our communities to thrive

# **OUR COMMUNITIES**

Going Further Through Partnership

# Integrating Care through Neighbourhood Teams\*

Neighbourhood teams work together to serve a local population of 35,000 – 50,000 people registered with a group of GP practices.

They have 4 core aims:

- **Shared responsibility** for improving the health and well-being of local residents
- **Continuity of care** provided in an integrated way for those who might benefit
- **Streamlined access** to same-day urgent care
- **Proactive identification and intervention** for those most in need

## Supporting carers in Central Bedfordshire

Primary Care Networks in Central Bedfordshire are working to ensure that carers are looking after their own health. They have been contacting carers who have not been to see their GP in the last 12 months or who have a long-term condition, to give them a full health check and look at how well they are managing their own health.

The aim is to offer these people a care plan personalised around their needs.

## Using population health data to provide personalised care

90% of people who are socially vulnerable live on their own and often contact the out of hours GP services or 999, and sometimes ended up in hospital unnecessarily.

Looking at linked primary and secondary care data. Titan Primary Care Network identified people who could benefit from being reviewed by one of our team.

Jane was one of those people. On visiting her home, a social prescriber found she wasn't managing her health and her home was in a bad state of disrepair. Working with the local council, the team arranged improvements to her home, reviewed her medicines and helped her to better look after herself. She's eating better, able to get out more and feeling less isolated.

\***Neighbourhood Teams** include GP practices, community pharmacy, voluntary sector, dental and ophthalmology practices, local authority services, community healthcare services, mental health and learning disability services

# It's All About You

Our aim is to make working with people and communities as equal partners with statutory services a reality in Bedfordshire, Luton and Milton Keynes.

Our principles of co-production are based around recognising and valuing the lived experiences of people in our communities and working together at every stage.

We are making a commitment to work in a way that represents the **views of all our communities**.

We will provide training and support for staff and residents to allow everyone an equal opportunity to get involved in designing and delivering care.



**Build Leadership** that supports and promotes co-production.

**Train** staff and citizens in co-production and how to make it happen.

Use open and fair ways to get input from **full range of people** who use services, carers, and communities.

**Review and report progress:** from 'you said, we did' to 'we said, we did'.

**Reward and recognise** people's contribution.

**Embed** co-production until it becomes 'how we work'.

Identify where co-production can have the greatest impact, and **start from there** - involving people in the earliest stages of design.



# Making the most of our community

There is a wealth of expertise and local knowledge of our communities in our Voluntary Care and Social Enterprise (VCSE) partners.

They are an essential part of the team to achieve our goals of supporting residents to live longer, healthier lives.

We are working with VCSE partners across Bedfordshire, Luton and Milton Keynes to develop a partnership approach to recognise, support and use their talents.

It will put people in our communities at the heart of everything we do.

## Working together to help young people with autism

Leyla, 18, has a learning disability. She was struggling to communicate with professionals and starting to disengage with her care.

She was referred to a new service developed in partnership between the NHS and Autism Bedfordshire. It gives young people a dedicated care worker to make sure they're listened to and fully involved in how their care is planned.

Leyla now has access to a personal health budget, organised by her keyworker. She is involved in a local farm project and her parents have support to better understand her needs.





# Bedford Borough

**Bedford Borough** is one of the largest urban areas in the county of Bedfordshire. It has significant diversity, with 100 different community languages spoken and one of the largest concentrations of Italian immigrants in the UK.

The River Ouse runs through the town. The town has a rich heritage in the lace industry, brewing and aircraft building. Bedford Borough has an elected Mayor and is a commuter town just 40 minutes outside of London.

Bedford Borough's vision is to thrive as a place, that people are proud of, want to live in and move to.

Local plans recognise that this needs a growing and strong local economy and an active response to climate change. From this foundation residents will be able to thrive and realise their potential, supporting and celebrating the diverse and inclusive communities.

Bedford Borough place plan commits to:

- Understanding our communities
- Promoting prevention and health promotion
- Transforming care with primary care and VCSE

**Total population** ≈ 185,300 in 2021

**Age profile:**

- One in six people are aged 65 years and over

**Diversity:**

- 74% White British, 10% Other White, 7% Asian, 4% Black

**Deprivation:**

- 14% of neighbourhoods are in the most deprived in England.
- 15% of children (5,000) live in low income households.

**Use of health services:**

- 33% increase in Children's referrals,
- a 25% increase in Adult and 22% in Older Adult referrals.

# Central Bedfordshire

**Central Bedfordshire** is the most rural of our four areas. It is made up of 62 small market towns and villages from Sandy in the north to Dunstable in the south. The large area covered by Central Bedfordshire Council means that one-in-three residents travel to hospitals outside of our system.

Central Bedfordshire's strategic plan focuses on continuing to be a great place to live and work, through: Protecting the environment through comprehensive sustainability plans

- Supporting the health and wellbeing of our 290,000 residents, and ensuring the care of vulnerable residents
- Building schools for the future to meet the needs of all our young people, including those with Special Educational Needs and/ or disabilities
- Delivering homes to meet the needs of all residents
- Delivering and improving services such as roads and transport

Central Bedfordshire place plan commits to:

- Improving access and supporting healthy choices.
- Supporting independence for older people
- Tackling inequalities and the wider determinants

**Total population** ≈ 294,200 in 2021

**Age profile:**

- Almost one in five people are aged 65 years and over, the oldest population in our area

**Diversity:**

- Nine out of every 10 people identifying as White British

**Deprivation:**

- only 2% of neighbourhoods are in the most deprived in England.
- Dunstable-Manshead, Parkside and Flitwick contain the most deprived neighbourhoods.

**Use of health services:**

- 33% increase in children's referrals,
- 9% increase Adult and 8% increase in Older Adult referrals.

# Luton

**Luton** is the most urban, and ethnically diverse of our four local authority areas, with nearly half of the population made up of ethnic minority groups. Luton has a rich heritage, including the Vauxhall factory, which continues to be a major employer in the town.

London Luton Airport has undergone significant redevelopment in recent years, becoming the country's number one airport for private aviation.

By 2040, the vision is for Luton to be a healthy, fair and sustainable town, where everyone can thrive and no-one has to live in poverty.

To support this, Luton will be:

A town built on fairness – tackling inequality

A child friendly town - Investing in the future of young population

A carbon neutral town – addressing the impact of climate change

The Luton place plan commits to:

- Giving every child the best start in life
- Sustainable communities, and tackling inequalities
- Reducing frailty and supporting independence

**Total population** ≈ 225,300 in 2021

**Age profile:**

- On in eight people are aged 65 years and over

**Diversity:**

- most ethnically diverse population in our area (43% White British, 31% Asian, 12% Other White, 10% Black)

**Deprivation:**

- one in four neighbourhoods are in the most deprived in England
- 10,000 (nearly one in five) children live in a low income household
- Unemployment levels are high at nearly one in ten of the population (9.6% vs. 5.3%)

**Use of health services:**

- 66% increase in Children's referrals,
- 18% increase in Adult and 22% in Older Adult referrals.

# Milton Keynes

The city of **Milton Keynes** is the largest place in Buckinghamshire with one of the UK's most successful economies. It ranked fifth highest for business start-ups, with a strong jobs market and lively cultural activities.

Milton Keynes has the youngest population of all our places. A quarter of the city's population are under 18 and just 14% are over 65. It has excellent road and rail transport connections.

Milton Keynes City Council and the city's health partners are taking on additional responsibility together for improving residents' health by improving the local health and care services.

Called **The 'MK Deal'**, they are pioneering new inclusive ways of working.

