NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Annual Report and Accounts

2023 - 2024

Contents

Chair's Foreword

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

Welcome to the 2023/24 Annual Report of the Bedfordshire, Luton and Milton Keynes Integrated Care Board.

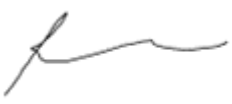
This is our ICB's first annual report that covers a full 12 months - and what a 12 months it has been. Partners right across our system are working more closely together than ever before, and I'm delighted that we're seeing early signs that these efforts are translating into the improved outcomes for our residents that we all want to see. Whether that's catching more cancers earlier, driving down child poverty or reducing rough sleeping, BLMK partners have together made a positive difference to the lives of so many of our residents over the last year.

You will see throughout this report several case studies; these individual stories are so important to me. Every Board meeting in 2023/24 began by hearing first-hand the story of a resident who offered to come and share their personal journey through our health and care system. By listening, we learn. And by learning, we improve. Thank you everyone who has given feedback on their health and care services this year. You can read more on page 66 about how we are responding to what we have heard, and also how, in areas like musculoskeletal provision, we're co-producing the new services we will offer in equal partnership with those they will support.

Listening to our residents means we know that big challenges remain. Our mission to improve access to primary care continues to be a priority for our system. Initiatives to increase self-referral, broaden the mix of professionals, and reform the technology which underpins calling our surgeries are already making a difference, and we want as many residents as possible to feel the benefit of these and other changes. Our health and care estate also remains in the spotlight. The additional investment of £1.95m per annum we have worked hard to find is funding developments to our primary care estate that will increasingly benefit residents in 2024. With BLMK growing more than twice as fast as the national average, we continue to make the case at all levels for the funding needed to respond to this huge challenge, including a vital new community diagnostic centre in Luton and mental health in inpatient facility in Bedford.

In 2023/24, I have particularly enjoyed our landmark Board seminar events – opportunities for us to come together and progress our system strategy in areas which require coordinated effort from many partners, like supporting more residents to stay in and return to work. Thank you to colleagues at Place taking forward the plans which flowed from these seminars; I look forward to reporting next year on the difference this work is making. I also look forward to continuing our seminar programme in 2024/25, including on the Denny Review, our leading example of a community-led approach which is shaping all our work to tackle health inequalities. I'm delighted all our system leaders have signed up to implementing the review's findings, supported in this by the expertise of the Institute for Healthcare Improvement.

BLMK partners are increasingly making integration a reality. Thank you all for the part you are playing in this major change, and I look forward to progressing further and faster in the year ahead.



Dr Rima Makarem, Chair, BLMK Integrated Care Board

Performance report

Statement by Felicity Cox, Chief Executive Officer, Bedfordshire, Luton and Milton Keynes Integrated care Board.

When I reflect on 2023/24, I think of the privilege of visiting so many different health, care, and community settings across BLMK. From GP practices brilliantly partnering with local faith leaders to do more for residents, to care homes leading the use of cutting-edge technology, to VCSE partners boldly tackling health inequalities at the heart of our Roma communities, I've made it my mission to spend as much time out and about as possible. On these days, I've sat with teams of dedicated professionals and had the opportunity to hear directly from the residents who count on our Partnership for the support they need to fulfil their potential in life. This is undoubtedly the most important part of my role as Chief Executive – ensuring our Partnership, as it continues to evolve, is responsive to the views of those we serve. In this mission, we can always be better.

As our population in BLMK continues to grow rapidly, so does the recognition across our system that no one organisation can make the impact in health outcomes that we all want to see without the support of other partners. I am grateful to our four Local Authorities for their continued, strong commitment to our Partnership over the past 12 months. Whether growing our health and care estate, launching our new Unscheduled Care Hub getting more people medical help more quickly without going to hospital, pushing forward groundbreaking work to improve cancer outcomes in Luton or new wearable technology initiatives to reduce obesity, all corners of BLMK are seeing the innovation that is born from partnership working. Our GPs and their teams – including our fantastic new Nursing Associates - have a pivotal role in this too. Primary care are now delivering almost 30,000 appointments per day, 4% more than in 2022/23. The development of Integrated Neighbourhood Teams remains a priority in 2024/25 as a crucial part of further increasing access – an issue so important to so many residents.

Our Integrated Care Board delivered a balanced budget in 2023/24. This has not been achieved without major challenge, and I want to be clear that our ongoing financial pressures mean that we cannot make all the investments we would like to. This is especially true in our health and care estate, where our hospitals alone have backlog of essential maintenance work valued at over £240m. I continue to make the case at every opportunity for a funding settlement which better reflects the challenges of a population growing twice as fast as the national average.

I am particularly proud of our system's growing work on the wider determinants of health: keeping more homes warm, employing more people with lived experience of the care and the justice system and reducing our use of environmentally harmful materials. In these areas it is often our VCSE and Healthwatch Partners who bring to the table the insight and expertise that enable us to do this well.

I hope that, for those of you I didn't meet in 2023/24, our paths cross next year. When they do, I'll be keen to hear how our response to the Denny Review, our community-led approach to tackling inequalities, is impacting you, and especially what more we can do to make sure our Partnership is making a positive difference for everyone in BLMK.

Felicity Cox, Accountable Officer 26 June 2024

Performance overview

The performance overview section provides a look at how Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) operates, its structures and strategic priorities, and our progress during 2023/24. It also describes the area in which we work, detailing our four places, and the work being done to make sure that services are being delivered in a joined-up, integrated way, as close as possible to where residents live.

About Bedfordshire, Luton and Milton Keynes Integrated Care Board

The ICB is responsible for planning the delivery of NHS services to achieve the aims of the strategy to improve the health of the population, including deciding how resources are allocated.

The ICB works with partners across BLMK to improve outcomes in health and care. It focuses on tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development.

About our area

The four places in our Integrated Care System are vibrant and culturally diverse and cover a population of 1million. Whilst there are health inequalities, there is growth and opportunities for us to improve the health and wellbeing of people who live here.

Bedford Borough

Primarily an urban area surrounded by many villages. Over 100 languages are spoken by an ethnically diverse population.

Milton Keynes

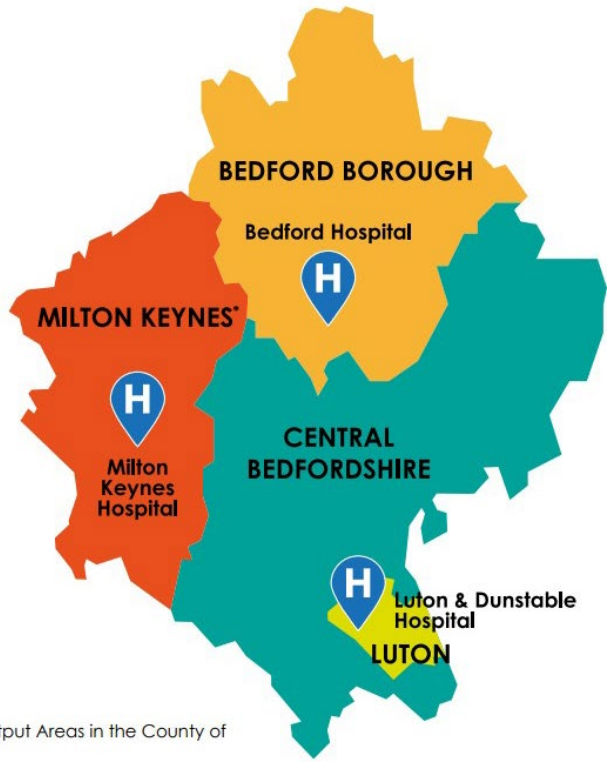
Ethnically diverse population with 90% of people living in Milton Keynes itself and 10% living in rural areas.

Central Bedfordshire

Older, more affluent population with less ethnic diversity than its neighbours. Life expectancy is better than the national average.

Luton

Young and highly culturally diverse population living in our most urban of areas.



*The area covered by the ICB also includes the following Lower Layer Super Output Areas in the County of Buckinghamshire: E01017695, E01017696, E01017669, E01017670

Our places, people and their health

Half a million people are economically active in Bedfordshire, Luton and Milton Keynes and it is one of the fastest growing economies in England, contributing £30 billion to the UK gross domestic product every year. Around a million people live in the area.

The BLMK area is covered by five local authorities. Bedford Borough Council, which has 187,000 residents. Central Bedfordshire Council, with a population of 302,000. Milton Keynes City Council has over 292,000 residents in its area while Luton Borough Council has about 227,000 residents. The ICB calls the four areas covered by these local authorities ‘our places’. Around 6,000 Buckinghamshire residents are also part of the ICB’s geography, and we’re proud to work closely with Buckinghamshire Council too.

The ICB works with local authorities to improve people’s health outcomes. As such, we have senior representation on all local health and wellbeing boards, with our Chief Executive Officer, Chair and the respective Place Link Directors (executive members of the ICB) being core members. The ICB’s work is informed by, responds to and supports, the priorities identified locally and set out in health and wellbeing strategies.

A fast-growing area

It’s not just the economy that’s growing quickly in BLMK – the population is too. Three of our four places saw population growth of over 15% in the decade to 2021 and it is one of the fastest growing areas in the country. According to the population projections commissioned by the BLMK’s Population Health Intelligence Unit, the population of BLMK is projected to increase by 25.3% between 2023 and 2043. In the same period, the number of people aged 85 and over in our area is projected to increase by 113% and the number of people aged 65 and over is projected to increase by 63%. More people in these older age groups tend to have long-term and multiple health conditions. This presents a big challenge for health and social care, both in terms of caring for people with multiple health conditions but also supporting people to live well.

Local projections indicate that the number of children and young people from the first year of life up to 19 years old will increase by 16% between 2023 and 2043.

It is these stark numbers which provide the basis of the case for change across so many important areas of health and care.

An area proud of its differences

Bedford Borough, Central Bedfordshire, Luton and Milton Keynes are four very different and diverse places. These differences can affect what local people need from health and social care services.

Milton Keynes is mostly urban with significant ethnic minority communities and some rural areas. Bedford Borough has both rural and urban areas with about two-thirds of the population living in the towns of Bedford and Kempston. Central Bedfordshire comprises of a mix of market towns and rural villages.

Luton is the most urban, deprived and ethnically diverse. In the most deprived areas of Bedford Borough, Luton and Milton Keynes one in four children aged from 0 to 15 are living in families experiencing poverty. Central Bedfordshire is the most affluent and least ethnically diverse of the four areas. It does, however, have pockets of deprivation and an ageing population.

Health differences

There are high levels of health inequality within and between places. For example, male life expectancy in Bedford Borough is over eight years longer on average between the most and least deprived areas. In Luton, men can expect to live in good health until they are 59, but just a few miles away in Central Bedfordshire they can expect to live healthily to 68.

In deprived areas, early deaths are mainly due to cancer, heart and blood vessel diseases, and diseases to do with breathing problems, such as chronic lung disease. Covid also contributed to more early deaths in deprived areas. Hospital admissions for heart disease are higher when compared nationally, particularly for Luton and Milton Keynes. Asthma is more common than average in people aged six and over in Luton and Bedford. This shows other factors which affect people's health, such as air quality, pollution and smoking, need to be addressed.

Obesity is another significant health issue, with two out of three adults living with excess weight or obesity. The prevalence of excess weight and obesity is lowest in Bedford Borough (62%) and highest in Central Bedfordshire (69%). One in five children entering primary school have excess weight or obesity, rising to two in five by the time they leave primary school, although by this age there is significant variation across the area and the proportion with excess weight or obesity ranges from 32% in Central Bedfordshire to 44% in Luton.

Our values

Our principles and behaviours

We have developed a Leadership Charter, which outlines the values and behaviours that strengthen our collective leadership culture.

It is underpinned by shared principles for working together in ways that are:

- People-led
- Collaborative
- Integrated
- Inclusive
- Altruistic

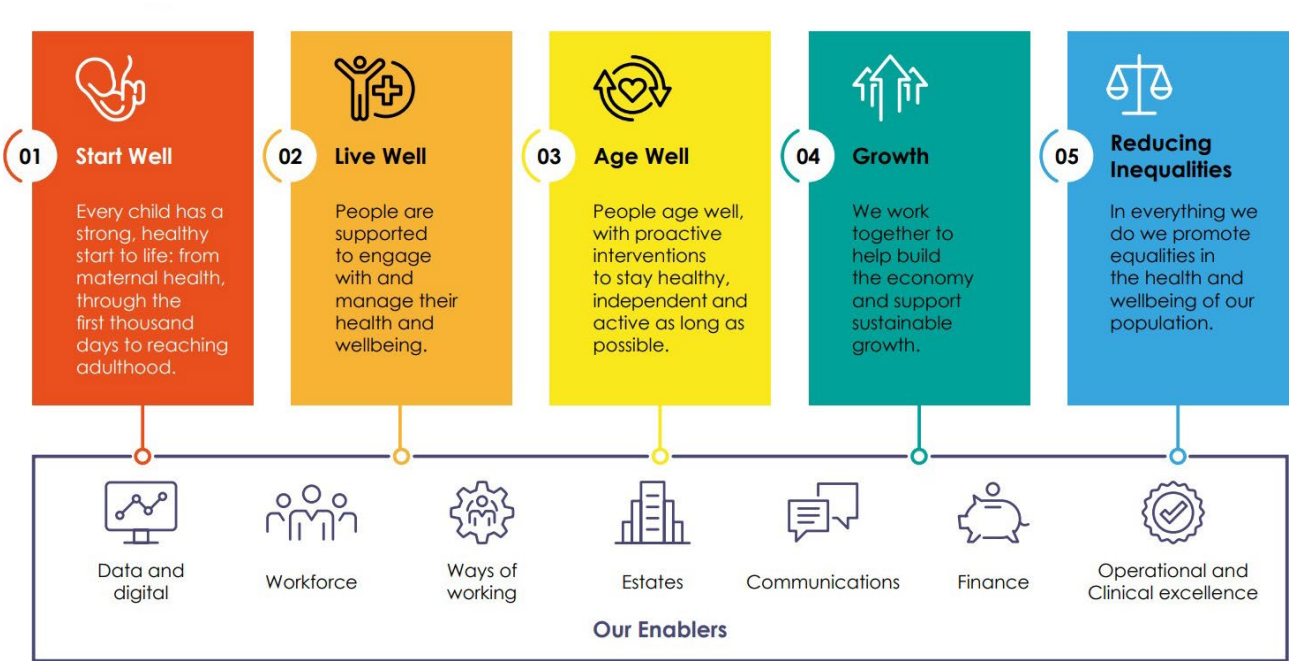
Our behaviours apply equally to individual leaders and to our collective leadership group. These behaviours demonstrate a clear commitment to openness, accountability, taking and sharing responsibility and learning. They outline how we will develop staff within the right environment, nurture working relationships and inspire continuous improvement.

The ICB's strategic priorities

As a system, we continued to have five strategic priorities to improve residents' health outcomes.

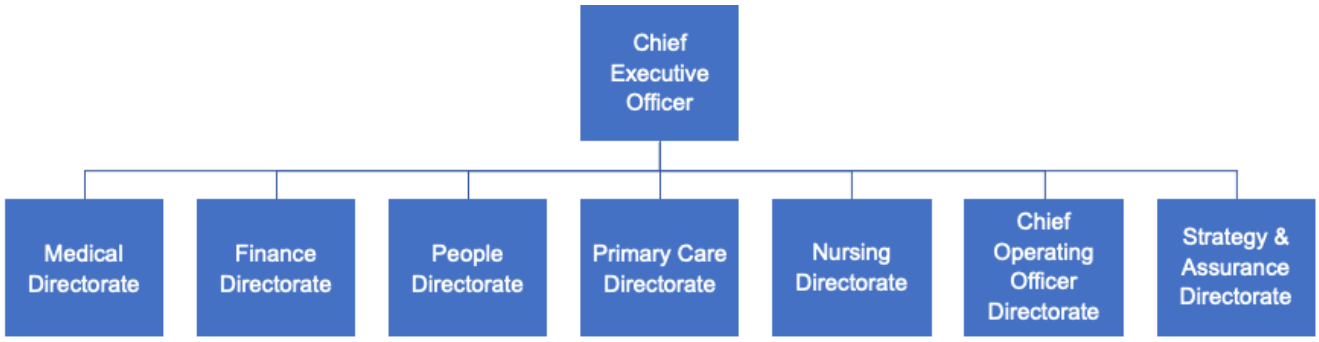
In 2023/24 the ICB remained committed to delivering against these five priorities for health and social care across our area, which were agreed in 2022/23 following discussions with our partners, local people and patient forums. These build on the factors we know support a healthy life, including access to high quality health care, healthy behaviours, education, economic stability, employment and the built environment.