The Milton Keynes Deal commits to:

- Supporting children & young people's mental health
- Tackling obesity
- Supporting people with complex needs
- Improving how services work together to reduce avoidable hospital admissions

**Total population** ≈ 287,000 in 2021

**Age profile:**

- 14% of people are aged 65 years and over

**Diversity:**

- Ethnically diverse population (73% White British, 11% Asian, 7% Black, 6% Other White)

**Deprivation:**

- 12% of neighbourhoods are in the most deprived in England.
- 8,500 children (15%) live in low income households.
- Higher levels of employment (68% vs. 65%) than other parts of our area

**Use of health services:**

- 27% increase in Children's referrals,
- 17% increase in Adult and 13% in Older Adult referrals

# Provider Collaboratives: mental health, learning disabilities and autism

Our mental health, learning disability and autism services already work closely together. We are now forming a Provider Collaborative to tackle issues such as:

- **Workforce** – We have invested in mental health services so that all people can get rapid and fair access to care. We need to train a new generation of mental health professionals so we can expand our services.
- **Emotional wellbeing for young people** – Since the pandemic, the number of young people referred to mental health services has increased. We are opening, Evergreen, a new children and young people's mental health in-patient unit called Evergreen, which is due to open in January 2023. We also need to work with our partners in each borough to offer early support for young people in distress, which is joined up with family, schools and communities.
- **Supporting Adults with Autism** – A high proportion of adults with autism don't have a formal diagnosis. This can limit their access to support for them, their family and their employer. We are working with Autism Bedfordshire to understand the needs of these people, and improve the experience of adults with Autism and Asperger's syndrome.

## Working in partnership to support people in crisis

The Mental Health Street Triage service works to ensure patients experiencing a mental health crisis in Bedfordshire and Luton have fast access to care.

The scheme involves a police officer, paramedic and mental health professional teaming up in one car to respond to mental health crisis calls 365 days a year. Operating from 12pm-12am, the team attend incidents where there is an immediate threat to life – someone threatening to self-harm, or commit suicide – or where someone has called the police or ambulance and expressed concern for someone.

The team has a dedicated phone and can be referred to incidents by police and ambulance control rooms.

# Provider collaboratives: Bedfordshire Care Alliance

It's essential that care is joined up between hospital, social care, community and primary care. This is especially important for residents who need support on discharge from hospital.

Bedfordshire Care Alliance is a Provider Collaborative, which focuses on the aspects of integrated health and care that are best done for the whole of Bedfordshire.

Some of the Alliance's priorities are:

- **Home First** - Providing care at home to help people with frailty recover as quickly as possible after a hospital visit. This may include a short stay in intermediate care for rehabilitation.
- **Stay Well at Home** - Extending the virtual ward so that people can be cared for at home if hospital admission is not required, with medical, nursing, therapy and care support
- **Ensuring communities have fair access to resources** for Neighbourhood Teams, and support for Home First and Stay Well at Home

Insert case study on acute pressures and virtual wards

# WHAT THIS MEANS FOR ME & MY FAMILY

What Can I Expect to be Different?



# No-one Left Behind

The NHS provides universal healthcare  
Local Authorities serve their populations in all civic areas, including social care, schools & education, planning & housing, waste and recycling, children & young people, transport, roads & parking, leisure, environmental services, community safety

The way we provide our services makes a big difference in how they are used by local residents. In turn this can impact the health & well-being of residents.

We are determined that the way we provide services is fair and accessible to all in BLMK

## Luton's family partnership service

The Family Partnership service provides intensive support to our vulnerable children, young people and their families.

We strongly believe that children belong in natural networks with people they know and who will love them and keep them safe. We expect all practitioners and managers to prioritise this value, and to help children have safe permanent relationships as a basic entitlement.

There are many approaches that the service may use to identify the support and this may include:

- direct support by a family support worker
- identification of services either commissioned or provided by other partners within the community or specialist services



# Prevention

There is a saying that 'prevention is better than cure'.

Prevention includes actions to keep people well, such as supporting independence for longer to enable older people to live at home for as long as possible.

This includes Falls Prevention Checks, undertaken by Bedfordshire Fire Service in people's own homes. Officers check for trip hazards at the same time as advising residents of fire safety measures, such as smoke alarms.

With the resident's permission, the Fire Service can also refer people for advice on housing, and stopping smoking.

Prevention also includes early diagnosis of serious conditions such as diabetes, so that lifestyle changes can help improve health.

## Preventing diabetes in Milton Keynes

Diabetes is a big problem in our area. Doctors wanted to know how to support more people, particularly from the south Asian community.

To do this, they used data to find out which people were likely to be at risk of diabetes, and then test them for the condition.

Nasreen is a young mother from Luton who was diagnosed as pre-diabetic after blood was taken by her GP.

She has been referred to the diabetes prevention programme, piloted in Luton and now rolled out across Bedfordshire, Luton and Milton Keynes. This has helped her to understand how lifestyle changes, such as to her diet and exercise, can help to improve her health. These changes can help her to avoid complications associated with diabetes.



# Tackling the Causes of Poor Health

It is not just illness and injury that cause poor health and wellbeing. Our life circumstances and environment also have an impact.

**In each of our Places, we are determined to work with residents to tackle the causes of poor health and wellbeing.**

## Supporting local people through the Lighthouse project

The Lighthouse is a co-produced mental health drop-in service staffed by fully qualified NHS mental health professionals and trained volunteers in Leighton Buzzard, Bedfordshire.

Inspired by carers and service users and led by trained volunteers, the service is designed to be accessible for all people. The team can help everyone from those feeling lonely or isolated, people with worries about practical issues like applying for benefits, those who want support as part of their recovery, or anyone who feels they are close to or experiencing a mental health crisis.

## Tackling the cost of living crisis in Bedfordshire

With more people experiencing poverty as a result of increases in cost of living, we are working collaboratively across the system to find ways to support the most vulnerable.

Most people say that their health has been negatively affected by the

Rising cost of living, mainly due to heating and food bills going up.



Bedford Borough Council is using funding from our Integrated Care System to provide warm spaces where residents can get a hot drink and join in activities with others. Volunteers are also on hand to advise on issues from managing their bills to homelessness and loneliness.



# Start well: Every child has a strong start in life

**Our most disadvantaged babies and their families are offered tailored support** through the first 1,001 days of life.

**All our children are enabled to thrive.** They have the tools to stay fit and healthy. They have support to manage complex care and mental health needs, with extra support for the most disadvantaged children.

**Young people are ready for adulthood,** and supported across health and care services as well as through education and into employment.

## Transforming lives in Milton Keynes

There are a significant number of young people who experience serious harm, violence and abuse in Milton Keynes. Thames Valley Police, Milton Keynes Hospital and YMCA MK volunteers are working in the Emergency Department at the local hospital to help young people affected by these serious issues.

Ben is one of the young people who is using this scheme. He has been given a dedicated keyworker to provide one-to-one mentoring, coaching and support to help him break out of the cycle of violence.





## Live well: People are supported to manage their health and wellbeing

**People have control of their life, well-being and health** and access to services and tools they need.

**Care is built around neighbourhood teams that deliver support in communities**, with accessible primary care at its heart. And personalised to meet individual needs – using at innovative ways to support the whole person.

**Rapid mental health support**, focused on prevention and supporting people with mental health conditions to stay well.

**More conditions are prevented and detected early** so they are easier to manage and treat – particularly heart disease, respiratory illness, diabetes and cancer.

**Care is tailored to an individual's needs** – for example, Learning Disabilities, Veterans, End of Life Care

### Improving cancer outcomes in Luton

Nam lives in Luton. She was invited to a routine smear test last year, but because her GP is male she delayed going. When Nam learned she can see a female practice nurse, the results show that she has cervical cancer.

She's referred to Mount Vernon Cancer Centre for radiotherapy. But because Nam can't drive and her husband can't get time off work, she chooses not to have treatment and is now on a palliative care pathway.

The Luton Cancer Outcomes project, which brings in partners from the local Council, NHS and VCSE sector, is looking at how we can change this story in the future.

Using information about outcomes, and the barriers to care, partners are working to find solutions that work for local people. Targeting those people who aren't coming forward for screening and providing specific support, including transport, to help people get the care they need.



# Age well: People age well, staying healthy and independent for as long as possible

**Older people are supported to stay well at home.** With a focus on tackling loneliness and isolation, people will stay connected to their community and neighbourhood teams to get the help they need.

**Support to maintain independence.** Community services, including falls prevention, virtual wards and medication reviews, will help older people to maintain independence. It will allow them to manage long-term conditions, including dementia.

**People are supported with recovery, rehabilitation and reablement** after a period of illness, at home or in hospital.

**People are supported to die at home** if that is their wish, with support for them and their family.

## Supporting people with dementia

D's GP practice referred her to Working Together Leighton Buzzard team (WTLB). The programme that brings together GP practices, mental health services and social care to coordinate care.

The WTLB team reviewed D's case. A visit was arranged with the district nurse and social worker the following day. They assessed D and created a care plan with her husband. They referred her to an occupational therapist referral and ordered a new bed so she could comfortably and safely sleep downstairs.

Her husband was assessed as the main carer and was offered any necessary support. D's medication was reviewed and, after speaking with her GP, further medication was prescribed to improve her breathing.

By working together across organisations, the team managed to coordinate a timely and appropriate response for this patient and prevented a hospital admission.



# Growth and sustainability

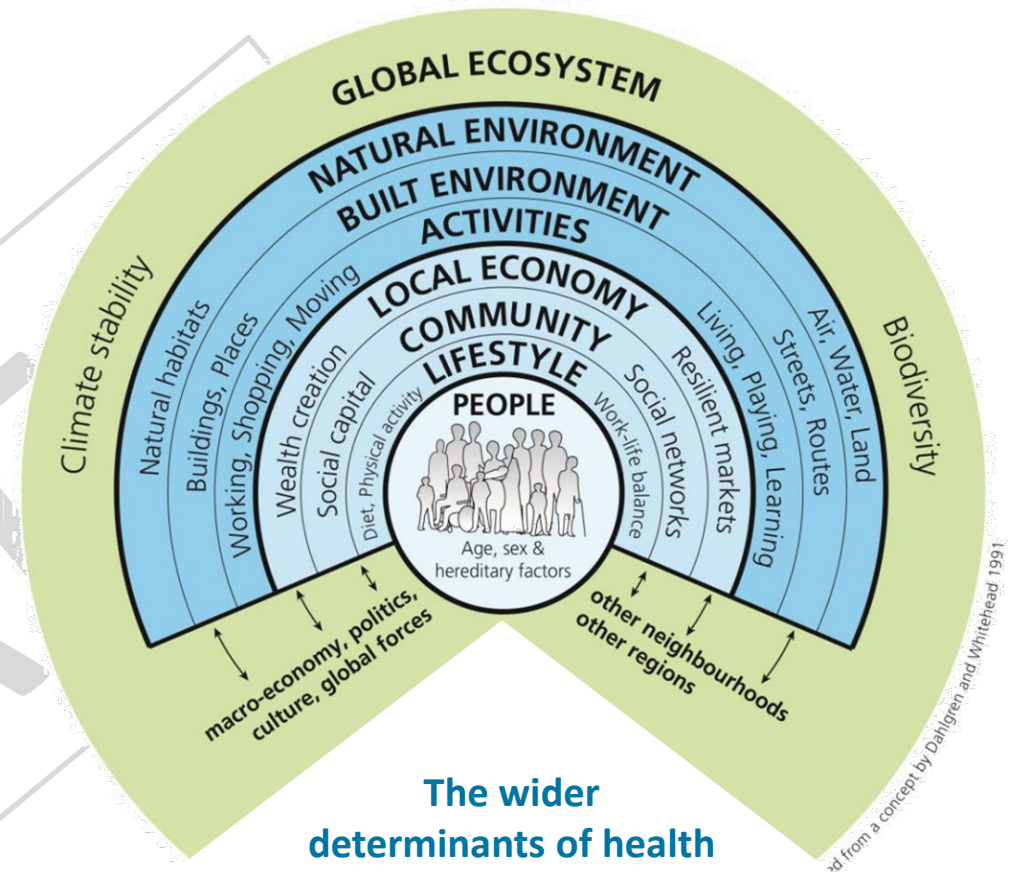
People are more likely to live happy, healthy lives if they have the best start in life, use their skills and have control over their lives. This includes access to good, fair employment, a healthy standard of living, with help to stop people getting ill, and access to sustainable places and communities.

**Environmental sustainability:** We aim to achieve net zero carbon emissions across the system by 2035, so we work in

- Moving towards a “circular economy” – reduce, reuse, repair, repurpose and recycle – with no waste.
- Building infrastructure (buildings, processes, transport) that helps us be sustainable.
- Making decisions with the future of our environment in mind.

**Sustainable economic growth:** Improving opportunities for prosperity for all our population, now and in the future.

- Making effective, efficient use of our public sector assets.
- Promoting investment in research and innovation.
- Increasing employment opportunities and support for local people to develop skills.
- Increasing investment in our economy, supporting people to work and shop locally, and businesses to invest here.



**Delivering social value:** Making sure our work contributes to our whole society, so everyone has the chance of a decent standard of living.

- Keeping people healthy in their homes and communities
- Nurturing partnerships with anchor institutes, VCSEs and local employers to create are greater than the sum of their parts.

# OUR APPROACH

How we will use our skills and resources differently to achieve our Goals

# Our Workforce

Our health and care workforce are at the heart of our efforts to improve population health.

We need to have enough trained, engaged and valued staff. We want our workforce to represent our population, drawing people from all backgrounds.

To do this, we need to make sure that careers in health and social care are accessible, fair and equal, and support people with their own mental and physical health.

We need to innovate in the roles we offer, giving staff flexibility in their working lives, and embracing technology to work smarter and increasing innovation and research.

Our **one workforce** approach is based on solutions that enable staff to work across settings, and demonstrate positive outcomes for staff and residents.

## Our leadership values:



## Supporting our primary care staff

People working in primary care have been under increasing pressure. It can affect their own health and wellbeing.

In response, our Integrated Care Board wanted to help.

The result was the introduction of the ShinyMind app to help increase the resilience and reduce the stress of NHS staff.

Nine out of 10 staff report an improvement in wellbeing after using the programme, while seven out of 10 said their job satisfaction had improved.



# Support to Provide Excellent Care, Every Time

Our **Clinical Services Strategy** will support and develop our clinical and professional teams to work at the top of their game to achieve the best health outcomes for residents.

A big part of this is learning from what we and others do. We will compare our care pathways with best practice and current evidence and adapt our approach accordingly. Getting feedback from patient, carer and staff feedback is also important. We will take part in innovation and research to find new and improved ways to support people.

In addition, we will:

- Embed ways of improving quality that allows health and care teams to provide excellent care, every time
- Involve patients, carers and staff in co-design and co-production of integrated health and care pathways based on residents' needs
- Work together to prevent ill-health and the causes of poor health, and maximise recovery after illness or injury.

Insert case study on  
redesign of clinical care

# Improving the Safety of our Care

Working together is vital, and especially when we are looking at quality issues with patient services.

The Patient Safety Incident Response Framework (PSIRF) is the new national way of improving patient safety in the NHS. It is for when we have problems in patient pathways that are in different health settings, or where the same problem happens across a number of health settings.

The framework sets out clear standards:

- 1. Kindness and respect to the person affected and their family, with honesty about what happened.** We have seen cases in the NHS where people raised concerns which were not heard or addressed. We will always listen, respect and involve all people who raise a safety concern
- 2. Support our staff, and address root causes of when things go wrong.** We do not support a 'blame culture' where staff are unfairly blamed for issues beyond their immediate control. We take responsibility for these contributing factors, and work with clinical teams to address them
- 3. We will identify the major quality improvement programmes needed in instances where we haven't got care right,** and work together to make sure changes are sustained
- 4. We will work on quality improvements along the whole health and care pathway,** working in partnership to improve patient experience and outcomes as they move between different health settings.

In our Integrated Care Partnership, we will use PSIRF to keep improving patient safety.

# Managing our Money

Our health system has a budget of around £1.8 billion, managed by the Integrated Care Board.

We will work collectively to allocate and spend this money as efficiently as possible to deliver better health outcomes for our population. We will be working more closely between NHS, local councils and voluntary sector partners to make sure that funding is targeted to have the greatest impact.

Our place-based approach will help us to make the right decisions on local delivery of care to support our communities to thrive.

## Comparing ourselves with the best

We need to compare ourselves against the best in the field so we can identify areas for improvement.

By setting these benchmarks, we will shorten patient clinical pathways by reducing unnecessary delays.

We will also review our clinical support and corporate services to ensure our teams have the tools and resources to offer the right care and treatment.