Focused on improving health outcomes for our whole population, these priorities are informed by, and take account of, the strategic objectives of our partner organisations. They aim to improve health and wellbeing and equality in our communities, make the best use of resources, and will shape the way we work as a system. These priorities are supported by seven cross-cutting operational 'enablers' as described below and our progress against them in 2023/24 is set out on page 87.



Organisational structure

Since the ICB was established in July 2022, the organisation has increasingly sought to align and reshape its structure to make sure it is focused on supporting residents to improve their health.



The ICB is responsible for:

- Ensuring delivery of the strategy for the health and wellbeing of the population as agreed by the Health and Care Partnership.
- Developing a plan for the delivery of NHS services.
- Allocating NHS resources.
- Establishing joint working arrangements.
- Establishing system governance.
- Arranging health service provision.
- Supporting and developing the health and care workforce.
- Emergency preparedness, resilience and response.
- Delegated functions from NHS England.
- Data and digital improvements and innovation.
- Achieving social and economic development and sustainability goals.
- Maximising value for money.

The ICB's new Target Operating Model (TOM) was introduced from April 2024 and the changes made as part of this process will be presented in our 2024/25 annual report.

Working with people and organisations across our community

Voluntary, community and social enterprises (VCSE)

The ICB's strategic aim to enable all residents to live more years in good health recognises that it is the wider determinants of health that have the greatest influence on their health and well-being. Enabling our communities to thrive requires much more than access to high quality health and care services. Up to 80% of our health and wellbeing is dependent on other factors such as social connection, employment and healthy eating. Our VCSE partners have a unique role in engaging, developing and delivering the community resources and networks that support each of us to tackle life's challenges.

In 2023/24 we saw many examples where the VSCE supported residents and the health and care system, including in hospital discharge, wellbeing and mental health support and specialist clinical services. Organisations such as Age UK Milton Keynes supported residents to get home quickly and safely from hospital. Bedfordshire Rural Communities Charities provided holistic support through social prescribing so residents were less dependent on their GP and social care services. MIND BLMK operated Crisis Cafes across BLMK and, during a three month period in 2023/24 alone, over 200 people would have attended A&E for support with suicidal thoughts and feelings had the Cafes been unavailable. Keech Hospice provided vital support to adults and children approaching end of life, including emotional and practical support for their loved ones.

At the centre of this work is the Memorandum of Understanding (MoU), agreed by the ICB in November 2022, with a formal signing celebrated in May 2023. Over the past 12 months we have built on the commitments outlined in the MoU which sets out how we work together with VSCEs, put our local communities and residents at the heart of everything we do and establish the values on which our strategic partnership is founded. The engine room behind our work, our VCSE Strategy Group, brings together key partners and is co-chaired by VCSE and ICB representatives.

Where there is VCSE representation in the system there is more diverse expertise and insight, and this has been borne out in attendance at the BLMK Health and Care Partnership, the Working with People and Communities Committee (WWPAC) and Place boards. VCSE colleagues also took part in joint board seminars that considered our approaches to co-production, early years support, and employment – making valued contributions to shaping system strategy in these important areas.

The VCSE have been key to our work on reducing inequalities. Building on the experience during Covid, we have developed a 'community connectors' model that supported two-way dialogue and trust building between the VCSE and the communities they serve. Insight from the VCSE has been helpful in the development of the Learning Disabilities and Autism Strategy and the Women's Health Strategy. Its contribution has brought about a better understanding of the lived experience of residents, improved knowledge of existing VCSE support provided to particular groups, and their potential to do more.

VCSE organisations were also significant contributors to the 'Denny Review (see page 69): Health Inequalities in Bedfordshire, Luton & Milton Keynes' (Denny Review) and the sector will continue to inform our system's response to this.

The ICB allocated £80,000 to the VCSE Strategy Group to ensure we take an innovative approach that builds on existing assets in our local communities. The ICB has also worked with the VCSE Strategy Group to understand how we can embed the VCSE earlier in planning and commissioning to support a better focus on prevention and early intervention. The ICB allocated £40,00 to the Group to deliver improvements for residents in areas such as non-emergency patient transport and musculoskeletal pathways. Our people have been learning lessons from involving the VCSE in place-based working, in areas such as improving system flow and the VCSE's key role in neighbourhood working.

Bedfordshire Care Alliance

The Bedfordshire Care Alliance (BCA) is a provider collaborative and committee of the Board of the ICB. Its membership includes Bedfordshire Hospitals NHS Foundation Trust, East London NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, primary care networks, the three Councils in Bedfordshire, the ICB and Healthwatch. For information on the purpose and work of the committee during 2023/24, please refer to page 136.

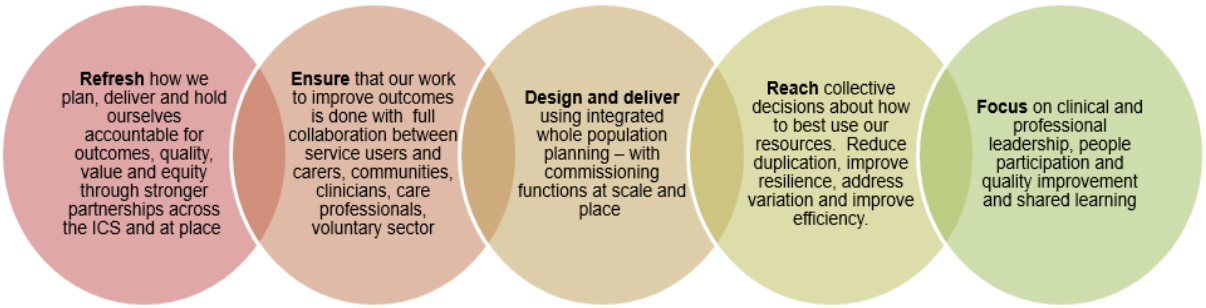
Mental health, learning disability and autism collaborative

A mental health, learning disability and autism collaborative has been established by the ICB and the two mental health Trusts commissioned by the ICB to provide services in our area.

East London NHS Foundation Trust (ELFT) provides mental health services in Bedfordshire and Luton, while Central and North West London NHS Foundation Trust (CNWL) provides these services in Milton Keynes.

A proposal to start detailed design and planning for the Collaborative was endorsed by the ICB in November 2022 and development of a Committee of the Board to oversee the Collaborative's work was agreed in November 2023. Throughout the past year, the Collaborative partners have been working with and listening to people with lived experience, carers, local authorities, the voluntary & community sector and wider system partners to develop an understanding of their priorities and help focus the Collaborative's objectives and vision.

In March 2023 a Mental Health Summit took place, organised and run by people with lived experience and the Trusts' People Participation teams. Between April and June of 2023/24, feedback from the Summit was distilled into key drivers for change:



Improvement Networks - At a system level, the Collaborative is building on existing system wide structures to establish improvement networks. These networks, focusing on our collaborative system wide priorities, will be supported by a recently established people participation leadership role, responsible for developing the capability and capacity of experts by experience across BLMK.

The Collaborative continues to learn by tackling its most complex challenges. This includes working collaboratively to improve urgent and emergency care flow and limit out of area inpatient activity, which is both costly and a poorer patient and carer experience. Though system flow issues remain, particularly in discharge and step down, partnership working across BLMK and at place is delivering incremental improvements. Consequently, out of area placements in BLMK are the lowest in East of England.

Collaborative Resourcing Model - During 2023/24 the Collaborative partners completed a review of the functions of the ICB that could be delegated to a Collaborative Committee of the ICB. Work is now under way to review the resource requirements to deliver the Collaborative functions. It is expected that an integrated 'one team' approach across the ICB, ELFT and CNWL will provide a modern, highly skilled commissioning and infrastructure resource that will be outward looking and place based, aligning with the ICB target operating model, whilst supporting system wide priorities. Resourcing will include access to sufficient quality improvement, population health and business intelligence to support place and system partnerships to go further and faster with delivery of our priorities, improvement and transformation plans.

Integrated health and care strategy

The BLMK Integrated Health and Care Partnership Strategy was published at the start of January 2023. It sets out our overall ambition to tackle inequalities and improve health outcomes for all our residents. Our overarching goal is to help people who live in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes to live longer, healthier lives, as well as reducing inequalities across our populations.

In March 2024 a review of progress against the Health and Care Partnership Strategy was reported to the Health and Care Partnership Committee – see page 138.

Development and Delivery of our Joint Forward Plan

The ICB published the first Joint Forward Plan (JFP) for the BLMK system in June 2023.

The Joint Forward Plan identifies our key strategic objectives to addressing the changing needs of our population within our workforce and funding constraints. It sets out how ICB partners will work together to support our communities to thrive. Going beyond the NHS five-year requirement, the Joint Forward Plan better aligns with local authority planning timelines and covers the time period up to 2040.

An updated Joint Forward Plan was agreed by the Board of the ICB in March 2024, following a review of the continued appropriateness of the Plan. This can be found on the ICB's website here.

Preparations for Specialised Commissioning Delegation

From 1 April 2024, the ICBs in the East of England, including BLMK, will have fully delegated responsibility from NHS England (NHSE) for commissioning 59 specialised services. This will make it easier for ICBs to improve the quality of services, tackle health inequalities and deliver best value for money.

The delegation of specialised services will offer some real opportunities for the ICB and its residents, and we are looking forward to using these new flexibilities to improve the healthcare of people within BLMK. We see opportunities over the next few years for better access and services closer to home.

To ensure that we have the processes in place to manage these services safely, the ICB worked closely with NHSE and the other five ICBs in the East of England to develop clear governance arrangements, focused on collaboration and joint decision-making. To support the transition, during 2023/24 the ICBs and NHSE formed a Joint Commissioning Committee to support shadow working, as well as a Programme Board overseeing the delegation process itself. This Board focussed on undertaking due diligence to ensure that the appropriate financial flows are in place, allocations are known and understood, that ICBs are aware of the risks within the 59 services, and that appropriate risk mitigations are in place, including financial risk shares where appropriate.

For 2024/25, the regional specialised commissioning team will continue to be employed by NHSE. This team will remain responsible for the operational delivery of work in relation to the 59 services. This team will be overseen by the six ICBs (primarily through a Specialised Commissioning Joint Endeavour Managing Director employed by BLMK ICB) and will work with ICBs to develop and deliver a commissioning strategy. It is expected that in the longer term (2025/26) the team will transfer to BLMK ICB, who will act as host on behalf of the East of England Region and the ICBs.

Working at place

The ICB's 'places' refer to the geographical areas covered by the four local authorities across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

We are committed to providing services as close to residents as possible. This allows us to better tailor services based on the needs of local people. To do this, we have continued to work in partnership with local authorities, NHS trusts and other local organisations, including the voluntary sector, to establish more and stronger place-based working.

Our four places:

1. Bedford Borough

Bedford Borough is working to create a 'place to grow' where people and communities thrive. Recognising the impact that housing, education, employment and social connection have on health, the focus in Bedford Borough is to:

- Develop places
- Enable prosperity
- Support people
- Empower communities

The Bedford Borough local plan recognises two important factors in helping residents to live longer lives in good health. These are growing a vibrant and strong local economy and establishing a green agenda to drive an active response to climate change. These factors will not only provide local employment opportunities but also create a healthier environment and clean air for residents. From this foundation, residents from Bedford's diverse communities will be able to thrive and realise their potential.

Bedford Borough's priorities

The Bedford Borough Health and Wellbeing Board, which is a partnership between the local authority and NHS, sets the priorities for the Borough. The council has established an Executive Delivery Group (EDG) with senior representatives from Bedford Borough anchor health institutions. The EDG oversees the delivery of the Place Based Plan and reports progress to the Health and Wellbeing Board.

The Executive Delivery Group aims to:

- better understand local communities to reduce health inequalities.
- focus on the prevention of ill health and promoting positive behaviours.
- transform primary care with input and support from the VCSE sector.

In 2023 a Joint Local Health and Wellbeing Strategy 2024-2027 was designed and consulted on. This has been approved by the Bedford Borough Health and Wellbeing Board and work started in 2023/24 to implement the new strategy which focuses on strengthening five building blocks of health:

- giving every child the best start in life.
- promoting inclusive employment, lifelong education and workplace health.
- ensuring that we have strong, supportive communities.
- promoting healthy homes and tackling fuel poverty.
- ensuring that we have a sustainable built and natural environment that promotes health and wellbeing.

A Bedford Borough Place Strategic Primary Care Estate Board was established in September 2023 and has since met monthly. The Board reviewed progress of the primary care estate projects in the Borough, focusing on a joint approach between the Council and the ICB.

A Bedford Borough Place team is now in place. Five local neighbourhood areas have been mapped out in the Borough which will be the focus of how we organise services around our residents.

2. Central Bedfordshire

Central Bedfordshire has an ageing population and complex geography with much of the population living in rural towns and villages. This provides a unique set of challenges to overcome and, coupled with the rising expectations of local residents, requires fundamental changes to the way services are delivered.

A plan to delivery these changes was developed and agreed in early 2023, known as the ‘Place Plan’ which is being delivered with partners. It set out three overarching ambitions:

- **Promoting fairness and social inclusion** – identifying and tackling underlying inequalities in social and wider determinants of health, promoting better, equitable access to services.
- **Living well** – so everyone has the right and opportunity to live their best life, with the required support and infrastructure to make healthy choices and maximise wellbeing.
- **Ageing well** – to provide support and services required to meet the needs of an ageing population, adapting to changing demands and new models of care.

It also set out six priority areas:

- Primary care access including dentistry
- Cancer diagnosis and improving outcomes
- Mental health – learning disability & autism
- Mental health – children and young people
- Out of hospital services (one team approach)
- Excess weight

In July 2023 the Health and Wellbeing Board signed off the Central Bedfordshire Integration and Better Care Fund Plan for 2023-2025 that focuses on securing integrated and timely outcomes for residents.

In 2023/24 the Place Board, in conjunction with the ICB, agreed the allocation of the health inequalities fund to support various schemes which ranged from a walking buddy scheme to winter warmth community agents.

Progress in Central Bedfordshire

Considerable progress has been made across multiple programmes and workstreams, below is an example of some of this work:

- **Building Neighbourhood** Working consolidated multiple workstreams contributing to the development of integrated neighbourhood working, including data, digital and workforce. During 2023/24, work has continued on defining the four neighbourhoods in Central Bedfordshire and using a population health management approach to understand their needs and commence development of potential models of care.

    - **Grove View Hub** opened in 2023 and was the first health and care hub to open in Central Bedfordshire, serving as a model of what can be achieved. During 2023/24 work continued on the development of the clinical and operational strategy for the hub, with focus areas being:
    - Frailty pathway, to support residents to stay at home in good health.
    - Cardiovascular disease, which involves reviewing referrals on the hospital waiting lists and seeing patients in the hub instead where appropriate.
    - Childrens and Young Peoples Mental Health; improving multidisciplinary and integrated working for those Children and Young people.
- **A Social Prescribing Pilot** for vulnerable young people aged 11 to 18 years with a particular focus on reducing mental health inequalities was put in place in one of our primary care networks (Titan). The social prescribers support children and young people with low-level mental health needs below the specialist children and adolescent mental health services (CAMHS) threshold and those at high risk of developing a mental health disorder. This service is particularly focused on supporting children and young people in the most deprived areas.

3. Luton

Luton has a long history of partners developing collaborative approaches to the joint planning and delivery of health, social care, public health and other partnership services. This is now augmented further by the introduction of the Luton Place Team, a dedicated resource focused on developing strong interfaces with all stakeholders to translate national requirements and system priorities into meaningful improvements for residents through place-based action.

Arrangements in Luton have historically gone beyond strategic planning. They include shared roles, joint commissioning between local authorities and the NHS, and integrated service delivery by a range of providers. This has been enabled and supported through a comprehensive agreement to pool funds between the local authority and the ICB - the Better Care Fund. This has been addressed through collective governance, including the Health and Wellbeing Board, the Joint Strategic Commissioning Group and the associated Joint Financial sub-Group.

The Luton Place Board has developed a place plan based on the Luton Population and Wellbeing Strategy, the Luton 2040 Plan and the BLMK ICS priorities, which commits to:

- Giving every child the best start in life
- Sustainable communities, and tackling inequalities
- Reducing frailty and supporting independence

Place board discussions in 2023/24 have included:

- Complex care and frailty - a continuation of ongoing work in the context of the wider system set out on one page, along with an update on the data analysis
- NOAH SHORE-ing Up Our Services – a vision for improving the support services available to the homeless community in Luton
- ICB/HCP Board children and young people seminar
- Population Wellbeing Annual Report
- Women's Health pilot programme, led by Dr Sanhita Chakrabarti

Luton Place Board membership includes six primary care network clinical directors to support the collective wellbeing agenda. There is also significant input from the voluntary, community and social enterprise sector. In addition to core membership, specialist partners are regularly invited to support specific areas of work.