## Giving people control of their care

People with Multiple Sclerosis and Epilepsy are being offered a different way to keep in contact with their health and care teams. This new service, called Patient Initiated Follow Up (PIFU), allows people to take control of their own care, and are reducing unnecessary visits to hospital and improving patient waiting times.

This service provides an alternative to a regular scheduled follow-up appointment, with calls answered on average in half a minute, and supports people to get access to help, ask questions about their medication, get test results and flag concerns with their symptoms without having to make an appointment with their GP.

# One Public Estate

We recognise that the buildings and estate that we own, rent and occupy need to be used efficiently and effectively.

How we use our estates fundamentally changed since the pandemic.

The move to more preventative and personalised care outlined in this Strategy we change how we use our estate in the future.

Hybrid office working has meant that the amount of office space we need has reduced. Much more healthcare is now delivered on-line or in places other than hospitals.

The NHS and local Councils are reviewing how we use our estates to enable our teams to provide integrated care at Place.

# How technology will join up and improve care

Our digital and data strategies set out how data and technology can help to deliver the best outcomes for our residents.

It means using information in a smarter way. A system-wide single shared health and care record will join up information to help provide seamless care. Patients can get easy access to their information.

Technology can be used to support virtual wards and help patients to be cared for in their homes.

## So that patients can...

- Spend less time at appointments and more with clinicians or caseworkers
- Not have to repeat their information more than once
- Have care informed by every touch point with the NHS or Local Authority
- Access information about past and future appointments, conditions, allergies, treatments, prescriptions, lab results and vaccinations
- Be more independent in activating and managing self-care

## So that care practitioners can....

- Understand the whole patient, their lifestyle and health journey
- Access test results and scans quickly and easily
- Co-ordinate care with other professionals, wrapping around an individual
- Deliver high quality, safe care each and every time

## So that people planning care can...

- See how residents are using care at any given moment, i.e. number of patients at A&E, number of patients on waiting lists for specific services
- Forecast demand based on previous trends and live data
- Predict future demand for high risk patients and provide pro-active care
- Intervene earlier to support better outcomes and reduce 'reactive' care
- Focus resources closer to the resident and around their individual needs

# Understanding our Population's Needs

Good information is essential to plan, deliver and improve services and support residents to live longer, healthier lives.

We are working together to establish a single, shared data platform. This will ensure we have a consistent view of our data.

The platform will include anonymised information in areas such as performance, population health and inequalities, as well as capturing insights from residents.

This information will give us a rounded understanding to make decisions. It will support us to learn from best practice and tailor our activities to residents' needs.

We will share these insights across the system, working together to understand what it is telling us, and take decisions together.

We will publish our information as part of our commitment to accountability and benchmark our results against others to make improvements.

## Using population health data to support better diagnosis and treatment

High blood pressure over a long period of time can increase the risk of heart attacks and strokes. Caught early, hypertension is easy to treat, but our current rates of detecting hypertension are much lower in some population groups.

GPs across Bedfordshire, Luton and Milton Keynes are working with pharmacies to building on a successful programme in Bedford Borough targeted to identify people who are at risk of hypertension but may not be coming forward for treatment.

# Research and Innovation

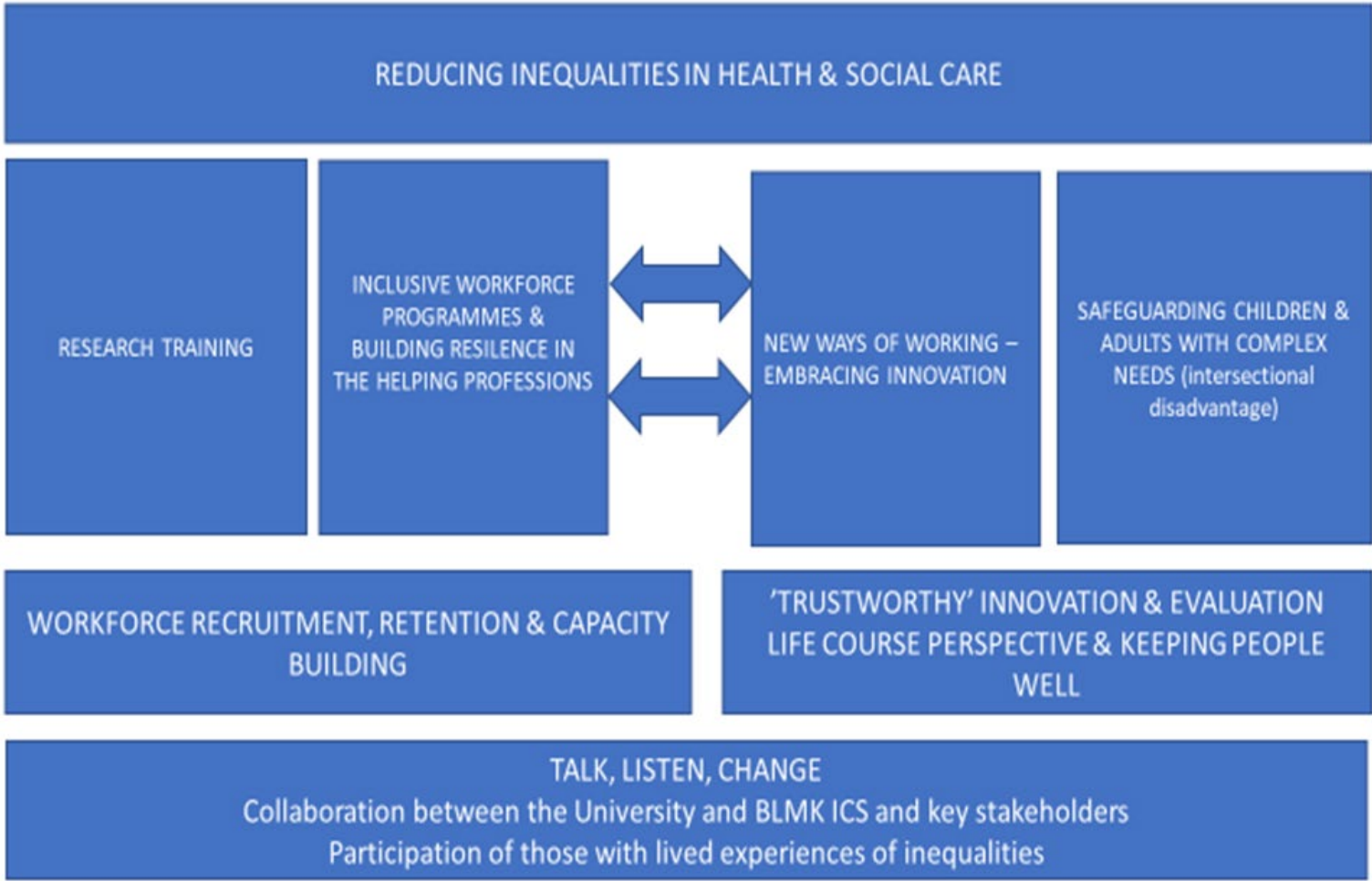
NHS England - Bedfordshire, Luton, Milton Keynes (BLMK) ICS Research & Innovation Hub – ‘Creating an inclusive health & social care workforce’ Randhawa G, Munro E, & Grant L - £3million

## Promoting research to across our system

Our newly created Bedfordshire Research and Innovation Hub will focus on research into health and social care inequalities across our system.

By building research capacity and capability, this hub will aim to identify new ways of working to reduce inequalities. Two key priorities include how to develop an inclusive workforce and build resilience in the helping professions and how to safeguard children and adults with complex needs.

This hub will help act as a catalyst for further investment in health and care research across the system.



*Each Theme to be led by a tri-partite Team comprised from the Institute for Health Research & Institute for Applied Social Research (University of Bedfordshire) & BLMK ICS respectively*

We are also working in partnership with Oxford and Eastern Academic Health Science Networks to implement, evaluate and spread innovations across our health and care system.