Luton is the first town to become a 'Marmot Town' and joins a growing number of 'Marmot Places', which includes cities and regions that are working with the Institute of Health Equity to reduce health inequalities. A Marmot place is one which has a significant commitment to tackle health inequalities through action on the social determinants of health - the social and economic conditions which shape our health - and has strong and effective plans and policies to achieve these reductions in health inequalities. Examples of these plans in action include the launch of Luton Family Hubs and the Luton Cancer Outcomes Project, both of which focus on targeted support for people experiencing health inequalities.

The ICB has pledged support towards the Luton 2040 town-wide vision where everyone thrives and no-one is living in poverty. The pledge sets comprehensive deliverables, which supports Luton 2040's three priorities:

- A town built on fairness – tackling inequality
- A child friendly town – investing in young people
- A carbon neutral town – addressing the impact of climate change

The past year has enabled the Luton network to showcase its skills, enthusiasm, and collaborative efforts, often in the face of cultural and socioeconomic challenge.

4. Milton Keynes

The Milton Keynes Health and Care Partnership performs two functions as part of the ICS. It delivers the functions of the MK Health and Wellbeing Board and the MK Place Based Partnership.

The MK Deal is an agreement made in October 2022 between the ICB and the MK Health and Care Partnership. It was the first agreement of its kind in BLMK. It is helping to shape future ways of working across the system.

The MK Deal formalises the commitment of the main local NHS partners and the City Council to work more closely together. A Joint Leadership Team has been established, bringing together partners from MK including MK City Council's CEO, Director of Adult Services and Director of Public Health, MK University Hospital's CEO and Medical Director, CNWL's Director of Strategy and Divisional Director, clinical directors from two primary care networks, the ICB Place Link Director and Head of MK Improvement Action Team

VCSE and Healthwatch colleagues are involved in the delivery of the workstreams led by members of the Joint Leadership Team.

The MK Deal has three key aims:

- Closer partnership working
- Driving forward change in local priority areas
- Establishing a clear remit and resourcing

The MK Deal priorities are:

- **Improving system flow** – with a focus on urgent and emergency care services and admission avoidance for older, frail or complex service users.

During 2023/24 we extended our virtual ward and established an integrated discharge hub and a therapy academy.

- **Tackling obesity** – helping people to maintain a healthy weight through accessible weight management programmes, using technology, pharmacological therapies and education and prevention work.

During 2023/24 we made it easier for primary care to support residents to make greater use of the support available to them, launched a digital incentive scheme to promote physical activity to at least 600 residents with type 2 diabetes and developed a 'Healthy Weight Declaration' which has been signed by Milton Keynes University Hospital NHS Foundation Trust and Milton Keynes City Council.

- **Children and young people's mental health** – making it easier for residents to access appropriate help by working in a more integrated way. During 2023/24 we delivered neurodiversity training to over 60 healthcare professionals, increased our VCSE provision to provide early support for young people and developed our mental health and wellbeing offer for under five-year olds and their families with a focus on prevention and early intervention.
- **Neighbourhood working** – the Bletchley Pathfinder – bringing together a wide range of partners from health, social care, VCSE, housing, schools, police and fire service to provide joined-up services to local residents to develop our MK approach to integrated neighbourhood working. It focuses on prevention and supporting people, families, and communities with more complex longer-term needs. During 2023/24 we established a Bletchley Delivery Board led by an independent Chair and have held a number of networking events to help create #teamBletchley.

During 2023/24, an independent review of the MK Deal and Place Based Partnership arrangements was undertaken by Carnall Farrar and the conclusion was:

> "Development of the MK Deal, the first of its kind in BLMK ICS, has been critical to transforming place-based relationships and aligning partners towards common goals, shifting the way in which organisations work together to transform health and care in MK. The progress made so far would not have been possible without dedicated resource to deliver on these agreed priorities, strong leadership from the council acting as honest-brokers to facilitate place-based discussions and a robust governance structure with forums such as the JLT dedicated to delivering this work. This is all underpinned by a cultural shift in the way in which partners are communicating and making themselves accessible to one another now they are agreed on a shared direction."

In February 2024, a partnership event was held and attended by over 50 MK leaders to agree a shared ambition for health and care for MK by 2028. This has been approved by the MK Health and Care Partnership and will form the basis of the Joint Leadership Team's work programme.

Performance summary

Primary care

In BLMK we continued to see year on year growth in the number of appointments delivered in general practice.

In BLMK for 2023/24 we recorded the following activity:

- Total number of appointments in primary care was 5,666,875 (see table below).
- A 4.57% growth in appointments compared to 2023/24.
- A monthly average of 78.9% of appointments were delivered face to face.
- An average 53.9 % of appointments were delivered by a professional other than a GP.

Year	%change from previous year	Total appointments in year
2019/20	N/A	5,117,719
2020/21	-11.60	4,523,516
2021/22	+15.10	5,208,253
2022/23	+4.05	5,419,311
2023/24	+4.57	5,666,875

Despite the hard work of our general practice teams, and all our primary care services, the experience for some residents contacting their registered practice and being able to make an appointment requires improvement.

In May 2022, the ‘Next Steps for Integrating Primary Care: Fuller Stocktake Report’ (Fuller Report) described the need for integrated neighbourhood working – advocating ‘teams of teams’ to be established. This way of working brings together previously siloed teams to wrap around residents to support their broader health and wellbeing needs. BLMK has established a place-based asset approach to neighbourhood work in each place and currently there are 19 neighbourhoods in development across BLMK. These neighbourhood teams wrap care and support around residents to support their broader health and well-being needs, recognising that health care only impacts 20% of these needs for an individual.

To deliver the ambitions of the Fuller Report there is a need to support general practice with growing demands and pressure. In May 2023 the NHSE Delivery Plan for Recovering Access to General Practice was published. Whilst the recovery plan is an enabler to all components of the Fuller Report vision, it is focused on access and the provision of streamlined same day access to the population.

These two documents provide the framework for the development and transformation of primary care in BLMK. In 2023/24 we have seen significant progress.

National Domain 1: Empowering patients to manage their own health.

BLMK is compliant with the required seven national self-referral pathways (musculoskeletal, falls, podiatry, audiology, wheelchair, community equipment and weight management).

Pharmacy First was launched officially on the 31 January 2024 and we have achieved a 99.34% sign up rate from our community pharmacies. This service will provide access to community pharmacists for common conditions and seven specific pathways.

- Acute Otitis Media
- Impetigo
- Infected insect bites
- Shingles
- Sinusitis
- Sore Throat
- Uncomplicated urinary tract infections

Launched on 10 January 2024, as part of the ICB’s vision for access to primary care and reducing inequalities, the Primary Care Prevention Plan describes our ambition to improve peoples’ opportunities and ability to manage their own health and mitigate the growing burden of a range of diseases using the ‘Making Every Contact Count’ approach, ensuring that primary care takes every opportunity to have brief conversations with residents regarding prevention and self-care. The plan focuses on primary and secondary prevention across primary care, while considering tertiary prevention for continuity.

National Domain 2: Implementing 'Modern General Practice Access’

Modern General Practice Access is the central vision in the NHSE Delivery Plan which has two essential requirements; tackling the 8am rush and reducing the number of people struggling to contact their practice; and patients no longer being asked to call back another day to book an appointment.

The delivery plan comes with the General Practice Improvement Programme (GPIP) offer designed to support practices' transformation to deliver a modern general practice access model. This includes a universal offer (demand and capacity webinars and care navigation training) and intermediate and intensive support which guide practices through the transformation journey.

In BLMK our engagement with the GPIP has been as follows:

- 34 practices have participated in the universal offer and 19 in the intermediate/intensive offer.
- Four primary care networks (PCNs) are engaged in the PCN support offer.
- 59.7% of practices/PCNs participated in the national care navigation training offer. As of March 2024, 82 practices in BLMK had set out their plan to deliver modern general practice access by May 2025 and have described how they will utilise the support offers and transition and transformation funding available to do this.

As part of its work to support residents understanding of primary care and the way that services are developing and transforming, the ICB held five resident listening events during March 2024 across BLMK.

In these workshops the complete primary care offer was explained, and feedback was sought from residents on what is most important to them when trying to access same day primary care, their experiences of using community pharmacy services, the 111 services and the services offered at urgent treatment centres, urgent GP clinics and walk in centres.

The events were positive and residents expressed support for using alternative services to their general practice team but articulated those routes to services needed to be simplified and clear. This feedback will shape our work locally and further events will be held.

National Domain 3: Building Capacity

All 25 PCNs have been supported to maximise the utilisation of available Additional Role Reimbursement Scheme funding to recruit diverse teams with a mix of skills in general practice. The Primary Care Training Hub's capacity is fully utilised to target support to both practice and PCN teams.

National Domain 4: Cutting bureaucracy and supporting the primary/secondary interface.

In BLMK there are two well established Clinical Interface Forums to improve how primary and secondary care work together to improve the experience for residents. This approach is also being extended to joint working with primary care and community services providers.

Pharmacy, Optometry & Dentistry

NHSE delegated the commissioning of pharmacy, optometry and dental contracts to the ICB on 1 April 2023.

Optometry Contractors - The ICB has 96 optometry contracts which are high street opticians providing NHS sight tests.

Dental Contracts - The ICB has responsibility for commissioning 121 community dental contracts (high street dental practices), two acute hospital dental contracts (with Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust) and two specialist community dental services (SCDS) contracts that cover the BLMK area and who look after the most vulnerable patients and those with complex needs including learning disabilities, mental health, looked after children, specialist educational needs & disabilities (SEND) schools and children requiring dental extractions.

In 2023/24 the ICB has taken several steps to stabilise dental contracts and access to dental services, including the following:

- The ICB reviewed the basis of payments made to dental contractors (units of dental activity – UDA) and increased it for 24 of its lowest funded contractors. In addition, in the new dental reforms published by NHSE, the national minimum UDA was increased from March 2024, from which a small number of BLMK contractors will benefit.
- Some dental contractors have been unable to meet the terms of their contracted activity resulting in them seeking to reduce their contracted activity and funding. The ICB have supported these requests and taken a recycling approach and offered their activity and funding to other dental contractors in the same area to ensure continued local access. This approach has been welcomed and supported by the two local dental committees that represent dental contractors.
- To ensure continuity of patient care the ICB has extended some contracts that transferred from NHSE and particularly the two specialist community dental service contractors that look after the most vulnerable patients.
- To increase access the ICB has given its agreement to dental and orthodontic contractors that they can overperform up to 110% of their on their contracted activity in 2023/24 and the ICB will meet the additional costs to support patient access.
- The ICB is supporting a minor oral surgery pilot that commenced in October 2023. The pilot is aimed at reducing the number of patients being placed on acute hospital waiting lists for dental biopsies by transferring them to primary care dentists with the appropriate levels of training and skills. The implication of the pilot is reduced waiting times for treatment and results.
- The ICB is working with ICBs across the East of England to review dental clinical pathways for patients that need complex dental care in hospital, but who are having to travel out of area. If we can commission care locally it will save patients time and travel.
- NHSE announced a new patient premium will be introduced to provide dental contractors with additional funding. This is new funding for patients that have not been seen in two years. The ICB introduced the funding in March 2024 to support dental contractors and increase funding.
- The ICB has been developing plans for a dental access pilot that will provide additional capacity, evenings, weekends and bank holidays. The pilot has been developed and is planned to be introduced in April 2024.

- The ICB is working with our Public Health Consultants in our four Local Authority areas to review oral health prevention work and implement the newly announced oral health initiatives set out in the NHS dental health reforms.

Community Pharmacy - There are 158 community pharmacies across BLMK that range from smaller independent pharmacies to larger groups of multiple pharmacies and distant (online) pharmacies. Community pharmacies play a key role in providing and supporting primary care, including the successful delivery of the Covid and flu vaccination programme and a range of services for patients.

The ICB has worked closely with our pharmacy and GP contractors to embed and promote the role of the community pharmacy including the introduction of the new national 'Pharmacy First' scheme in January 2024. This will help to improve access for patients to advice and treatment and pharmacies taking part in this scheme will be able to consult patients and prescribe treatment for a range of minor ailments

Mental health, learning disabilities and autism

Implementing the 10-year mental health and well-being plan

The BLMK 10-year plan aims to enhance mental health and well-being across our population. The strategy focuses on:

- Encouraging self-care for mental well-being.
- Addressing root causes to prevent mental health problems.
- Transforming services for those needing specialized support.

Developed with input from over 400 people, it is a vision for substantial change, aspiring to improve lives and reduce inequalities. It is a commitment to prevent illness, promote health, and aid those with mental health needs to live their lives and thrive.

Our achievements for mental health this year:

Talking Therapies: Our Talking Therapies services have grown, including support for long-term conditions. Easy online booking and quicker service access are now available. Employment support is provided across BLMK by CNWL, Total Well-Being, and the Richmond Fellowship Trust. Integration with long-term health services is progressing, with further development planned in 2024/25

Adult Crisis Services: We have opened 24/7 all-age mental health crisis lines through NHS 111 across BLMK and continued development of adult and older adult crisis resolution and home treatment teams. BLMK MIND continues to provide the Crisis Cafes as an alternative to A&E admission. Working with our Police forces (Bedfordshire and Thames Valley), we have developed local responses to Right Care, Right Person.

Community Mental Health Transformation: We have introduced new models of care transition from fragmented care to integrated, whole-person health strategies, aligned with Primary Care Networks. VCSE organisations provide community connectors, navigators, a mental health housing lead, well-being champions, carer link workers, domestic violence advisors, and peer support on behalf of the NHS.

Health checks for people with severe mental illness: By December 2023 (latest available data), the ICB and partners conducted 4,185 health checks for those with severe mental illness, enhancing awareness and access to flexible appointments and home visits through collaborations with local health services.

Improving dementia diagnosis: The national goal is to diagnose 66.7% of those estimated to have dementia. BLMK has surpassed this, diagnosing 67.3% as of January 24, leading the East of England. Post-diagnostic support is robust, both through voluntary sector partners and (in Bedfordshire & Luton) the Dementia Intensive Support Service. Awareness initiatives include PCN-led sessions and informative videos by the East London Foundation Trust (ELFT).

ELFT also piloted a specialist dementia diagnosis service, offering in-home assessments to undiagnosed care home residents. This aids in better management of the condition and prevents unnecessary medication.

The Milton Keynes Memory Assessment Service received Royal College of Psychiatrists accreditation, with Bedfordshire and Luton services aiming for the same in 2024/25.

Suicide prevention and bereavement support: The ICB's suicide prevention and bereavement initiatives, funded by NHSE and developed with Public Health, facilitated the development of several key programmes, including the Stay Alive app, which offers resources and tools for safety. Grants were provided to VCSE organisations focused on at-risk groups. Services like BLMK's MIND suicide prevention pathways, CHUMS and MIND BLMK's bereavement support have been instrumental in supporting local people.

Learning from lives and deaths, people with learning disabilities and autism (LeDeR)

Much progress has been made with the LeDeR programme across BLMK and we have made a key shift to how can we use LeDeR to improve the lives of people with a learning disability and autistic people.

During 2022/23 we reviewed 23 deaths of people with a learning disability and identified key learning themes as part of our newly formed Reducing Inequalities Group. Much learning has already been embedded, and progress has been made in improving care and reducing inequalities for people with learning disabilities and autistic people. We are especially proud of the work undertaken collaboratively through our Learning Disability Annual Health Checks Steering Group for improving the uptake of people with learning disabilities having an annual health check this year. This is key to ensuring people's long-term health conditions are well managed and detecting health concerns early.

There is work to do in terms of early identification of vulnerabilities. We are confident that LeDeR will continue to help identify learning, address health inequalities, and support service improvement across BLMK for people with learning disabilities and autistic people.

Three year Learning Disability and Autism Strategy for adults

In BLMK we recognise that people with a learning disability and autistic people are more likely to encounter difficulties in their day-to-day lives. This is due to increased risk of physical and mental health problems and many other factors, where their needs are either not recognised or not met.

This past year we have worked closely with local people, families and carers, our local authorities and trust partners, as well as other local partners and the voluntary sector to co-produce a three-year strategy for people with learning disability and autistic people to build on existing local efforts that will close the local health and care gap. The BLMK Learning Disability and Autism Transformation Board is responsible for the strategic oversight of the goals and deliverables of the strategy.

The overall aim will be to improve access, health and wellbeing outcomes and reduce premature deaths for people with a learning disability and autistic people by:

- Early intervention, crisis avoidance and reducing avoidable admissions.
- Improving wellbeing, quality of care and support.
- Strengthening use of Care, Education and Treatment Reviews (CETRs)
- Improving intensive and crisis support.
- Reducing avoidable deaths and health inequalities.
- Improving understanding and awareness.
- Improving autism diagnosis and increase the focus on autism.
- Introducing a person-centred, proactive, and preventative approach.
- Improving specific needs, accommodation, and pathways e.g., forensic, autism and transitions.

As part of our strategic goals, we established the BLMK Reducing Inequalities Steering Group for people with learning disabilities and autism, which includes a wide representation of system partners.

This past year we have also introduced a co-produced Breaking Barriers to Access project, which is being led by people with learning disabilities and autistic people focussing on designing video content that will improve accessibility, familiarisation and awareness for local services and aim to reduce inequalities and inequality.

Another initiative has included the BLMK Preparing for Adulthood Summit for Professionals, supporting residents with special education needs and disabilities (SEND) transitioning from children to adulthood services.

Children and young people

Neurodiversity

Neurodiversity' is an umbrella term which is used to describe people who have brains and thinking styles which work in a slightly different way to 'neurotypical' people. The majority of referrals into our community paediatric service are for assessment for neurodiversity, for example autism, and we know that being able to access advice, guidance and support helps families and children with to live with neurodiversity in a largely neurotypical world. We have seen a large rise in referrals compared to previous years and this increased demand has unfortunately resulted in longer waiting times. To support this we have worked with our health, education and social care colleagues to develop an early intervention offer for families whilst they wait, including translating our Bedfordshire health service early support webinar into five additional languages. We provided our parent carer forums with funding of £62,000 to produce a local neurodiversity resource pack for families. This pack includes information about the diagnosis process, how to get support for your child at school, health and wellbeing and strategies to support your child and is available on parent carer forum and 'Local Offer' websites.

Children & Young People Autism and Learning Disabilities

A number of children and young people in BLMK live with autism and/or a learning disability that means they are at higher risk of escalating and needing an inpatient mental health bed to meet their needs. There are about 60 young people on the BLMK Dynamic Support Register which means they get access to regular care education and treatment reviews (CETRs) and access to a personal keyworker provided by Autism Bedfordshire. This support enables a young person to live within their home with the right care mechanisms around them.

The ICB Personalisation and Integration Team has several functions which includes the triaging of all referrals into the service to ensure a swift response is provided and the correct support mechanisms are activated promptly. In 2023/24 the team introduced a new self-referral pathway which undertook 68 CETRs. Of these, only four led to a young person being admitted to a specialist Tier 4 provision, thanks to joined up working with social care and education colleagues and the proactive services provided by CAMHS teams, including the Intensive Support Team (IST). This year, for the first time, most young people were able to go to our new Evergreen Unit, providing care closer to home than previously.

Case study – ‘K’

Overview - K, a 15-year-old diagnosed with Autism, faced significant challenges including low moods, self-harm, and a dangerous incident involving ingesting bleach at school. The intervention of a Keyworker proved crucial in preventing admission to a Tier 4 Mental Health hospital. Establishing a trusting relationship through consistent visits and attentive listening allowed for effective communication with K, ensuring her views and preferences were heard and respected this enabling a robust support package to assist her transition back home including a successful enrolment into college. K was offered the opportunity to take part in a pilot DBT programme that began in September 2023.

Initial Risks - Suicidal ideation, Social isolation, Engaged in risky behaviours in school and Tier 4 inpatient stay.

Support Offered:

- Regular visits to a farm and engagement within the community on a weekly basis.
- Offered encouragement and empowerment for K's participation in the DBT pilot.
- Facilitated mediation of the EHCP (Education, Health, and Care Plan).
- Personal Health Budget.
- WhatsApp group for support

DBT Skills Pilot - K took part in an adapted DBT Skills Pilot Programme commissioned by the Keyworker Team. The 13 sessions ran over a 26 week period in a cabin at the Autism Bedfordshire Farm with the following aims for K:

- To learn practical positive skills that you can turn to when you feel low or hurt.
- To recognise strengths and qualities within yourself.
- To reduce the feeling of ‘overwhelmed’.
- To explore and find more enjoyment.

Communication between the Therapist, Keyworker and K meant that teething problems and concerns were addressed at the earliest opportunity. K found she was able to engage in the sessions and for the majority of the time, apply the skills to her everyday life. She was able to identify and use methods of distraction from self-harm.

Personal Health Budget - Through the utilisation of the PHB, items were purchased to create a bespoke sensory corner in K's home. This included noise cancelling headphones, a beanbag chair, a weighted blanket, a Jelly Cat bunny, a galaxy projector, and fidget sensory toys. The recommendation for these items and the establishment of a sensory corner through K's DBT-informed therapy sessions aims not only to enhance distress tolerance and bolster emotional regulation but also to provide a tailored and supportive environment. This personalised space serves as a vital resource, contributing positively to K's mental well-being by offering a dedicated sanctuary for relaxation, self-care, and anxiety reduction.

Progress:

- No further presentations since discharge in June 2023

- Building positive relationships with peers
- Back in school studying to take GCSEs
- Applying to 6th form college
- Aspirations for the future
- Leaving the house safely and engaging in community activities
- Stepped down from Red - Amber July 2023 , Amber - Green Sept 2023 and off the DSR in December 2023.

Keyworker Feedback - K's trust in me has enabled me to help her progress with her recovery. It was clear that she really wanted to get better and was willing to work hard to do that. This made me want to work hard for her in return and by working collaboratively with the rest of the network, the positive results and a robust support plan from all areas was easier to achieve.

Feedback from K's Mum - "Autism Bedfordshire Keyworker has been amazing at supporting and advocating for my daughter as well as providing DBT sessions. Giving my daughter a place she can relax and enjoy going (the farm) when she needs a break and someone to chat too"

Care and support for children and young people with asthma

Asthma is the most common long-term medical condition in children in the UK, with around one in 11 children and young people living with asthma. Asthma is associated with generally poorer outcomes for those in the most deprived areas.

Annual reviews are key to good asthma management and to support improvement in the rates of reviews, GP practices were provided with:

- Additional equipment linked to asthma diagnosis and paediatric-specific training in asthma management and diagnostics.
- Clinical support and guidance from the BLMK CYP Asthma Clinical Reference Group and CYP Asthma Clinical Lead.
- Access to the MySpira, an augmented reality app designed to teach younger children about asthma and good asthma management (pilot scheme running in Milton Keynes).

An average of two students in each school class have asthma. Children typically spend a large amount of time in a school so it is important that they are well equipped to support their students with asthma.

The Asthma Friendly Schools programme is being trialled with primary schools in Luton to ensure that schools have key provisions in place to support and safeguard their students, such as a register of students with asthma, basic training for staff and emergency medication available in case of an exacerbation. Supplementary online training specific to staff working in educational settings has also been made available to schools across BLMK.

Preconception care

Preconception Care Programme 'Healthy Mother, Healthy Pregnancy'

In last year's annual report, we introduced the preconception care programme which aimed to raise awareness and the importance of being in the best health possible, before, during and after pregnancy. We have now completed this programme and concluded this with a celebration event In February 2024 which brought together the stakeholders involved in delivering the interventions.

Over the last 12 months:

- We have promoted the Tommy's 'Planning for Pregnancy' online tool and have seen the number of people completing the tool rise from 42 in June 2023 to 215 in December 2023.
- The ICB has worked with Diabetes UK to provide preconception information packs in our community pharmacies across BLMK for those living with diabetes. Diabetes UK also promoted access to their online training modules for community pharmacy to complement the information packs.
- Preconception clinics were piloted at Luton and Dunstable Hospital and Milton Keynes Hospital providing counselling by a health care professional.
- The 'Maybe Baby' education training package was developed and delivered a range of primary healthcare professionals across BLMK and to community groups and Healthwatch events.
- We promoted the preconception clinics available from our mental health services across BLMK.

Planned care

Elective care services are services that are planned, non-urgent and usually delivered in hospitals. They include tests, scans, surgery and cancer treatment. Waiting lists for these services grew in the first half of last year as referrals continued to be at pre-Covid pandemic levels. However, since September 2023, the total wait list size across all providers has started to reduce. Efforts were made to deliver as many planned treatments as possible but peaks of non-elective pressure meant that some treatments were delayed longer than desired. National published data shows the number of people on a Referral to Treatment waiting list for the ICB was 144,177 in September 2023 and this has reduced to 139,116 in February 2024 (latest published data).

Despite the industrial action undertaken by consultants, registered nurses and junior doctors, progress has been made on reducing long waits. The number of people waiting over 78 weeks for treatment at the end of March 2024 was approximately 86 and the number of people waiting over 65 weeks approximately 1697. No residents in BLMK are waiting over two years for treatment.

Outpatient Transformation - The NHS is changing how outpatient services are delivered so that patients can be seen more quickly and can access and interact with our services in a way that better suits their lives. This means giving patients and their carers more control and greater choice over how and when they access care. We are empowering patients to book their own follow-up care as and when they need it, providing the option of telephone or video consultations where appropriate, and working with GPs to enable access to earlier expert advice.

For the period April 2023 to January 2024, 160,369 episodes of care were managed through advice and guidance requests where clinicians across BLMK interacted through digital platforms and agreed patient management plans. Of these, 32,117 avoided referrals to secondary care services freeing up clinical time and avoiding unnecessary lengthy patient waits. Patient initiated follow-ups continued to be embedded within secondary care services allowing patients to choose when another appointment is needed rather than a predetermined date.

Waiting Well - As a result of the pandemic, some patients understandably became concerned about the length of time they were waiting to receive their treatment. To support patients through this difficult time, the ICB and hospital trust partners developed information on average waiting times for certain treatments, with links to information that would help people to 'Wait Well'. Access to this information can be found at:

My hospital journey – Bedfordshire Hospitals NHS Trust

My Hospital Journey – Milton Keynes University Hospital (mkuh.nhs.uk)

Diagnostic Waits - Demand for diagnostics has continued to increase throughout 2023/24. Diagnostic waits over six weeks remain above the national target of 5%, although some improvements have been made in certain diagnostic modalities. Currently 62.9% of patients have waited less than six weeks, however, the number of patients waiting over 13 weeks has unfortunately deteriorated. Staff shortages and increased demand for elective and cancer care scans have negatively impacted performance – see page 42.

Magnetic resonance imaging (MRI), cardiology echocardiography (ECHO), non-obstetric ultrasounds (NOUS), audiology and computed tomography (CT) scans were in particular demand. Diagnostic tests for cancer and urgent care were prioritised, alongside all-round access to other diagnostic services. Hospital trusts continue to work with third party organisations to help more patients get the tests they need.

The system received confirmation of funding to develop community diagnostic centres (CDCs) across BLMK in January 2023. They will be in:

- Bedford – North Bedford Health Village (due to be operational by January 2025)
- Milton Keynes – Lloyds Court (due to be operational by October 2024)
- Milton Keynes – Whitehouse Health Centre, which went live in July 2023

The centres will increase capacity and access to diagnostics to some of our most deprived areas. They will help to improve patient outcomes and provide GPs with direct access to tests that would have ordinarily only been accessible through secondary care.

Further work to scope a CDC for Luton and South Bedfordshire residents is ongoing with the intention of seeking additional funding during 2024/25. Additional diagnostic capacity has been made available through mobile diagnostics for MRI and CT, particularly in the Bedfordshire area.

Community musculoskeletal (MSK) and pain services - The ICB is undertaking a review, re-design and re-procurement of MSK services. The aim is to commission a single model of community MSK service provision which delivers improved outcomes for residents across BLMK from 2025/26. Across BLMK there are approximately 80,000 referrals made each year into community MSK services. Services are accessed either by self-referral or via referral from a GP.

Over the last two years, we have undertaken resident and stakeholder engagement to understand views on the current services provided. This feedback has identified a series of themes and we have used these themes to develop the next phase of co-design and inform the service specification for the procurement of the proposed MSK contract. In partnership with Healthwatch, this close work with residents and stakeholders will then continue throughout the contract mobilisation and delivery to continually improve services.

Self-referral to MSK is now available across all of BLMK after successful implementation in Luton in September 2023. Patients are also encouraged to access self-management resources to support maintenance of their MSK health, especially while waiting for treatment, to improve their outcomes.

Patient Choice - The ICB continues to support patients in with their right to choose. In October 2023, the ICB launched an accreditation process allowing providers who deliver consultant-led services to request new contracts for NHS services. This will support our continued elective recovery and give residents greater choice on who they see for their treatment, with hopefully shorter wait times.

Alongside the wider NHS, the ICB has also implemented a Patient Initiated Digital Mutual Aid System (PIDMAS) which allows patients who have waited a long time for their care to request to move provider. Initially this process has focused on patients waiting over 40 weeks for their treatment and, whilst not all requests resulted in care being transferred to another provider, the scheme did support 24 patients to move and receive their care. Unfortunately, some patients couldn't move provider due to their clinical condition or a lack of capacity elsewhere to support.

Improving cancer outcomes

Cancer is one of the leading causes of death across BLMK and we know that as our population gets older, the chances of people getting cancer at some point in their lifetime increases. We also know that the more cancers we are able to diagnose early, the more people will survive to live with and beyond cancer. Cancer early diagnosis is recognised within the health and care partnership strategy and is a priority within the Joint Forward Plan and the ICB place priorities JFP-and-Appendices-Combined-Version.pdf (blmkhealthandcarepartnership.org)

Key long-term objectives

Two ambitions were set out in the Long Term Plan for cancer:

- by 2028, 55,000 more people each year will survive their cancer for five years or more; and
- by 2028, 75% of people with cancer will be diagnosed at an early stage (stage one or two)

In addition, the Long Term Plan asks systems to improve patient experience:

- Development of high quality services closer to home
- Reduce variation in the identification, diagnosis, treatment and mortality outcomes
- Improve the level of support for people living with a cancer diagnosis

In BLMK conversation about cancer performance, transformation of services and strategic intentions are held by the ICS Cancer Board, chaired by Dr James Ramsay.

The ICS Cancer Board priorities are:

- To create more capacity to screen, case find and diagnose people faster; more people accessing stage one and two treatments earlier, with improved survival rates, patient experience and significantly reduced costs.
- Focus will be prevention and preventable cancers; system will be pro-active as opposed to reacting to the cancer burden.
- Innovation seamlessly embedded: more new initiatives using new ways of delivering prevention, diagnostics and care are seamlessly piloted and scaled across the system, making the postcode lottery obsolete.
- Agile workforce; able to flex across organisation, sector and geographical boundaries.
- Care will be closer to home; patients will not have to travel out of area for clinically required secondary or tertiary care.

Some of our achievements for this year:

Innovation – Capsule sponge test - The innovative capsule sponge test, which will help the earlier detection of oesophageal cancer (cancer of the food pipe), uses capsules that are swallowed to collect cells from the oesophagus, in a process which takes less than 10 minutes. This non-invasive procedure is particularly beneficial for monitoring patients who experience chronic heartburn and those with Barrett's oesophagus, a pre-cancerous condition.

Bedford hospital implemented this innovation as part of a pilot in 2022 and have continued to expand the service into the Luton and Dunstable hospital in 2023. The service has demonstrated its cost effectiveness and an improved patient experience by preventing patients from having an unnecessary invasive procedure.

The test has also been made available to patients as part of a pilot under the name 'Heartburn Health Check' in community settings. The pilot is being conducted in a General Practice in Central Bedfordshire, Bedford and at the Whitehouse Community Diagnostic centre in Milton Keynes.

Improving cancer waiting times - Cancer performance is measured on the waiting times of people being seen by a specialist and treated for cancer by the NHS. This year has seen a fundamental change in the way in which cancer performance is reported with a reduction from ten separate standards to three headline metrics of combined referral streams.

These figures have been important in offering clear expectations of how long people being urgently referred for suspected cancer should wait to see a specialist for the first time, how long people are waiting to be informed of a diagnosis (reassured of no cancer or informed of a cancer diagnosis), and for all cancer patients to begin treatment.

Our focus has been on the continued recovery of cancer pathways and reductions in waiting times, measured on the numbers of incomplete pathways running for over 62 days. Our recovery programme successfully reduced this number across BLMK to meet national targets. Alongside this we have worked with our secondary care providers to increase the resilience of cancer pathways and stabilise capacity in supporting services by working closely with imaging and pathology teams.