**Report of the Health and Care Partnership**

14 December 2022

**Item 11 Fuller Programme – Delivering Integrated Primary Care**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input checked="" type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input checked="" type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Authors</b>	Nicky Poulain, Chief Primary Care Officer, Amanda Flower, Associate Director Primary Care Commissioning & Transformation.
<b>Date to which the information this report is based on was accurate</b>	4.12.22
<b>Senior Responsible Owner</b>	Nicky Poulain, Chief Primary Care Officer.

**The following individuals were consulted and involved in the development of this report:**

Engagement with the four place boards is underway.

**This report has been presented to the following board/committee/group:**

As above.



## Purpose of this report - what are members being asked to do?

The members are asked to **note** the report and progress.

### 1. Brief background / introduction:

The BLMK Fuller Programme is a system programme with the aim of anchoring transformation around our neighbourhoods using the 'Place Boards' to implement the recommendations of the Fuller stocktake published in May 2022.

### 2. Summary of key points:

The programme is supported by the ICB Primary Care team and the ICB PMO Team and framed using the following 4 pillars:

1. The development of neighbourhood teams aligned to local communities
2. The provision of streamlined and flexible access for people who require same day urgent care
3. The provision of proactive personalised care and support for people with complex needs and co-morbidities
4. An ambitious and joined up approach to prevention.

The BLMK Fuller Programme is accountable to the Primary Care Commissioning and Assurance Committee and will also be overseen by the ICB Fuller Programme Working Group and the BLMK Fuller Stakeholder Collaborative Group.

The ICB Fuller Programme Working Group will track progress, resolve escalated issues, and ensure system connectivity including workforce, digital technology, any identified organisational barriers. The BLMK Fuller Stakeholder Collaborative Group will ensure the programme is 'Place' and neighbourhood sensitive, adopting the principle of subsidiarity and meeting the needs of local people to enabling and embed place-based transformation.

### 3. Are there any options?

These will be identified during the development of the local implementation plans.

### 4. Key Risks and Issues

These will be identified through implementation.

**Have you recorded the risk/s on the Risk Management system?**

[Click to access system](#)

Yes

No

### 5. Are there any financial implications or other resourcing implications, including workforce?

These will be identified during the development of the local implementation plans.

### 6. How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.

### 7. How will / does this work help to address inequalities?

Focus is to provide continuity of care for those in Core20plus5.

#### **8. Next steps:**

Continue to develop the BLMK Fuller Programme Plan with system partners.

#### **9. Appendices**

Appendix A – Fuller Programme – Delivering Integrated Primary Care

#### **10. Background reading**

[NHS England » Next steps for integrating primary care: Fuller stocktake report](#)



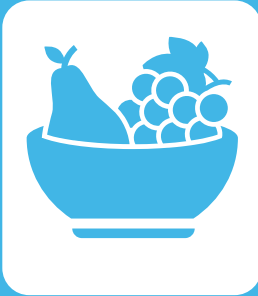
**Bedfordshire, Luton  
and Milton Keynes**  
Integrated Care Board



# The BLMK Fuller Programme – Delivering Integrated Primary Care

Item 11  
Health and Care Partnership  
14<sup>th</sup> December 2022

# The Fuller Report - The three Functions of Primary Care



## A step-change in our ambitions on Preventative Care

- **Supporting lifestyle change** via a combination of national and local programmes providing advice and support to improve diet, fitness and wellbeing, e.g. health coaches and capitalising on evidence-based health apps, and the NHS app. This should involve the extended primary care team, harnessing the growing role of community pharmacy and dentistry in prevention, VCS, and working at scale on prevention with LA Public Health colleagues.
- A scaled approach **to delivering population-level interventions**, including screening and health checks, and adult vaccinations, building on the community engagement that characterised the Covid-19 vaccination programme.



## A scaled and streamlined model to deliver Urgent and Episodic Care

- Single, 24/7 point of **coordination for urgent and episodic care**, making best use of PCN and place-based MDTs, and building on CAS model. Incorporating NHS 111, community pharmacy, urgent community and mental health crisis response, GP out of hours, and potentially dentistry and other PC services.
- Flexibility to offer **virtual or face to face options in line with patient preference and need**. Delivered at a **scale** that makes sense for local systems, as part of a wider integrated urgent and emergency care system, enabled by risk stratification of patients and shared care records.



## A person-centred, team-based approach to Chronic Disease Management and Complex Care

- **Secondary prevention**, driven by proactive management of chronic disease, to prevent deterioration in health and prolong healthy life expectancy, through regular review of disease registers. Enabling and supporting people to manage their own long-term conditions, in line with latest evidence, through the use of patient-held record systems, peer coaching, remote monitoring and group clinics.
- **Named clinician as care coordinator** working alongside patients and families to ensure timely access to holistic care and minimize time spent in hospital. Co-ordination of multi-disciplinary teams/ 'teams of teams', including from acute, community and social care providers, working across place to support case management of more complex patients (medical/social/psychological).

# 1. Develop neighbourhood teams aligned to local communities

*Build neighbourhood teams with health and care professionals from across the sector to include general practice, community health services, mental health services, secondary care, social care, domiciliary care and VCSE, to improve health outcomes and reduce inequalities.*

***Examples of embryonic and developing neighbourhood teams include:***

- ***Working together to ensure there are ‘warm spaces’ for residents most affected by fuel poverty***
- ***The integrated approach at ‘The Lakes Estate in Milton Keynes’***
- ***Place Based Vaccines in Luton***
- ***Working Together’ in Leighton Buzzard***
- ***The Bedford Primary Care Hub programme***

# How do we do this?

- Thriving **integrated primary care systems** need to be **built as locally as possible**, drawing on the **insights, resourcefulness and innovations of residents, patients and their carers, local communities, local government, all NHS teams, VCSE providers and wider system partners.**
- A move towards a more **psychosocial model of care** and **realignment of health and care system to a population based approach** to address inequalities.
- **Further development of multidisciplinary health/care teams** to work with GPs to provide **continuity of care** to people with **more complex needs.**
- At the heart of the new vision for integrating primary care is **bringing together previously siloed teams and professionals to do things differently** to improve patient care for whole populations.

## 2. Provide streamlined and flexible access for people who require same day urgent care

*Practices are busy.*

*However there is variation in how our 93 practices manage demand.*

*This impacts the commissioned primary care services – 111, Clinical Assessment Service, Oot of Hours, Urgent Treatment Centres, Urgent GP Clinic.*

*And this impacts A&E/Secondary Care.*

***In October 2022:***

- There were 509,343 appointments provided by practices in BLMK***
- There is a range of appts per 1,000 pop from 241.06 to 839.65***
- On average 78.4% of these appointments were provided face to face (the range was from 15% to 97%***
- On average 37.8% of appointments are on the day appointments (the range is from 17.6% to 69.6%) – however we don't truly know what the 'urgent' demand is***

# Primary Care Access - Challenges

We are seeing on average 1,000 more GP appointments per practice a year

Training new staff in practice takes time from experienced workforce

Telephony systems need updating to stop calls being dropped – but we still need staff to respond!