We continue efforts to deliver pathways that meet best practice guidance and are working as a system to implement robust solutions that support our approach of providing early access to diagnostics so we can detect cancer or rule out cancer as soon as possible. We will continue to work together as a system to significantly reduce waiting times for our local people.

Boosting Health During Cancer Recovery - A cancer rehabilitation programme in Bedfordshire, Luton and Milton Keynes is helping patients to improve their physical and mental health throughout their journey through cancer recovery.

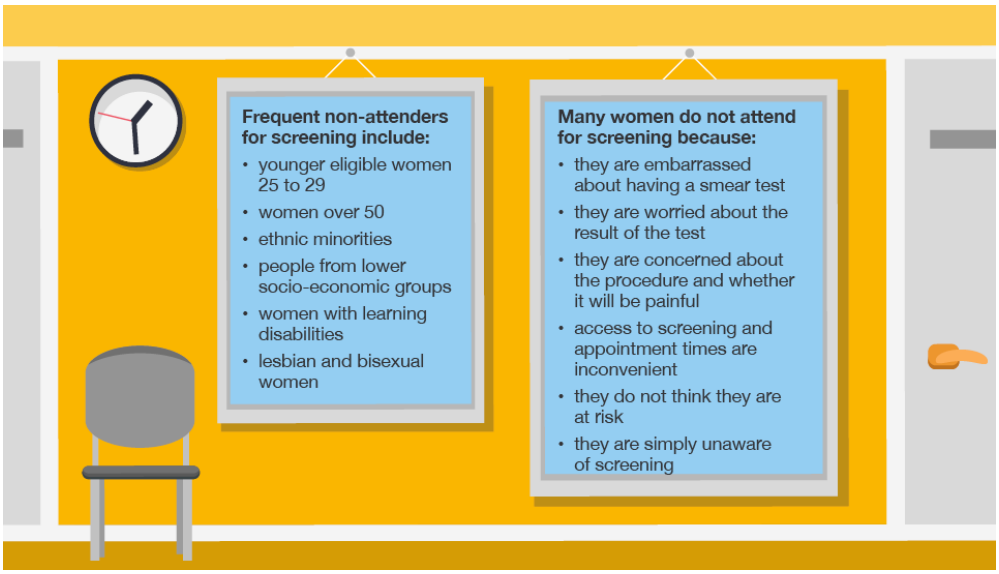
Staying physically and mentally well is important. Research has shown that when you actively work on your physical and mental health, it can help you get better faster after surgeries, chemotherapy, and radiotherapy. It also lowers the chances of having more health problems during and after your treatment.

The scheme brought together personal trainers from gyms across the area and taught them how to support people living with cancer. Currently, 12 personal trainers have achieved become Level 4 Cancer Rehab qualified through a company called The Wright Foundation.

Some of these trainers have since set up initiatives to help people with cancer in their gyms and community places. There are currently three programs running, including one at the University of Bedfordshire.

You can watch a video on the programme, produced by the University of Bedfordshire, on You Tube

Improving Cancer Screening uptake - Increasing uptake of the cancer screening programmes continues to be a priority area for the ICB. Early diagnosis of cancer means earlier treatment and saves lives, but screening coverage for breast, bowel and cervical cancer varies across BLMK. Improving uptake is important to diagnosing cancers earlier but also to our efforts reduce health inequalities.



The ICB remains committed to supporting PCN initiatives aimed at boosting uptake of cervical and breast cancer screening. Over the past year, there has been a particular emphasis on enhancing cervical cancer screening efforts. This has involved equipping Practices with a search tool to identify patients overdue for cervical cancer screening tests. Our focus has been on improving participation in cervical screening, as the coverage has been declining annually. In BLMK cervical screening uptake among 25–64 year-olds is 68.0%, slightly lower than the national average of 68.7%. Practices have received support to conduct additional weekend clinics and reach out proactively to eligible patients who have yet to attend for a cervical screening.

The bowel screening programme is now being extended to 54-year-olds, enabling more bowel cancers to be picked up at an earlier stage.

We continue to support earlier identification of Lung Cancer, using Targeted Lung Health Checks as the programme continues to be expanded throughout BLMK. The programme is now inviting eligible patients from Central Bedfordshire and Milton Keynes. The programme has so far identified 51 lung cancers with 78% of these diagnosed at an early stage.

To support the national direction to focus on prostate cancer, a prostate cancer case-finding project was initiated in Luton. The objective is to proactively "case-find" high-risk males and to book them in for counselling (if they choose to) before a potential PSA blood test to test for prostate cancer and to be able to diagnose patients at an earlier stage so that if the test is positive, this will allow them to receive the appropriate care and treatment. To date 21 men have been identified through this programme who had little or no symptoms at the time of being contacted by their practice.

Black men face a higher risk of prostate cancer compared to other men. Approximately 1 in 4 Black men will develop prostate cancer during their lifetime, whereas the risk for other men is 1 in 8 – Prostate Cancer UK

To support this initiative the Macmillan cancer community connectors held a face-to-face discussion event was held to raise awareness of prostate cancer for Black men in Luton. Entitled, Barbershop 'Live' – Let's Talk About Black Men and Prostate Cancer – The aim was to provide a safe, open forum for men to speak freely about prostate cancer and to break barriers and stigma so as to encourage open and honest conversation.

Patient capacity and flow

Our work this year has continued to focus on supporting residents to be safely cared for at home (or another suitable environment) following their stay at hospital.

Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. They help people avoid a hospital admission or provide support so that patients can leave hospitals sooner. These wards have continued to grow from last year, and are at 80% occupancy level as per plan, now supporting people with respiratory and cardiac conditions needs, as well as frailty.

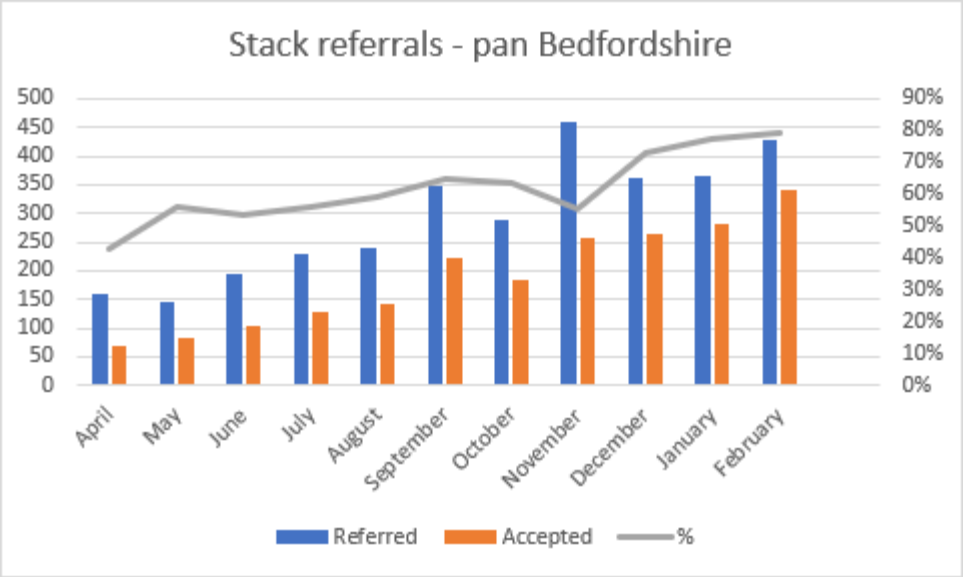
We established a System Coordination Centre (SCC) in 2023/24 to manage flow across all pathways through the winter and this has facilitated integrating care and collaborative working across partner organisations more effectively. This model has now expanded to seven days per week, 8am - 6pm, ensuring patients receive the optimal care in the right place at the right time. Real time reporting of urgent and emergency care performance is at the heart of the SCC. This capability, through a digital platform called SHREWD, allows the team and other health care partners to monitor and assess if the systems are at risk of being overwhelmed. The SCC and other health and social care partners can work in collaboration to reduce pressures and improve the care for our residents.

Below data shows performance against the national four-hour emergency department target of 76% for March 2024

Trust	Month to Date	Last 7 days 25/03 - 31/03
Region	74.0%	75.5%
Bedfordshire Hospitals NHS Foundation Trust	76.5%	77.3%
Milton Keynes University Hospital NHS Foundation Trust	77.6%	81.9%

In Bedfordshire, Unscheduled Care Coordination Hubs (UCCH) have been created allowing community providers access to the East of England Ambulance Services NHS Trust (EEAST) ‘stack’ (patients awaiting care from EEAST) to divert patients to community services rather than unnecessarily transport them to hospital. This hub is delivered by East London Foundation Trust (ELFT) and Cambridge Community Services (CCS) Urgent Community Response Teams for Bedfordshire. Central North West London (CNWL) is working with South Central Ambulance Services NHS Foundation Trust to develop a UCCH in Milton Keynes. By having a single point of access through our hubs, paramedics are freed up to care for people with urgent healthcare needs as opposed to contacting local services individually which is time consuming and often complex.

The graph below shows access to the stack referrals and acceptance across Bedfordshire UCCH:



The BLMK system remains challenged with demand and complexity of care, yet it has still managed to maintain robust and sustained performance across Urgent & Emergency Care measures. For the four hour Emergency Department (ED) journey time, the ICB is third in the Region for performance. For 12-hour patient journey times in ED, BLMK are currently performing the best in the region. We continue to strive to decrease our ambulance handover times with 75% of our patients being placed within ED in under 30 minutes across BLMK. There are improvement workstreams across all of our Urgent & Emergency Care models of care, ensuring that we join together with partners to optimise our opportunities and improve patient outcomes and experience.

Palliative and end of life care

Integrated care systems have a key role to play in ensuring that people with palliative and end of life care needs can access and receive streamlined high-quality care.

Technical guidance was published in 2022 defining palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening or life limiting illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems.

Frameworks for delivery are outlined within the Ambitions for Palliative and End of Life Care Framework and build on the NHS Long Term Plan. Following this, clinical excellence task and finish groups were established for adults and children and young people to ensure that BLMK achieved improvements in accordance with the national guidance and service specifications.Performance analysis

The section takes a detailed look at the ICB’s performance throughout the year. It offers additional data and analysis related to our performance across several areas including access, waiting times, and the quality and safety of services.

We also provide description of some of the challenges we have faced over the year and some of the actions we have implemented or are planning, to support improvements in performance, quality of care and patient experience.

Performance, Quality and Safety of Local Healthcare

The ICB oversees measures within the NHS Constitution. This section provides information about national requirements and operational standards that the NHS is committed to achieve, to improve the population's mental and physical health.

These metrics set out NHS responsibilities and play a crucial role in the delivery of high-quality services across Bedfordshire, Luton, and Milton Keynes, which patients, public and staff are entitled to. Clinical quality, safety of care and the reduction of harm continued to be prioritised over the year, across the services we commissioned.

We manage NHS Constitution measures through monthly provider and national performance reporting as well as regular contract meetings with providers. This collaborative approach enables us to proactively address challenges, manage performance deviations, and work together effectively. Additionally, the ICB Board consistently monitors our performance against these indicators, alongside oversight from NHS England.

Over 2023/24 we have been developing our performance reporting processes, presenting more focused information with a clearer narrative and from a wider array of sources, including Primary Care, Voluntary, community and social enterprises (VCSE) and Population Health. This work will continue into 2024/25 and will allow us to better identify, track and measure the difference we are making across BLMK. Reports presented to our Board are published on our website for public information.

The ICB worked diligently towards improving patient care and services and we have made good progress in achievement against several Constitution indicators.

The main areas of success and achievement over 2023/24 below have supported the delivery of quality patient care and improved outcomes:

- BLMK ICB exceeded the Cancer 28-day faster diagnosis standard of 75% with 75.4% achievement by the end of the year.
- Our Early-stage cancer diagnosis latest data secures BLMK as on track to meet our Long-Term Plan ambition to diagnose cancers earlier. The ambition is to achieve 75% of cancers diagnosed at stage 1 and 2 by 2028. BLMK are currently at 65.1%, the national average is 58.2%.
- The ICB exceeded the A&E 4 hour wait national requirement target of 76% by March 2024, ranking second in region for performance with 78.6%.
- Within Primary Care, we delivered 5,684,833 appointments in General Practice in 23/24 which is a 4.9% increase on the previous year and 3.1% over our plan.
- We achieved the mental health 72-hour follow up standard (where at least 80% of patients should be followed up within 72 hours of discharge from psychiatric inpatient care), ending the year above target at 91%.
- We have achieved the Dementia Diagnosis target consistently throughout 23/24 ending the year with 68.4% against the 66.7% target and the regional average of 63.3%.
- The ICB exceeded the early intervention in psychosis (EIP) programme in March with 70%. This metric has consistently performed above the 60% target with an average achievement of 74% over the year.

As we review our performance over the past year, it is important to acknowledge areas where our organisation faced difficulties.

In the face of our collective efforts, we encountered challenges such as increased demand, workforce and capacity issues and areas of data quality. These challenges have also presented us with opportunities for improvement and moving forward into 2024/25, the ICB will strengthen focus on refining processes, enhancing collaboration, and prioritising strategic initiatives.

Throughout the year we encountered adverse performance in the following areas:

- Long waits for planned treatment *over 78 weeks* increased from 56 in April 23 to 190 in February 24 and reducing further in March to 89. Long waits for planned treatment over 65 weeks saw a similar trend increasing from 1,340 in April 23 to 2,127 in February 24 with a reduction to 1,543 in March; both areas underachieved against the zero target. As a result of these long waits, our 52-week waits have also increased over the year.
- The 6-week wait for a diagnostic test target standard was not met in 23/24. At the end of March 42.4% of people on a waiting list for a diagnostic test were waiting 6+ weeks; there was a 16.9% increase in demand compared to last year.
- The ICB saw improvement in the Cancer 62-day wait times for patients to receive their first treatment following an urgent GP referral across the year from 60.98% in June to 67.91% in March, however this was significantly below the target of 85%.
- Against the end of year target of 6,077, BLMK ICB carried out 4,872 Health Checks for people with a serious mental health illness.
- Talking Therapies (Formally IAPT) Access ended the year 17% under the March target of 2,427 with 2,020 patients accessing services.
- The ICB are significantly over plan for out of area mental health bed days with an end of year total of with 1,405 days at Q3 23/24 (latest published data) against the plan of 171.
- BLMK was currently significantly below the Children and young people mental health services access target of 17,612 for the year, with an end of year achievement of 13,440.

BLMK ICB Performance Dashboard for 2023/24

Area	Metric Description	Threshold/ End of Year Target	Q1 - June Snapshot Achievement	Q2 - September Snapshot Achievement	Q3 - December Snapshot Achievement	Q4 - March Snapshot Achievement	YTD Performance	M12 Regional Average	What does good look like
Planned Care	RTT - % Patients Waiting 18 Weeks or less	92%	52.52%	50%	48.05%	49.43%	N/A	53.66%	High
	RTT - Number of 104+ Week Waits	0	1	2	0	0	0	4.00	Low
	RTT - Number of 78+ Week Waits	0	63	105	163	89	89	170	Low
	RTT - Number of 65+ Week Waits	0	1,707	2139	2,295	1,543	1,543	1,753	Low
	RTT - Number of 52+ Week Waits	5,285	7,960	9,086	8,131	9,371	9,371	8,254	Low
	Diagnostics Tests - 6 Week Waits	1%	31.70%	38%	44.78%	42.42%	N/A	30.12%	Low
Cancer Care	Cancer - 28 Day Faster Diagnosis Standard	75%	70.40%	68.24%	71.65%	75.39%	N/A	75.40%	High
	Cancer - 31 Day Combined	96%		93.89%	90.90%	95.08%	N/A	88.79%	High
	Cancer - 62 Day Combined	85%	60.98%	65.38%	67.80%	67.91%	N/A	65.11%	High
Urgent Emergency Care	Ambulance - 30 minute Handover Delays (Daily Average)		33	38	56	42	N/A		Low
	A&E 4 hour waits	76% by March	77.07%	74.60%	75.47%	78.59%	N/A	75.52%	High
	% ED Attendances that result in emergency admission		22.52%	26.80%	29.38%	28.37%	N/A	485.5	High
Primary Care	Number of appointments in General Practice	5,511,279	481,541	499,395	422,587	475,867	5,684,833	584,249	High
	% same day appointments in General Practice		40.18%	36.80%	40.03%	38.87%	N/A	43.42%	High
	% of Appointments With Health Professional Other Than GP		52.26%	54.29%	53.65%	53.33%	N/A	55.60%	High
Adult Mental Health	CPA 72-Hour Follow Ups	80%	85.00%	89.00%	86.00%	91.00%	N/A		High
	SMI Healthchecks (Rolling 12 months)	6,077	3,789	4,040	4,185	4,872	4,872	6,216	High
	Dementia Diagnosis Rate	67%	66.72%	67.34%	67.80%	68.37%	N/A	63.26%	High
	Talking Therapies (formerly IAPT) Access	2,427	2,165	2,080	1,580	2,020	23,665	2,218	High
	Talking Therapies (formerly IAPT) Moving to Recovery	50%	48.91%	48.02%	46.25%	43.75%	N/A	49.45%	High
	Early Intervention in Psychosis (EIP)	60%	80.00%	74.00%	75.00%	70.00%	N/A	70.57%	High
	Inappropriate Out Of Area Bed Days	171	790	680	1405	N/A	N/A	1,402	Low
Learning Disability & Autism	Learning Disability Healthchecks (Cumulative)	75%	12.49%	27.64%	44.46%	73.94%	73.94%		High
Children and Young People (CYP) & Maternity	Number of CYP accessing mental health services (Rolling 12 months)	17,612	13,095	13,070	13,570	13,440	13,440	14,253	High
	CYP Eating Disorders - Routine	95.00%	80.00%	96.00%	81.00%	75.00%	N/A	71.84%	High
	Perinatal Mental Health Access (Cumulative)	1,279	350	540	905	1245	1245	1,258	High
Community Services	Childrens Wheelchairs - % received in 18 weeks	92.00%	82.69%	83.33%	67.14%	76.58%	N/A	81.43%	High
Quality & Safety	Infection Control - C-Difficile (Cumulative)	147	51	102	154	202	202	11.07	Low
	Infection Control - MRSA (Cumulative)	0	6	10	14	17	17	0.50	Low

Key	
Achievement RAG	
	On Track
	Off Track

18 weeks referral to treatment (RTT), and long wait measures

Over 2023/24 patients faced extended wait times for appointments and treatments due to various challenges including residual pandemic and industrial action impact. As part of our efforts to address this situation, we collaborated closely with healthcare providers to manage performance for patients on the 18-week incomplete pathway - a critical measure of patients' constitutional right to initiate treatment within 18 weeks.

Our commitment to patient care remains unwavering in the face of adversity including an increase in demand impacting on the waiting list (we have 9.8% more people on the 18-week RTT waiting list in March 2024 than we had in March 2023), and workforce and capacity shortages. These factors have impacted the ICB's ability to deliver against the 18-week referral to treatment target of 92%, with a year-end performance of 49.4%. These issues have also affected elective long waits list for residents waiting over 78 and 65 weeks for treatment. BLMK continue to prioritise the reduction of long waits for patients, whilst fully respecting patient choice and necessary cancellations. We have worked towards reducing 78 week waits, however these have increased from 56 patients in April to 89 by the end of March 2024. In the same period, the number of patients waiting 65 weeks or more has seen an increase of 15% over the year (to 1,543 patients), and this will remain in the spotlight going into 2024/25 as we work in collaboration with providers and NHSE toward eliminating 65 week waits.

Throughout the year patients experienced extended waits over ophthalmology, ear, nose and throat, and trauma and orthopaedic pathways. Continuous system discussions around quality of care and patient safety aim to identify and mitigate any additional harm caused to patients due to prolonged waiting times. Patients with the most urgent needs continue to be prioritised in all NHS and independent hospitals throughout Bedfordshire, Luton and Milton Keynes in line with the national process.

The ICB has been working with trusts and independent sector providers to support overall performance recovery and improvement through outpatient transformation initiatives such as:

- patient initiated follow ups (PIFU) – The ICB delivered approximately 17,900 follow up appointments through PIFU, allowing patients to manage their own follow up appointments.
- Advice and guidance – A total of 58,399 specialist sessions of A&G were delivered to Primary Care over the year, allowing direction to the most appropriate and safest patient care setting, reducing unnecessary out-patients appointments and
- Implementation of our "Waiting Well" initiative (more detail on page 31).

Diagnostics – waits over 6 weeks (More information on page 31)

The ICB remains well above the <5% target for patients waiting over 6-weeks for a diagnostic test, the demand in the number of people waiting for a diagnostic test has increased by 16.9% from last year. Performance has fluctuated over the year and within specific tests, with overall improvement from 44.7% at the end of December to 42.2% by the end of March 2024 (lower is better). Diagnostic tests in particular demand over the year included Magnetic resonance imaging (MRI), cardiology echocardiography (ECHO), non-obstetric ultrasounds (NOUS), audiology and computed tomography (CT) scans. The ICB facilitates work with providers to increase capacity and improve access to tests for BLMK patients. The ICB will implement further community diagnostic centers (CDCs) across BLMK to increase local diagnostic capacity and support better outcomes for patients.

Cancer waiting time standards

As of 1st October 2023 (Q3), the Cancer wait time standards were simplified from ten to three standards. The revised standards are the 28-day faster diagnosis (target 75%), the 31-day decision to treat to treatment (target 96%) and the 62-day referral to treatment standard (target 85%). All three of these standards are key measures of cancer performance, and the ICB remains committed to their delivery.

Performance between providers and across the Cancer standards has varied over the year. The 28-Day Faster Diagnosis Standard (FDS) which ensures patients with suspected cancer receive a timely diagnosis exceeded the 75% standard at year end with 75.4%, putting the ICB in good stead towards achieving the revised national standard of 77% by March 2025. Following confirmation of a patient's cancer diagnosis, the 31-day decision to treat standard has a target of 96%, and by the end of March, the ICB fell slightly short of the national target with 95%.

By the end of March 2024, BLMK ICB successfully reduced its cancer backlog (waiting list) over 62-days by 26% compared to the previous year. Following recovery of the 62-day backlog back to pre-pandemic levels, the focus for 2024/25 will shift to recovery of the 62-day performance standard with the aim of reaching 70% by March 2025; the ICB ended the year with an achievement of 67.9%. Performance has been impacted by industrial action over the year however the ICB is now starting to see improvement in performance (from 60.1% in June to 67.9% in March 2024), because of recovery measures implemented by the ICB in collaboration with Trusts. Over 2024/25, the recovery action plan will focus on increasing capacity for specialist scans, tests, and oncology treatments (in the phase post diagnosis to treatment).

Urgent Emergency Care and Primary Care (More information on page 21 and page 36)

Ambulance Handovers – 30-minute handover delays

Ambulance handovers are the process where ambulance staff transfer patients to the care of hospital staff. The time it takes for this process significantly varies and will impact patients care and overall ambulance efficiency. BLMK ICB handovers over 30-minutes are recorded as a daily average and this figure has fluctuated due to seasonality with a lower daily average of 33 over quarter one, increasing to a peak of 56 in quarter three, reflecting peak demand in winter and settling on an average of 42 handover delays over quarter four. A whole system approach is undertaken to reduce ambulance handover delays, this is overseen through system-wide and daily operational meetings. Over the year, the UEC Team have been working with our partners to develop our Ambulance Recovery Plan which will establish trajectories and associated actions to meet the Ambulance Handover targets. The team are also working to understand 'whole' system pressures to ensure all patients (in the acute and in the community) remain safe and to support patient flow across the system and reduce the need for patients to be moved to neighbouring ICB systems.

A&E 4 hour waits

The A&E (Accident & Emergency) department plays a critical role in providing urgent medical care to patients. One key performance metric is the time patients spend in A&E before being discharged, admitted, or transferred. BLMK have performed well against the 76% target over the year, seeing patients within 4 hours of their arrival in eight out of 12 months. The ICB ended the year with an impressive peak achievement of 78.6%, exceeding the national ambition of 76% by March 2024. Trust performance has been strong over the year, allowing the ICB to secure an end of year ranking of second place out of six ICBs in region. Over the year, BHT reported a peak of 80% in May and MKUH a peak of 78% in March.

Emergency Department attendances resulting in an emergency admission

Urgent and emergency services remain under significant pressure and continue to see an increase in demand across acute services and providers over the year. Total A&E attendances across BLMK in March 2024 have seen a 7.5% increase when compared to March 2023 and emergency admissions have seen a 13% increase for the same period. BLMK saw performance improve from 22.5% in quarter one to 28.4% by quarter four, showing improved appropriate use of the A&E department over the year. Several initiatives are in place to support and mitigate system pressures continuing into the new year, including the unscheduled care co-ordination hubs; call before convey, and high intensity user reviews in Milton Keynes.

Primary Care – Appointments in General Practice (GP)

BLMK ICB are working hard to meet the increasing demand for appointments in general practice, which continues with a 4.9% increase over 2023/24 when compared to the year prior.

BLMK ICB overachieved against delivery of our planned number of appointments by 3.15% and we continue to deliver a high % of same day appointments with an achievement of 38.8% over quarter four of appointments face to face.

The ICB is utilising up to 53.3% of appointments with professionals other than a GP, demonstrating the most appropriate use of BLMK health care professionals, allowing patients to see the right practitioner for quicker and more targeted care.

To further improve patient access to GP practices, Cloud based telephony (CBT) is being implemented throughout BLMK. Once implemented across BLMK, this system will allow practices to better track call volume and demand and have visibility of calls not answered. This information will then be used to inform demand and capacity planning, improve access and patient experience.

Adult Mental Health, Learning Disability and Autism (More information on page 24)

Physical health checks for people with a severe mental illness (SMI)

Addressing physical health alongside mental health promotes overall good health and well-being whilst allowing early identification of potential issues and BLMK successfully carried out 4,872 physical health checks for people with a severe mental illness (SMI) by the end of March 2024. Whist this was under plan 20%, several initiatives are in train to support continuous improvement and to better address physical health risks and needs for people living with SMI into 2024/25. Work streams include:

- improving access to new integrated mental health care models – combining mental health care with other healthcare services, ensuring a more holistic approach;
- conducting GP practice visits – to support regular patient health assessment;
- implementing walk-through training videos – support and guiding for professionals, ensuring consistent practice; and
- partnership working between outreach projects and our service provider to better engage patients – supporting effective patient engagement and reaching those who may not regularly access care.

Dementia Diagnosis

In BLMK the age group 65+ is forecasted to increase by 4% by 2043, and those aged 85+ are expected to more than double[1] . Dementia prevalence increases with age[2], and a timely diagnosis of dementia allows people and their families to access the right information, care, and support to manage the disease.

BLMK have been successful in exceeding the dementia diagnosis standard of 66.7% over the year with an end of quarter four achievement of 68.4%. The ICB exceeded the regional average performance by 5.1%. Whilst there continues to be some performance variation within BLMK we have work programmes in place to improve the level of diagnosis for patients with dementia across BLMK, over 2024/25. Plans include primary care network meetings to talk about ways to reduce stigma associated with dementia and increase the diagnosis rate, promotion of support services available within local areas for people living with dementia and their families and carer's, alongside quality assurance work to ensure all diagnoses made are recorded and uploaded accurately into data capture systems. In addition, there will be a focus on dementia care plan reviews, looking at patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the previous 12 months. This will support improvements in patient care, holistic post-diagnostic support and improved patient outcomes by delivering personalised care through more integrated services.

Improved access to psychological services (IAPT)

IAPT delivers evidence-based psychotherapeutic services, promoting better support and more positive patient health outcomes. Against a plan of 26,250, the ICB fell short of the improved access to psychological services by 9.8% by the end of the year. There is a continuous focus on increasing access and referrals into NHS Talking Therapy services for adults and providers are also working to increase referrals from under-represented groups, through community outreach and webinars. We have NHS Talking Therapy Employment Advisors to ensure that all IAPT services have sufficient employment support capacity. The proportion of people moving to recovery at the end of quarter four, fell below the target with 43.8%. Supporting actions focus on addressing health inequalities to progress reliable improvement and recovery, a review of the treatment model to enable a rise in completed treatment course and a focus on increasing productivity by addressing staffing capacity.

[1] Taken from the draft BLMK Health Service Strategy population data4; 85+ population growth figures also cited in Prevalence | Background information | Dementia | CKS | NICE

[2] Prevalence | Background information | Dementia | CKS | NICE

Early Intervention for Psychosis (EIP) first treatment

Early intervention for individuals experiencing their first episode of psychosis is imperative to ensure better outcomes and overall well-being. The ICB has consistently met and exceeded this target every quarter this year, peaking in quarter one with 80% of patients being seen within two weeks for their EIP first treatment against the national target of 60%, and ending the year successfully with 70%.

Inappropriate Out of Area Bed Days

BLMK has seen significant pressure, particularly in Bedfordshire and Luton, in terms of demand and capacity relating to adult acute mental health in-patient care which has impacted on active inappropriate adult acute mental health out of area placements.

At year end, the ICB are significantly over plan with 1,405, this is comparable to the regional average figure of 1,402 and as such, the ICB is ranked fourth out of six. To improve quality of care and reduce active inappropriate placements over 2024/25, the ICB are considering several transformation plans that include reviews of social work and occupational therapy capacity, crisis resolution and home treatment teams, step down provision, improved purposeful admissions, working with social care to address bottlenecks and a focus on addressing bottlenecks which prevent people being discharged from hospital when they are clinically well enough e.g. housing support/accommodation.

Learning Disability and Autism Health checks

BLMK ICB fell just short of the 75% target and delivered health checks to 74% of the LD&A population by the end of the year. Contributing factors included promotion of health checks through transition support workers, health facilitation teams and collaboration between primary care, health visiting teams and public health. There is performance variation within BLMK and targeted support includes focused work with the Learning Disability place teams (Bedfordshire, Luton and Milton Keynes) with a review of staff capacity, the quality of checks and patient experience taking place, with collaboration from the provider, Public Health, Council based Commissioning, and Population Health Management teams.

Children, young people, and maternity – mental health access (More information on pages 24 to 30)

Typically, we achieve this target but this year we saw changes to the way data is reported to the mental health data capture system and this has impacted on achieving the 23/24 figure. We under-achieved against the number of children and young people (CYP) accessing mental health services.

By the end of quarter four, 13,440 patients had accessed these services, this was 24% below our quarter four plan and 813 patients below the regional average, placing the ICB third out of six in region.

To support increased access for children and young people to mental health services, the ICB are focused on data flow and quality to ensure all relevant contacts are being appropriately recorded, across all organisations. Additionally, we have recently seen the mobilisation of two new school mental health support teams, with another two planned for this year and a Milton Keynes well-being service that will report into this target.

The ICB was unable to meet the national target (95%) for eating disorder routine referrals (to be seen within four weeks) in quarter four with 75%. The target was met in quarter two with 96% of children and young people being seen within four weeks of referral. The ICB will continue to address health inequalities and deliver on the Core20PLUS5 approach. Supporting actions include the establishment of the BLMK Eating Disorders Intensive Home Treatment Team, designed to provide enhanced therapeutic support within the familiar environment of the home. Furthermore, there are ongoing mobilisation of proactive initiatives across the BLMK region such as the Body Project and SPOT (an online training and support for schools), this is complemented by the collaboration and support of the VCSE organisation, Caraline.

Accessing perinatal services in the months after giving birth is crucial for new parent well-being by offering support, psychological therapies, and signposting to specialist community services for women and their partners. The number of women accessing perinatal mental health services has been increasing over the year, from 350 in quarter one, to 1,245 at the end of March against a target of 1,279; a shortfall of 34 patients. ICB performance was comparable to the regional average of 1,258, placing us fourth out of six in region. To support peri-natal access, the ICB will focus on improving data quality, addressing workforce gaps, and progress the development of maternal mental health services, this will support the overall ambition over 2024/25.

Children’s wheelchairs

The ICB has not met the 92% national standard for delivering children’s wheelchairs over the year, achieving a peak in quarter two with 83.3% and ending the year with a delivery rate of 76.6%. Residual challenges following the covid-19 pandemic remain of lasting supply chain issues and staffing capacity leading to the current back log and extended wait times in some cases. Access to wheelchairs for children and young people supports independence and promotes physical, mental, and social benefits. In BLMK, every effort is made to prioritise children according to clinical risk and to ensure that they do not join the long waiters’ lists.

Clostridium Difficile (C-diff) and Methicillin-Resistant Staphylococcus Aureus (MRSA)

By the end of the year, the ICB recorded 202 cases of C-diff, above the annual threshold of 147. There were a total of 17 cases of MRSA infections over the year, against a threshold of zero. The quality team provided regular infection prevention control training to GP practices, care homes and social care settings.