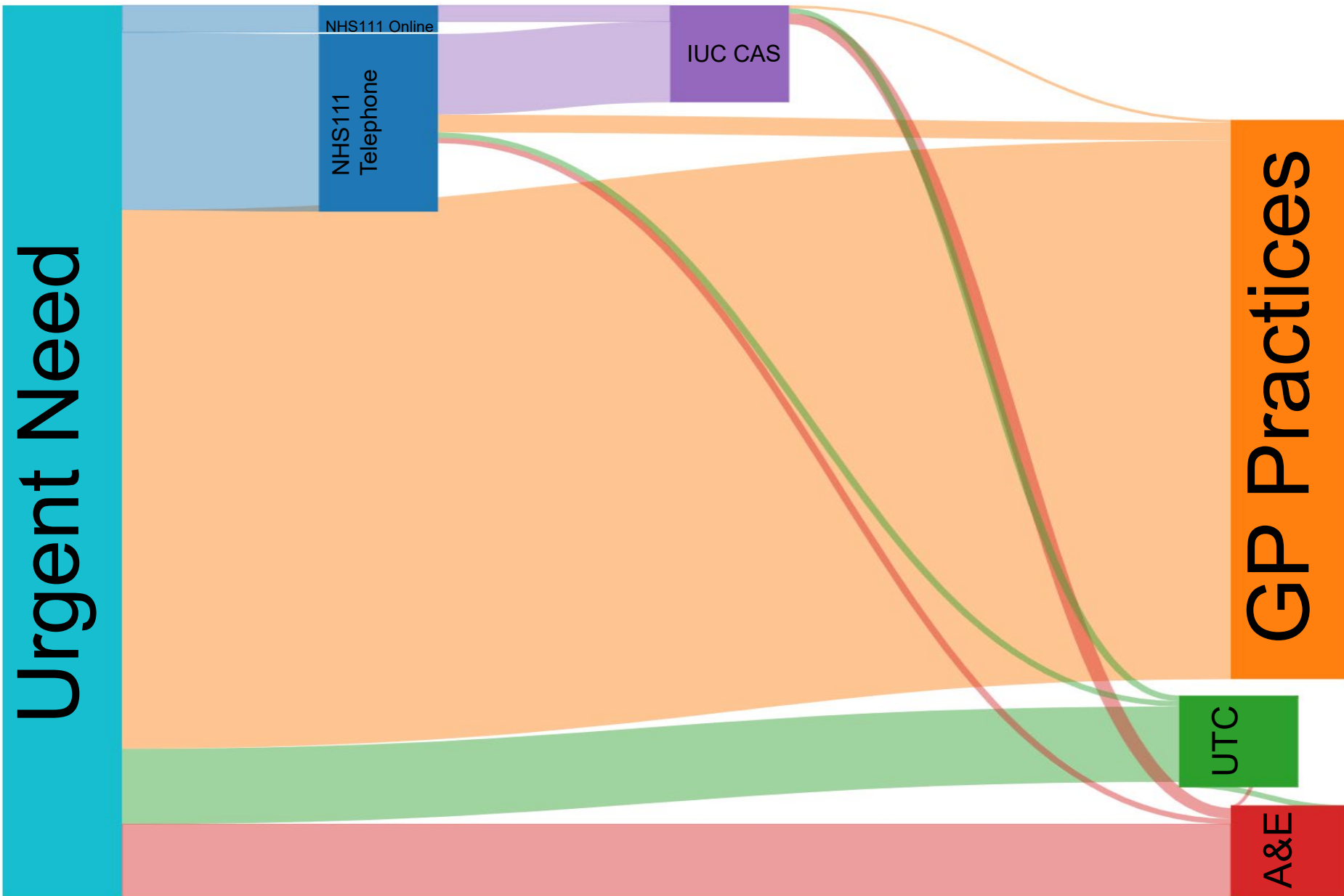
There are long waits in secondary care

In Milton Keynes, 19% of the workforce is over 55 and ready to retire.

Administration is becoming more difficult to recruit to because of the pressures of the role and the pay rates in supermarkets etc

More patients with more complexity in the community





The size of the connectors in this diagram equate to the actual proportions of activity flowing to the different services across BLMK.

This illustrates how much of urgent same day demand is currently managed by GP Practices.

Primary Care led services that provide  
'urgent same day primary care' services

### **GP Practices**

93 Practices  
Urgent/Same Day  
Care provision

### **Integrated urgent Care**

(NHS111, CAS, GP OoH)

BB, CB & L provided by  
**HUC**

MK provided by  
**DHU & MKUCS**

### **Urgent Treatment Centres**

Bedford UTC provided by  
**Atrumed Healthcare**  
Putnoe WiC provided by  
**Putnoe Medical  
Partnership**

Luton UTC provided by  
**HUC**

Luton UGPC provided by  
**Atrumed Healthcare**

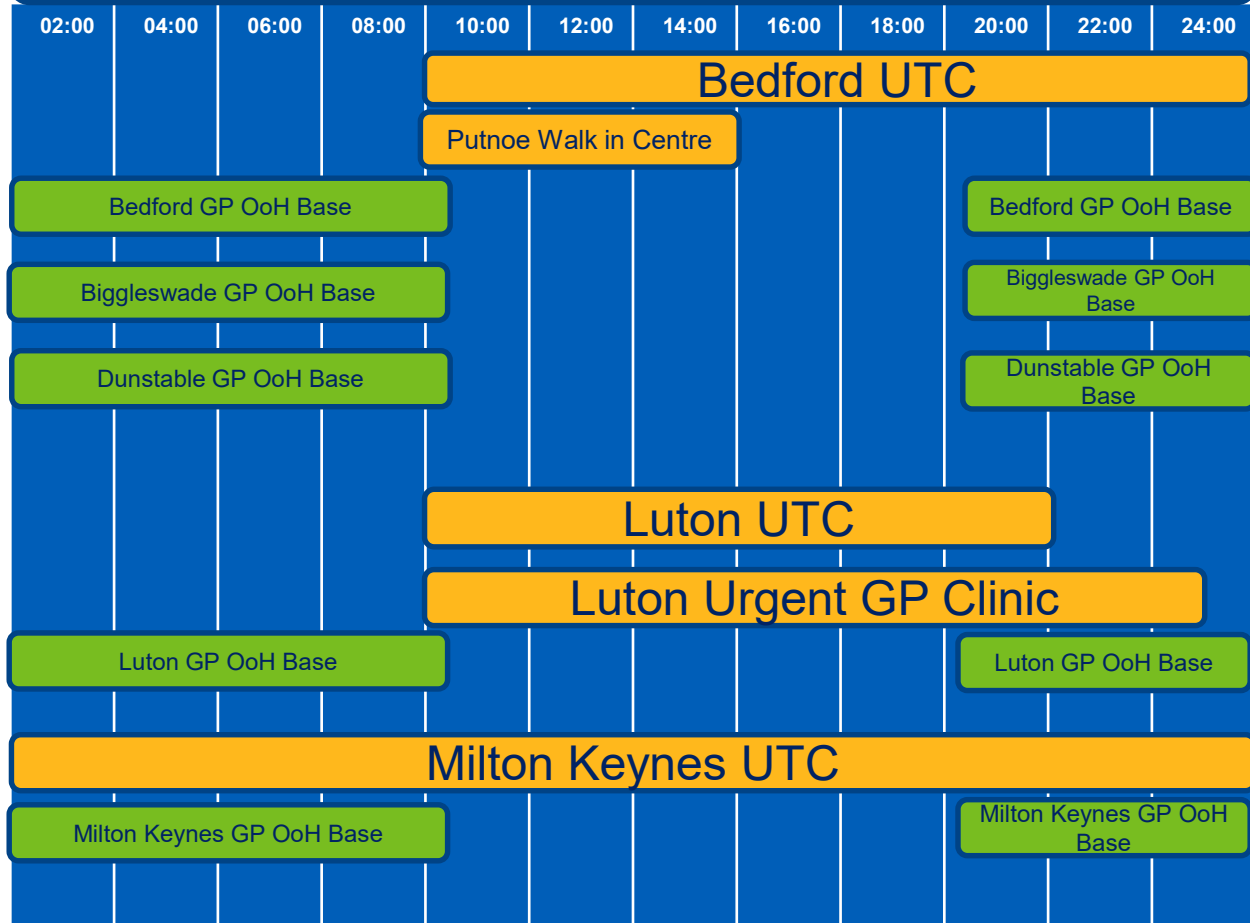
MK UTC provided by  
**MKUCS**

# Availability of Urgent Care Services

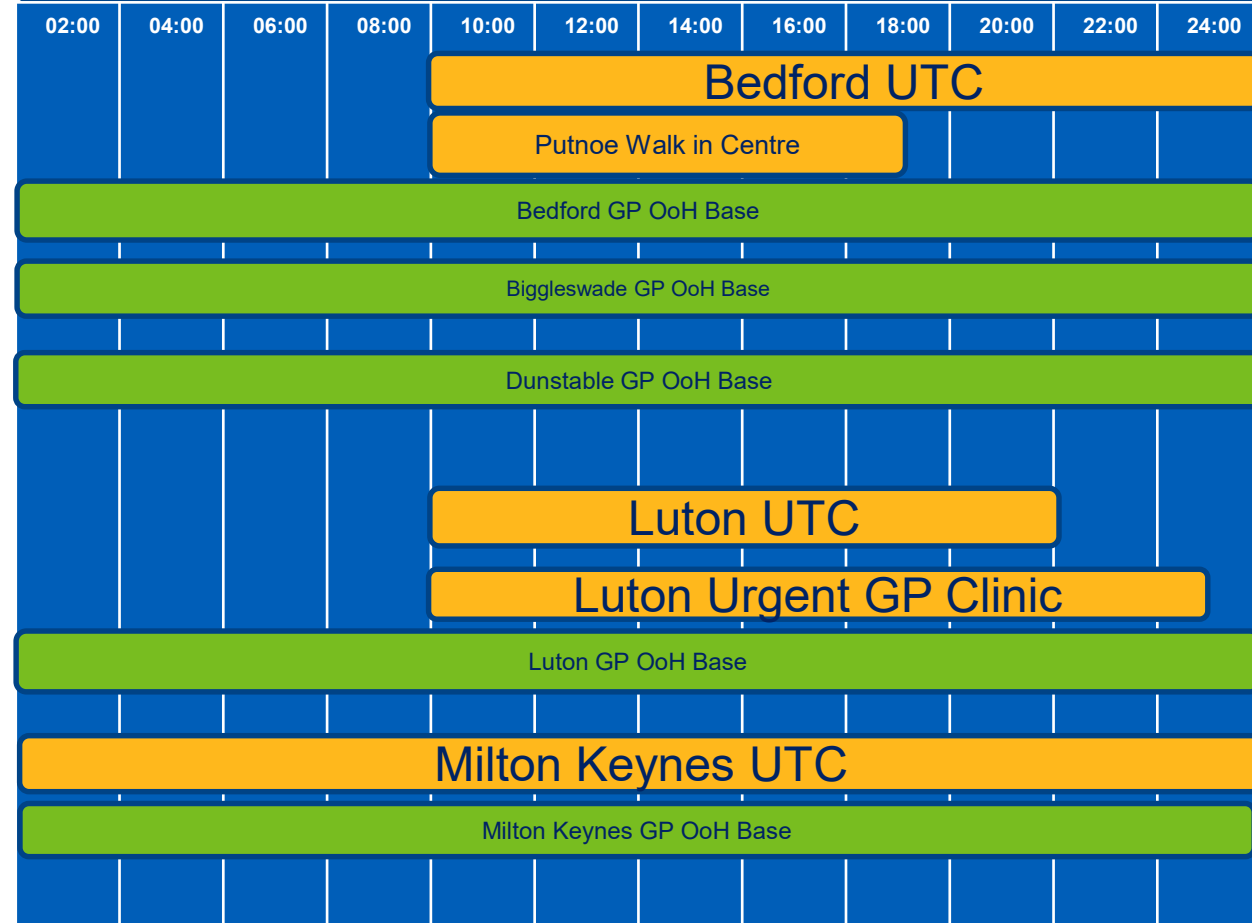


Bedfordshire, Luton  
and Milton Keynes  
Integrated Care Board

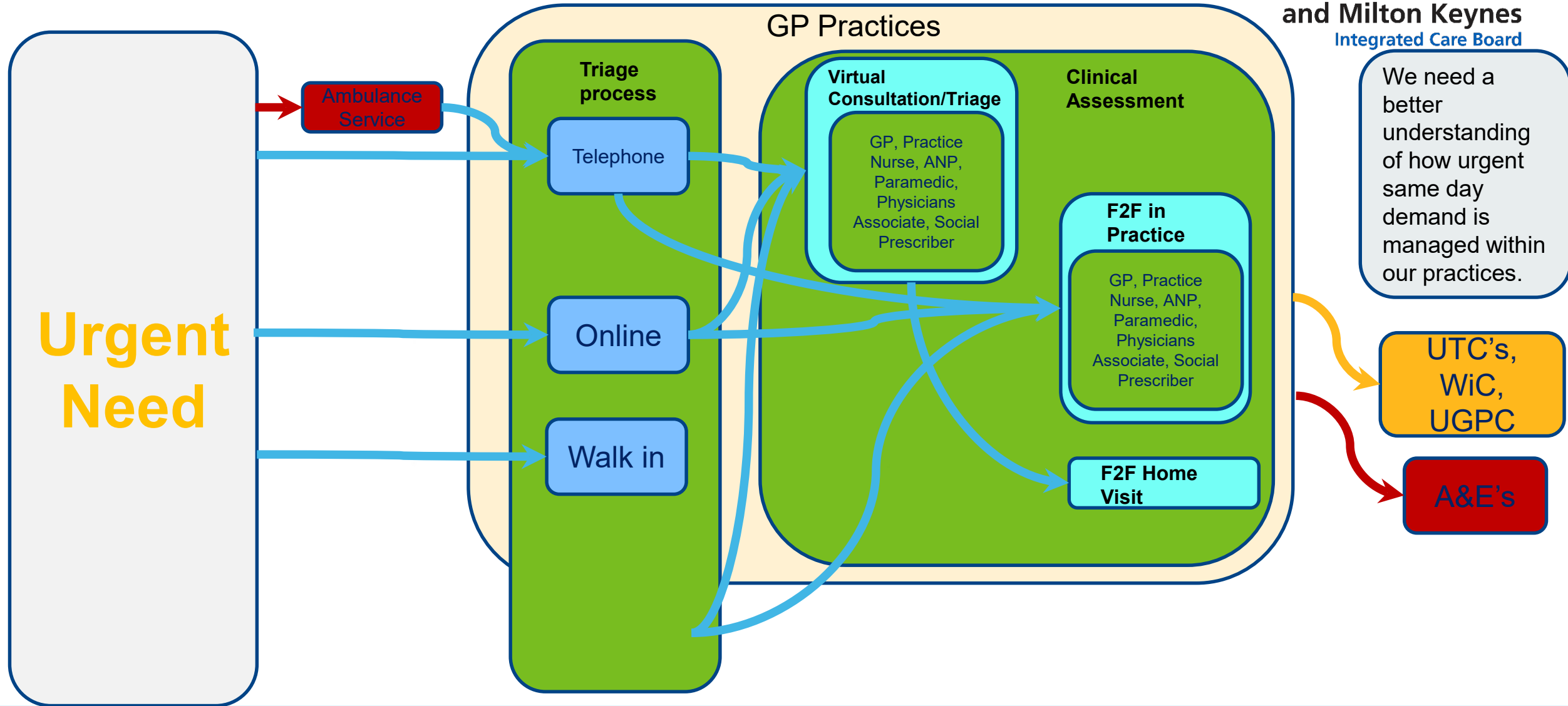
## Monday to Friday



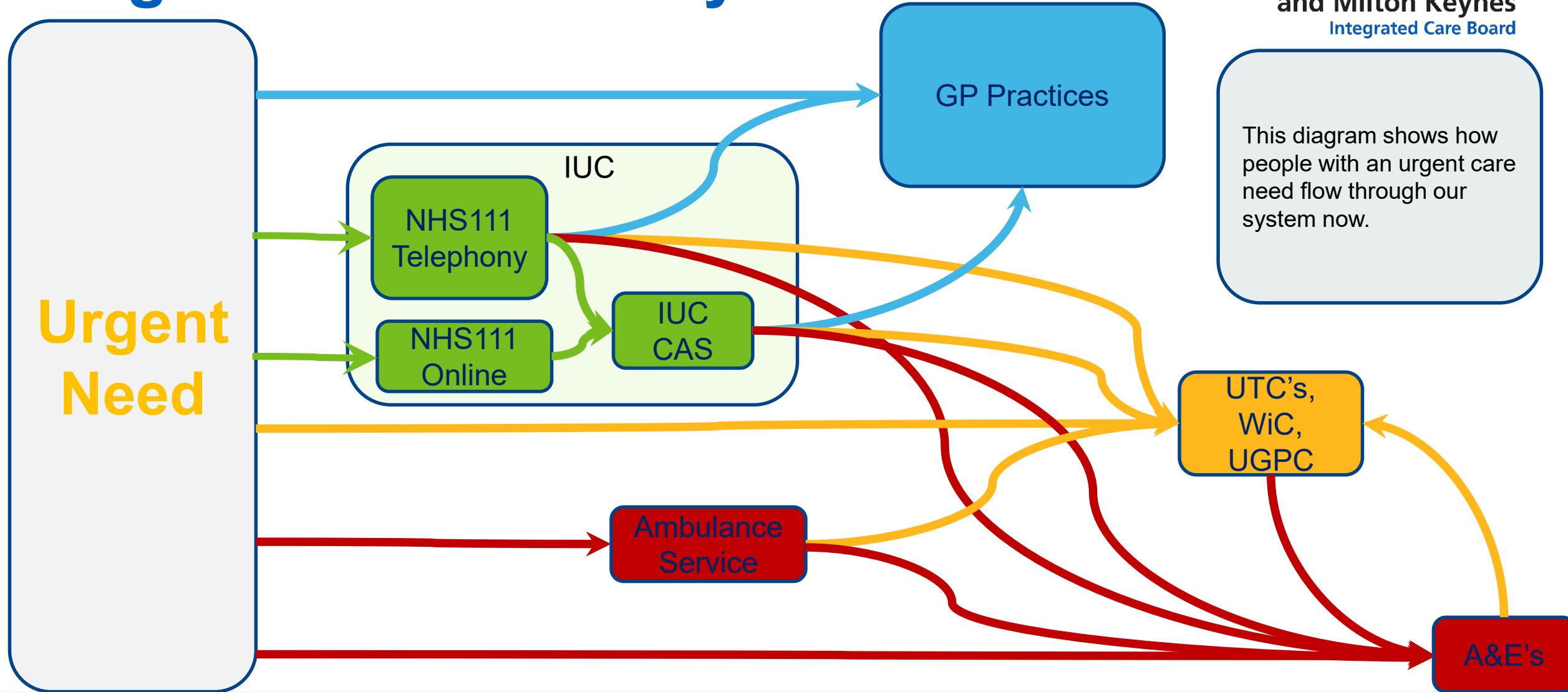
## Weekends and Bank Holidays



# Flows around GP Practices



# Urgent and Same Day demand Flow



This diagram shows how people with an urgent care need flow through our system now.

# 3. Deliver proactive personalised care and support for people with complex needs and co-morbidities

*Providing the population who are at risk of adverse health outcomes with a named clinician to coordinate the continuity of care they need is quite well developed in parts of BLMK.*

- *Multi disciplinary team working to support residents of care homes*
- *Multi disciplinary team working to support the population with Long Term Conditions*
- *Geriatric interface frailty offer from Bedfordshire Hospitals Trust – the silver phone and virtual MDTs*
- *End of Life Care planning*
- *Supporting children with neurological conditions in Luton*

## 4. Take an ambitious and joined up approach to prevention

*Primary Care including Primary Medical Services (GPs), Community Pharmacy, Dental and Ophthalmology all have an essential role to play in preventing ill health (through a Making Every Contact Count approach) and tackling health inequalities.*

Maximise the offer and take up for Covid and flu vaccinations

An all-age immunisation workstream

Cancer screening

Health screening

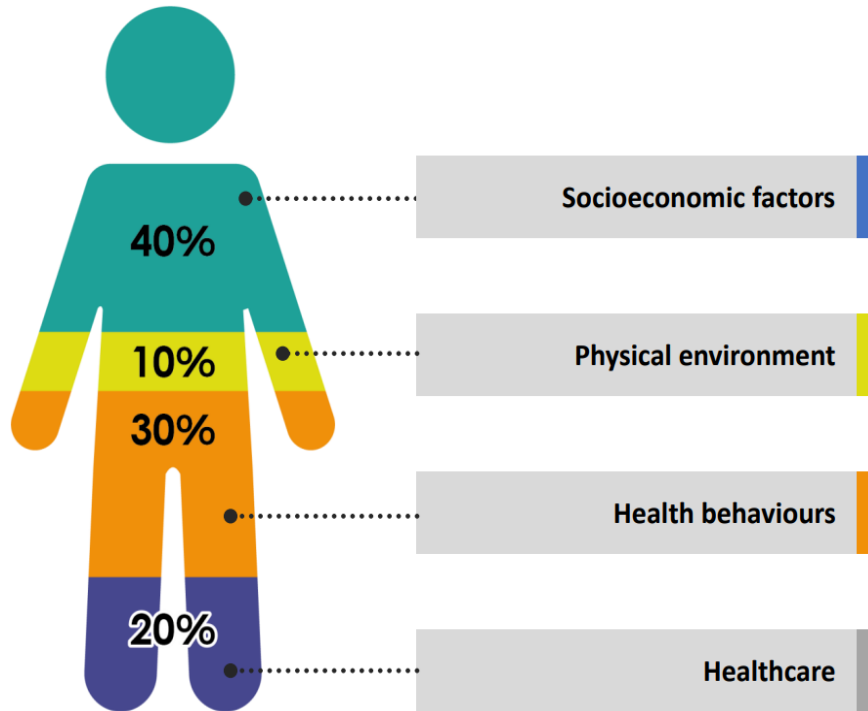
Case finding of CVD for long term conditions

Tobacco dependency programme

Digital weight management programme

# Integrated primary care to address inequalities

What contributes to a person's health



Within BLMK, there are c. **122K** people in the 20% most deprived neighbourhoods (13% of the population):

- Bedford Borough, 14 LSOAs in most deprived 20% nationally c. **22K** people
- Central Bedfordshire, 3 LSOAs in most deprived 20% nationally c. **6K** people
- Luton Borough, 33 LSOA in most deprived 20% nationally c. **65K** people
- Milton Keynes, 16 LSOAs in most deprived 20% nationally c. **29K**

*Population Health Management (PHM) Lower Super Output Area (LSOA) mapping income deprivation at Local Authority level*



# Delegated commissioning of community pharmacy, optometry and dental services

1. Explore the role of POD contractors in place transformation, leadership and neighbourhood teams as an integrated part of primary care