Mental Health

The Mental Health Investment Standard (MHIS), set by NHSE, requires all ICBs in England to increase their planned spending on mental health services by a greater proportion than their overall increase in recurrent funded allocation each year.

The table below sets out expenditure within scope of the Mental Health Investment Standard.

Financial Years	2023/24	2022/23
Mental Health Expenditure, £000s	169,878	155,447
ICB Programme Recurrent Allocation, £000s	1,649,069	1,520,449
Mental Health Expenditure as a proportion of ICB Programme Allocation	10.3%	10.2%

The key points to note are:

- Recurrent ICB funding from NHSE (Allocation) grew by 8.45% between 2022/23 and 2023/24
- Expenditure in scope of the MHIS has grown by 9.28%.

Therefore, subject to independent audit, the ICB has met the requirements of the Mental Health Investment Standard in 2023/24.

Children and Young People (CYP) safeguarding

The ICB has a statutory duty to have appropriate arrangements in place for safeguarding children and adults at risk.

As per the Safeguarding Accountability and Assurance Framework (SAAF) the ICB also has a duty to ensure that all health providers from whom we commission services promote the welfare of children and protect vulnerable adults from abuse or risk of abuse.

We have supported with the reshaping of our relationships with safeguarding partnerships including our health colleagues within this new space. This has required a shift in our approach to working more collaboratively and stronger approaches to integration with health partners in forging a collective voice to support strategy development and delivery.

Safeguarding within the Integrated Care Board - During 2023/24 the ICB safeguarding team have worked to deliver statutory safeguarding duties. There have been some significant changes to internal processes including the clear defining of workstreams, priorities and deliverables.

The completion of the ICB's organisational internal structure review has resulted in some changes to the safeguarding team. These changes have been received positively, with the additional role of Deputy Chief Nurse/Director of Nursing for safeguarding vulnerabilities. This has enabled the integration of the safeguarding agenda with the vulnerability portfolio's in areas such as special educational needs and disabilities (SEND), frailty, mental health and learning disability and end of life. The review emphasises the recognition of safeguarding within the ICB as a 'core function' as well as valuing the place base function which is evident through the structure design.

As part of monitoring and assuring the ICB's compliance with its statutory function, it self-assesses against the key areas and standards set out in the SAAF, which is shared with NHSE quarterly. A summary of the SAAF is captured below with exception reporting statements against the amber ratings.

AREA	STANDARD	RAG
Leadership and Organisational Accountability	A clear line of accountability for safeguarding, reflected in the ICB governance arrangements, i.e., a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements. In addition, a team made up of designated professionals for safeguarding children, looked after children, care leavers and adults.	
Training	Training all ICB staff to recognise and report safeguarding issues supported by a training strategy and compliance percentage in line with intercollegiate documents and national guidance.	
Safer Recruitment	Clear policies describing the commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults, as appropriate.	
Interagency working	Effective inter-agency working with local authorities, the police and third sector organisations, including appropriate arrangements to co-operate with local authorities in the operation of safeguarding children's partnerships, corporate parenting boards, safeguarding adults boards and health and wellbeing boards.	
Implementation	Appropriately engaged with all safeguarding investigations, multi-agency case reviews or safeguarding practice reviews and that the evidence of learning has been embedded into practice.	
Patient Engagement	Ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding.	
Supervision	Safeguarding supervision is available to staff in line with intercollegiate guidance.	
Assurance	As a commissioner of local health services, the ICB must be assured that there are effective safeguarding arrangements in place in the services and gain assurance throughout the year to ensure continuous improvement.	

Exception reporting on amber rating elements is shown below.

- **Training:** Due to the ICB restructure, a new training needs analysis is being undertaken against all the staffing roles, including MCA and Prevent. Expected completion date April 2024.
- **Safer Recruitment:** HR policy in place for safer recruitment but further assurance needed in relation to ongoing DBS checks.
- **Implementation:** Progress has been made across partnership boards with new initiatives around sharing learning, however a system learning assurance approach still required to understand how effective change has been and assess the impact.
- **Assurance of providers:** As an ICB, our relationships with health partners are changing, with assurance arrangements shifting to an integrated approach. Assurance is monitored at provider safeguarding committees, wider partnership meetings, Primary Care safeguarding support visits, Primary Care self-assessment tool kits and cross references with other ICB teams.

Our safeguarding achievements 2023/24

- Implementation of the Safeguarding Supervision Model and Framework across the ICB footprint, including the evaluation of the impact from each supervision session delivered by ICB safeguarding leads.
- Trained all designated nurses on a refresher for the delivery of safeguarding supervision.
- Expanded the Mental Capacity Act training offer across the system to high engagement from primary care and care homes.
- New GP safeguarding training matrix launched which includes improved access to safeguarding training, primary care safeguarding forums as well as bitesize sessions on specific topics. Feedback has been very positive.
- Contribution to local implementation of the serious violence duty
- Safeguarding training input to the newly developed ICB induction program, including the development of a safeguarding induction reference sheet.
- Administrative arrangements, including the development of standard operating procedures (SOPs) for all safeguarding functions and one document storage platform.
- Development of a safeguarding workforce strategy.
- Safeguarding primary care visits schedule, including the development of a joint risk and quality dashboard along with a new visit outcome proforma to enhance information sharing and the support and advice offered to primary care.

Partnership Safeguarding - The ICB is a statutory partner on the safeguarding adults and children partnership boards. During 2023/24, two child safeguarding practice reviews were published and three commissioned. Three safeguarding adults reviews were published and five commissioned and there was one domestic homicide review (DHR) published and four were commissioned across BLMK. The ICB is represented on all safeguarding review panels and supports health partners including primary care with their contributions to all learning reviews, adults, children and DHRs.

The ICB and public health partners led a pathway review of children across BLMK that died unexpectedly, including when there is a suspected suicide of a child. The review highlighted several challenges that were impacting the partnership response. This has led to a system wide improvement project of the development of a new BLMK multi-agency unexpected child death pathway, to improve the joint agency response and the support available for families.

The team have supported with the following awareness campaigns:

- 'Stop the pressure' - the ICB's specialist nurses presented at the partnership event, addressing skin pressure damage through a safeguarding lens.
- Domestic abuse '16 days of action' – the team supported with the domestic abuse champion networking, offering advice and support.
- Suicide prevention campaign – the ICB are represented on the local suicide prevention forum and supported with a planning and training offer.

Environmental matters

How we are working towards a healthier, more sustainable environment

Climate change is an issue which has a significant impact on our health. It is caused by emissions from fossil fuels and other sources, including through many healthcare activities. Society needs to move to an economy which has net zero carbon emissions, eliminates waste and environmental pollution, and reduces the associated risks to health.

As an ICS we aim to reach net zero by 2035 for emissions for which the health and care system is directly responsible. The NHS also has an ambition to reduce to net zero the emissions associated with its supply chain by 2045. These are ambitious goals, described in more detail in our system's ICS Green Plan.

Progress in embedding environmental sustainability in ICB and ICS business

Environmental sustainability and net zero are woven throughout the ICS strategies, including the Joint Forward Plan, which draws the link between climate change and health impacts.

Through its Environmental Sustainability System Leadership Group and Green Plan Operational Working Group, the ICB oversees progress towards a net zero healthcare system; the former group develops the system strategy and oversees progress whilst the latter supports progress and collaboration between system partners. The ICB also holds twice-annual net zero progress meetings with the acute trusts.

The ICB Board and committees require papers to consider Green Plan impacts. A more comprehensive sustainability impact assessment developed this year is to be implemented in 2024/25 so all initiatives consider, and mitigate where feasible, environmental impacts. 'Carbon literacy' supports staff to improve knowledge and skills in climate change to embed environmental sustainability in ICS business. In 2023/24 we delivered more than 15 seminars to the ICB and system partners, and formally trained 41 health and care employees.

Carbon footprinting

The ICS's baseline carbon footprint (for all scopes) was determined by NHSE using 2019/20 data – for BLMK this was 324.5 $ktCO_2e$. NHSE reports on the footprinting nationally, on behalf of ICBs. To align with a straight-line trajectory towards net zero goals described above, our system footprint in 2023/24 needed to have reduced relative to the 2019/20 baseline by 27% for emissions the NHS can directly control (e.g. energy, inhalers), and 16% for emissions we can only influence (e.g. supply chain, patient travel).

Carbon footprints can be accurately determined for just under one-fifth of overall emissions, but the majority is based on national and industry averages, purchasing information and per-population allocations, applied by NHSE using a multi-region input-output model; annual updates to full system carbon footprints are not yet available due to this complexity. Therefore, emissions-reductions ambitions will be targeted at areas where it is known progress can be made and measured, including travel and transport (~14% of all emissions), energy (~9%), inhalers (~4%), and anaesthetic gases (~1.5%). For other areas (e.g. medicines, food, consumables), we will continue to seek efficient use of resources and reductions in waste.

The ICB and some partners have agreed to be part of a pilot of novel software to measure supply chain carbon footprints, eventually enabling partners to work with suppliers to reduce their carbon footprints, and to make environmentally sensitive purchasing choices.

Progress towards net zero:

- **Health system adaptation** - risk assessment - As part of developing a Health Climate Adaptation Plan and recommendations, a system task and finish group has undertaken a scoping and risk assessment exercise, based on local data, knowledge and resilience plans.
- **Anaesthetic gases** - Local acute trusts, supported by the ICB, have reduced use of volatile anaesthetics with the greatest global warming potential to 0%, lowering associated emissions by ~114 tCO2e compared to 2022/23, and by ~410tCO2e compared to 2021/22. Nitrous oxide use and waste has proven more resilient to reduction, however trusts have plans in place to address this over the coming year and beyond.
- **Inhalers** - Metered-dose inhalers (MDIs) contain climate-change-causing propellants. The ICB has supported primary care to shift prescriptions away from inhalers with the highest emissions. Carbon equivalent emissions per salbutamol inhaler, have reduced in 2023/24 by 4.1% up to January 2024 (on top of a 17.2% reduction in 2022/23). The proportion of non-salbutamol MDIs as a proportion of all prescriptions also fell to the lowest level (57.6%) since November 2018.

- **Care models** - Sustainable healthcare requires not just low-carbon alternatives, but greater emphasis on prevention, self-care and effectiveness, to reduce use of healthcare. Examples include the Luton Fuel Poverty project and the Warm Homes project in Bedford Borough. Both proactively contacted patients with health conditions at greater risk of living in cold homes, to signpost or refer to existing NHS, local authority, Fire and Rescue, and VCSE services, and to improve the fabric of their homes. Staff and patients fed back the value of the services in supporting them to address holistic elements of care, and results suggest a subsequent reduction in healthcare resource use and carbon emissions. Virtual wards, virtual appointments, and shared care records are other examples where we are changing the effectiveness of services, reducing carbon emissions whilst improving care.
- **Procurement** - The ICB has refined its approach to social value (SV), with >10% weighting for questions in procurements (Fighting Climate Change as a mandatory element), and ensuring suppliers make specific commitments. In at least one tender, SV has been a decisive part of the evaluation. Commitments from suppliers included removing non-recyclable materials from refreshments, virtual appointments, photovoltaics, LED lighting, and cargo bikes for pathology samples. The ICB is creating a stronger SV framework, to align commitments to local place priorities and measure impact.
- **Office consolidation** - The ICB has reduced its office footprint, securing alternative space within council properties; as a result our energy footprint for Milton Keynes will reduce by up to 90%, and co-location with the council should improve productivity. Following office moves, the ICB had 600 items of un-needed equipment; at least one third have been passed to NHS, schools, and VCSE partners, with the remainder going to a furniture re-use company, reducing waste and avoiding new purchases. The ICB has partnered with Luton Borough Council to pilot a web platform to increase asset reuse rates.
- **Supporting the transition to lower-carbon transport** - The ICB continues to offer its salary sacrifice car leasing scheme, through which only ultra-low and zero-emission vehicles are available. There are 11 active leases for electric vehicles or plug-in hybrids. The ICB has also introduced a cycle-to-work scheme and encourages ride sharing to staff events and face-to-face meetings.
- **ICS partner progress** - A core ICB function is to support NHS organisations to deliver their Green Plans. Through providing advice, structure, information, and connections, and by reducing barriers, trusts and GP practices have progressed various initiatives, including setting up a walking aids reuse initiative (receiving 200 devices in 2023/24), introducing solar panels, supporting staff to commute by public transport or active travel means, shifting to reusable gowns, and reducing the use of single-use items.

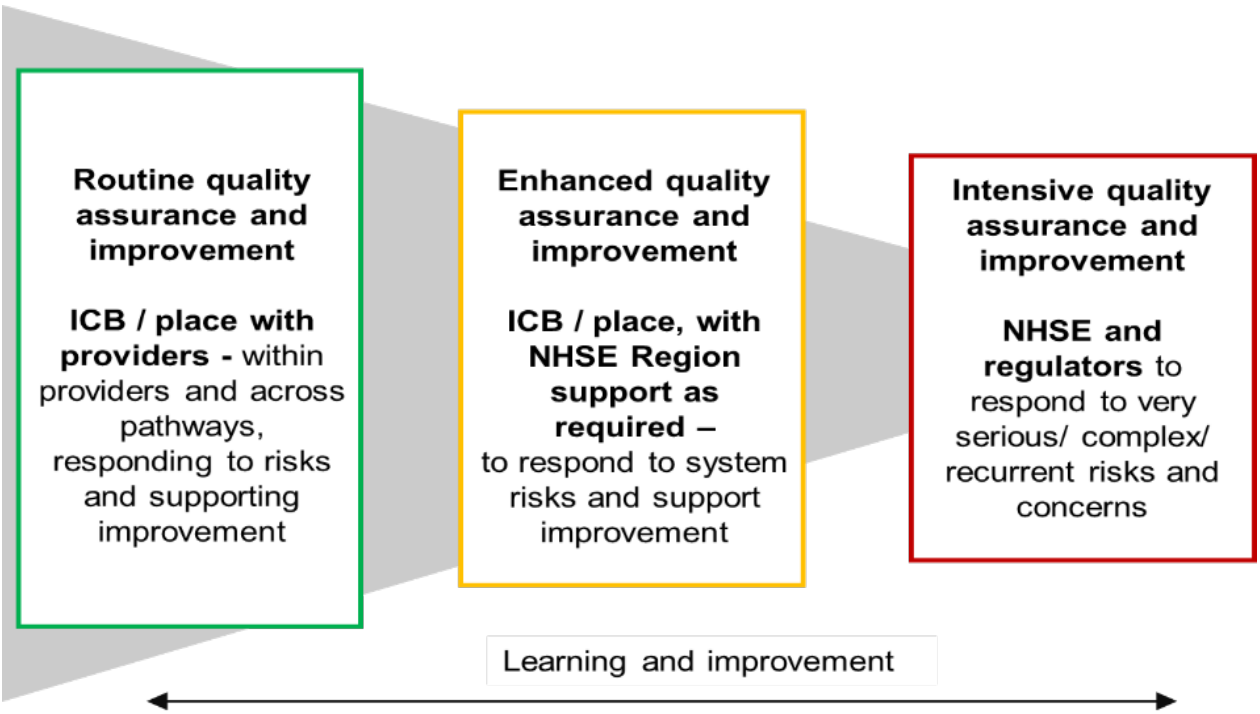
The ICB will continue to work towards its net zero and environmental sustainability ambitions during 2024/25, including refreshing the Green Plan in time for publication in 2025/26.

Improve quality

Quality and safety - Quality issues continue to be a priority with regards to improving residents experience of our health and social care system. In line with the National Quality Board, the ICB has two overarching quality responsibilities:

- To ensure the fundamental standards of quality are delivered – including managing quality and safety risks and addressing inequalities and variation.
- To continually improve quality of services, in a way that makes a real difference to the people who use the services.

Overview of main levels of quality assurance and improvement:



Alongside the Quality and Performance Committee, which reviews data and information available regarding commissioned health services and provides scrutiny to ensure services are of the right quality, we are also developing our System Quality Group (SQG). The SQG is chaired by our Chief Nurse with membership across the system. The SQG provides joined up quality intelligence, enables improvement and supports a response to system risk including escalation.

The quality team is currently working with partners to develop a quality assurance methodology. Through closer partnership working and through ICB attendance at our partners' internal quality meetings the team develop a richer, more holistic view of the quality challenges and successes. This will in turn strengthen the SQG discussions and help drive improvement.

Infection prevention and control - The infection prevention and control (IPC) team have continued to provide system partners with up-to-date advice support and guidance on Covid.