- Better understanding of local needs
- Improved partnership working
- Broader co-production and flexibility at place

2. Maximise the role of POD in same day urgent care for minor illness and injury and ensure that the public are aware of the options

- Patient facing comms and signposting
- Improved access to urgent dental care and pathway improvements

3. Explore opportunities for POD contractors to be an active part of the MDT approach to the management of patients with complex needs and co-morbidities

- Diabetic retinopathy monitoring and management
- Medication reviews and escalation planning
- LTC monitoring

4. Make every POD patient contact count to push the prevention agenda and ensure that they are aware of the local options and referral points

- Maximise options for approach to imms and vaccs
- Improved signposting for the community
- Case finding and screening in more settings

# Working with the respective Place Boards

- Build the BLMK Fuller Programme Plan with all stakeholders – using the support from the ICB and the Programme Management Team
- Develop patient stories that demonstrate what is currently not working and where improvements have made a difference
- Continue dialogue with system partners to help achieve the delivery of integrated primary care at neighbourhood / place?
- Utilise the data and patient/resident reported outcomes to assess progress

# Questions?

- Does this resonate?
- Is there anything glaringly missing?
- How do we maximise the use of all our community assets?
- How do you think you / your organisation can support?

**BLMK Health and Care Partnership  
Forward Plan 2022-23  
Item 14**

	<b>4 July 2022 10-11.30am MS Teams</b>	<b>21 September 2022 5-8pm Central Bedfordshire Council</b>	<b>14 December 2022 2-5pm Bedford Borough Council</b>	<b>7 March 2023 5-8pm Milton Keynes Council</b>
<b>Public Meeting Agenda Items</b>				
<b>Report Deadline</b>		<b>Noon 9 September 2022</b>	<b>Noon 2 December 2022</b>	<b>Noon 23 February 2023</b>
1	Terms of Reference	Terms of Reference – appointment of Deputy Chair	Joint Strategic Needs Assessment	
2	Integrated Care Strategy progress update	Integrated Care Strategy progress update	Draft Integrated Care Strategy	
3	Review of Shadow Meeting	Research and Innovation in BLMK	Update from Place	Update from Place
4		Draft VCSE Memorandum of Understanding	Integrated Care Board update	Integrated Care Board update
5			The Fuller Programme - Delivering Integrated Care	
6	Work plan	Work plan	Work plan	Work plan