Using the Infection Control Audit Tool (a web-based audit tool designed for GPs) we ran a project to standardise IPC audits which provided assurance for the ICB. The project has identified gaps and contributed to tailoring training to the gaps of knowledge identified by the audit as well as assisting in CQC readiness.

The IPC team continue to monitor system wide healthcare associated infection (HCAI) including clostridium difficile infection (C.Diff). During 2023/24 the IPC team launched the BLMK system wide C. diff collaborative work stream. The team worked closely with all system partners to raise IPC awareness and improve practice on the prevention and reduction of C.Diff infections.

The team continued to support quality improvement projects such as hydration projects in care homes in partnership with nursing colleagues.

Recently the IPC team partnered with the ICB's emergency preparedness resilience and response team and primary care colleagues in seeking assurance and supporting our system partners in measles outbreak preparedness. This is in response to the ongoing outbreak in the Midlands and in London.

Patient safety incident response framework - We continued to work with our partners on the implementation of the Patient Safety Incident Response Framework (PSIRF) which was introduced in autumn 2023. During this overlapping period, we have continued to manage the Serious Incident process with those incidents that have remained open and for those providers who are still working towards full implementation of PSRIF.

We have also strengthened our patient safety knowledge within the team, beyond our Patient Safety Specialists with external training across quality and safeguarding teams.

Local Maternity and Neonatal System - The Local Maternity and Neonatal System (LMNS) is the maternity and neonatal arm of the ICS, and its purpose is to improve services making them safer, more personalised, and more equitable for women, babies, and families.

Following the publication of the NHS Three-Year Delivery Plan for Maternity and Neonatal Services in March 2023, the LMNS has developed a programme of improvement work which encompasses a range of initiatives including:

- Implementing the Saving Babies Lives Care Bundle version 3 which provides evidence-based best practice for reducing perinatal mortality.
- Revising the LMNS outcomes dashboard and triangulating this with service user feedback and information on patient safety incidents to support an intelligent approach to improvement.
- Collaborating with the regional maternity team on 'Sixty Supportive Steps to Safety' visits which is a peer supportive framework for safety and quality improvement.
- Embedding quality improvement in the LMNS with quality improvement coaches, developing the LMNS quality improvement plan and establishing a Quality Improvement Delivery Group.

In addition to the above, the LMNS has also delivered improvements for our residents including implementing maternity-led services that support our pregnant women and birthing people to quit smoking during pregnancy. We are now starting to see a shift in the number of women and birthing people who have stopped smoking by the time they give birth.

The LMNS has also implemented perinatal pelvic health services, an NHS Long Term Plan commitment, which will provide support for pelvic problems during pregnancy and up to one year after birth, therefore reducing the number of women living with pelvic problems postnatally and later in life.

Research and innovation

The ICB is committed to increasing participation in research and innovation across BLMK. The challenges of an ageing population with complex healthcare needs, workforce pressures and health inequalities drive a pressing need to embed research and innovation (R&I) into programmes of work across the ICS. Innovation is developing at a rapid pace, particularly in the area of artificial intelligence. We are committed to providing a culture that embraces innovation and evidence-based practice. This is essential to ensure the ICB continues to meet the following duties:

- 14Z39 Duty to promote innovation - Each integrated care board must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).
- 14Z40 Duty in respect of research.

Research and innovation is led by the Deputy Chief Medical Director and is an important function within the Medical Directorate. The Head of Innovation works closely with Health Innovation East to support the adoption and spread of innovation across the ICS. There is a plan to recruit a Head of Research and a business manager has joined the team recently and is supporting the research and innovation function. The ICS is currently supported by three National Institute of Health and Care Research (NIHR) clinical research networks (CRNs).

The BLMK ICS Research and Innovation Network has been established, chaired by Professor Sir Keith Willett and supported by the Deputy Medical Director and Head of Innovation.

- The first network meeting was on 6 December 2023 and meetings are scheduled every six weeks.
- The network has a membership of over 80 across BLMK from a range of organisations.

The Faculty of Health and Social Sciences in the University of Bedfordshire was awarded a £3 million grant in 2022 by NHS England to develop and host the BLMK Integrated Care Research and Innovation Hub (ICS R&I Hub). The Faculty work closely with the ICB and represented entities to facilitate research and innovation in BLMK.

A BLMK ICS research and innovation award of £45,000 launched in February 2024 in partnership with the University of Bedfordshire will support up to three research or innovation projects, each up to the value of £15,000. This award is open to NHS, local authority, and voluntary organisations across the ICS. The aim of this funding is to provide short-term ‘pump-priming’ funding to novel research and/or innovation projects.

The ICB was awarded £100,000 by NHS England and Department of Health and Social Care for the research engagement network (REN) development programme (cohort 2) in October 2023. This was a joint bid with Diabetes UK, the four Healthwatch organisations across BLMK (with Luton being the lead), Health Innovation East and the Clinical Research Network- East. The aims of the project will be delivered by April 2024 and are as follows:

- Understand the barriers to research participation.
- Test the feasibility of developing a research ready community in one clinical programme (diabetes) led by Diabetes and Research Champions in one area (Luton).
- Map existing research participation opportunities across BLMK.
- Promote opportunities for participation in local diabetes research via a Champion approach.

Learning from this project will influence future research activity and interaction with diverse communities across BLMK.

The ICB received £25,000 research capability funding 2023/24 to support NIHR studies. Having identified a lack of diabetes research across BLMK through the REN project, the ICB has been able to use this funding to support the PROTECT study at Milton Keynes University Hospital NHS Foundation Trust. This national multi-centre randomised controlled study will investigate the use of continuous glucose monitoring technology in pregnant women with Type 2 diabetes to be translated into clinical practice across BLMK.

The MedTech Funding Mandate is an NHS Long Term Plan commitment to give patients access to selected NICE approved, cost-efficient technologies more quickly. Currently there is a particular focus on Spectra Optia (red cell exchange for sickle cell) in BLMK. Business cases are due to be submitted for national recurrent funding..

Funding has been received from NHSE to pilot GaitSmart in BLMK. This analyses walking and produces six tailored exercises to improve gait. Health innovation East are supporting a 12-month evaluation of this technology.

QbTest supports the diagnosis of attention deficit hyperactivity disorder (ADHD) and was successfully implemented in Milton Keynes.

To ensure equity of access funding has been secured from NHS England and the ICB to pilot QbTest in Bedford and Luton.

InHIP is an application supported by Health Innovation Oxford and Thames Valley and supports pharmacy outreach into practices in the most deprived areas with BLMK to identify those with known cardiovascular disease. This supports self-management and treatment with evidence-based therapies, including novel lipid-lowering agents such as inclisiran and bempedoic acid for those meeting the NICE TA criteria, and dapagliflozin and empagliflozin in those with co-existent heart failure with reduced ejection fraction.

Data and digital

The use of data and digital underpins the work we are doing to improve health and care outcomes for residents. Together they will help us to provide a more personalised service for residents, based on what the data tells us, and the opportunities that digital approaches provide.

Our system has adopted a digital-first, rather than digital-only, approach. We recognise that not all residents have access to technology and some may not be able to use it for a variety of reasons. This will therefore ensure that everyone has a choice in how they participate in their care journey as it is essential that these residents are not excluded from receiving good care.

Direct Care - To support our colleagues who provide direct care we are in the final stages of delivering the 'Share for Care' programme which allows care professionals delivering direct care to our residents to have secure access to the appropriate information they require at the point of care. This shared information enables more informed decisions though having all the relevant information, including residents' previous relevant care history. This improves the resident experience and supports our personalised care approach by providing an informed conversation without the resident having to repeat their story.

Across our system, we are also supporting our residents in their use of the NHS App which provides a quick and convenient front door to access health services and view of their care record.

Supporting our care homes and domiciliary services - We continue to support our local authorities in bringing digital services into care homes and domiciliary settings. This programme has improved the safety and wellbeing of residents in receipt of care during 2023/24, for example by reducing the number of falls and the number of avoidable hospital visits by 15% and ambulance callouts by at least 6%. We are also working to reduce the administrative burden on care workers with technologies that monitor residents when they are alone in their rooms.

Workforce

Working as a system

The ICB People Board oversees workforce programmes to attract, train, retain and reform staffing across BLMK via workforce transformation initiatives. These include both internal ICB staff and the workforce of our partners in health and social care which in total is circa 46,000 staff.

2023/24 has been a challenging year for all partners supporting their workforce as they continued to work on non-elective recovery, higher acuity patients needing care in the community, wellbeing following the pandemic and, for the ICB, a significant reduction in running costs and a transition to a new Target Operating Model with a place-based focus.

During 2023/24, things were changing for our external system partners, with the release of the NHS Long Term Workforce Plan (LTWP) and the start of work at the Department of Health and Social Care to reform the adult social care workforce via the introduction of an adult social care career pathway. The LTWP in particular will require the BLMK system to greatly increase the number of training places available for clinical careers and an increase in the proportion of those training places offered via an apprenticeship. This work is overseen by our Education Partnership Group and the Workforce Modelling and Supply Group, both of which are sub-groups of our People Board.

A new group has been established for our Education Providers (universities and local further education colleges) who will be instrumental in the success of this expansion at pace in the coming five to ten years.

To support the release of the LTWP, the team have hosted drop-in discussion sessions with staff themed on ‘train, retain, reform’ and their observations of the challenges and possible solutions inherent in the plan will be used to shape our work going forward.

The ICB’s People Plan identifies two focus areas for education and training:

- Ensure sufficient supply and retention of trained and engaged workforce to provide services to our population.
- Making sure careers in health and care are accessible, fair, and equal and support people with their own mental and physical health.

Through the achievement of these objectives, we will support economic growth in our area and reduce inequalities for residents and people who work in our system.

Expanding pathways into health and social care careers continue to be a priority for us, both as a supply pipeline to meet raising demands for services but also due to our commitment to promote our BLMK roles to BLMK residents.

We have made improvements across a range of areas to help improve access to careers in the health and care system. One example is the work to improve and expand the information on our website, which was utilised to support our successful healthcare support worker campaign. Another is the targeted work commenced to reach some of our ‘hidden’ communities who may not otherwise engage with our mainstream campaigns. This work includes partnering with our public health colleagues to reach housing association tenants and working with the Reach Society in Luton to promote health and social care careers to young black men.

We have boosted outreach to education institutions, innovated how we recruit, increased placement capacity, pioneering innovative digital placements in primary care, improved pastoral support for new starters and maximised the use of the apprenticeship levy.

Our workforce development academy and primary care training hub are fully integrated within the ICB. The teams work in partnership to promote education and training to all staff across the system within primary, social, community and acute care.

Workforce is key to achieving the ICB strategic priorities. To realise these strategic goals and the overarching aim of improving population health outcomes and reducing inequalities, the ICB has developed a Joint Forward Plan and People Strategy.

When developing this plan, factors such as vacancy levels, absence and turnover within the ICS are considered:

- As of February 2024, the in-month system vacancy rate for BLMK ICS3 is 11.43%. The latest available East of England vacancy rate (December 2023) is 8.21%. The latest available national vacancy rate (December 2023) is 7.6%4.
- The in-month sickness absence rate for BLMK ICS is 4.52%. The latest available East of England absence rate (November 2023) is 5.07%. The latest available national absence rate (November 2023) is 5.3%.
- The current 12-month turnover rate for BLMK ICS is 11.74%. The latest available East of England 12-month turnover rate (January 2024) was 12.4%. The latest available National 12-month turnover rate was 11.6%.

The Joint Forward Plan is the primary strategic driver of delivery for the system-level five-year workforce plan, which will engender integrated care between NHS providers, social care, the voluntary and community sector, and other relevant partners such as fire and police services who support our strategic goals.

Staff are now engaged in a small number of 'One Workforce' initiatives which promote multi-agency, multi-disciplinary working, such as:

- Employing our first cohort of rotational apprentices who have taken up post as Level 3 Senior Healthcare Support Workers; these apprentices will rotate through placements in health and social care during their apprenticeships. Lessons learned are being captured to support future rotational/inter-agency work.
- Hosting our inaugural Action on Apprenticeships Workshop in March 2024 brought together colleagues from across the system to plan strategically how we can deliver the increase in apprenticeships, new routes into work for our local population, career development via apprenticeships for our existing workforce as a retention initiative and ensure that BLMK partners make best use of our apprenticeship levy in line with the LTWP.
- Launching our multi-agency, multi-disciplinary Leading Beyond Boundaries alumni network in March 2024, brought together all who graduated from the previous five cohorts and our new fellows to reflect on progress, support this group of 'change agents' and work to link them with their Place Link Directors to benefit from their expertise and connections.

These initiatives will support staff to have careers that can span both health and social care and gain a broad understanding of how we can work differently as a system to deliver integrated services. The BLMK work on One Workforce was also chosen to be presented at the National Children's and Adult Service Conference in November 2023.

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[3] 'BLMK ICS' means all NHS providers (excluding Cambridgeshire Community Services NHS Trust, who only submit data bi-annually), Milton Keynes City Council, Central Bedfordshire Council, and BLMK ICB.

[4] Figures for East of England and nationally refer to NHS providers only.

Additionally, BLMK is the national pilot for a piece of NHS England commissioned work with Skills for Care to support further inclusion of adult social care in the new ICB/ICS structures; in recognition of our work to date and the good levels of engagement from our partners.

The ICB has conducted engagement sessions with health and care partners and has identified the following four priorities for the system People Board and People Strategy:

- Make the ICS a welcoming place for all people to learn, work and volunteer. We will do this by reducing health inequalities in staff experience across health and care, creating clear and diverse career pathways, recruiting diverse candidates, improving workforce flexibility and wellbeing, improving inclusivity, and increasing understanding of our workforce.
- Make working across organisations, systems, and specialities the norm. We will do this by embedding system values in leadership training, making CPD activities team-based (not organisation-based), improving OD capacity and co-production for transformation, and creating new roles, placements and apprenticeships across health and care.
- Provide a system-wide framework to enable integrated care and empower place and neighbourhood teams. We will do this by reducing barriers to integration by introducing digital staff passports, facilitating cross-organisational recognition of statutory/mandatory training and CPD, facilitating temporary staffing and role profiles, and producing guidance on MDT set-up and management.
- Doing things together and at scale that benefit staff and populations. We will make best use of international recruitment, integrated workforce planning, Robotic Process Automation (RPA), careers outreach and attraction to the system, talent management, sustainability, workforce transformation, and creating new apprenticeship and degree pathways to support the new ways of working and creation of new roles.

Within the People Board there are currently six provider-led workstreams, each with multiple programmes, projects and initiatives, that are pivotal to transformation activity taking place across the ICS at place and organisation level.

We are currently piloting two innovative digital projects within primary care focused on student placement expansion, staff health & wellbeing and patient empowerment for self-care.

The Shine Project which won Innovation of the Year at the Integrated Health Awards 2023 and was shortlisted for a HSJ Digital Award, is a digital training programme that fully immerses primary care staff in the understanding of a digital app designed by a leading psychotherapist to support with health, wellbeing and resilience. The app is evidence-based and has been co-produced with NHS staff across the country. These staff groups are able to share the benefits of the app with their colleagues and teams but also through a bespoke prescribing platform prescribe the app to specific patient groups to support with their mental health. The app has a sophisticated nudge technology built in so clinicians can send personal behavioural nudge messages to their patients too.

BLMK has embraced the implementation of 106 trainee nurse associates across our NHS partners and primary care. We currently have a total of 23 trainee nurse associates undertaking their apprenticeship within general practices across BLMK. Eight of these are due to qualify this year.

We have piloted a digital student nurse placement project across nine practices within BLMK which provided students with a blend of online learning and face to face learning in practice. Feedback from both the students and practices has been excellent and we are now scoping how we increase the number of digital placements and extend into other professions such as physiotherapists and paramedic students.

Our trailblazing Student Pharmacist Summer Placement programme is in its 5th year, increasing the number of placements and host practices year on year (15 practices over five years) and creating the pipeline for pharmacists to work within a General Practice setting. Since 2020 we have hosted 50 student pharmacists within our practices. We are the national lead for the programme and have supported a number of neighbouring ICBs to also take part and are working with the University of Hertfordshire to evaluate the programme. In 2023, we were one of five ICBs nationally to take part in the pilot general practice staff survey, surveying staff at practice and primary care network level to understand their experience of the elements of the People Promise. We will work with practices and PCNs to share what is working really well and where we can support them to improve.

For the past five years we have run annual Continuing Professional Development programmes for all staff within Primary Care to access training and development based on a training needs analysis and aligned to Primary Care Clinical Priorities. Our Primary Care Training Hub delivers regular leadership development opportunities, mentorship and coaching in addition to bespoke team and organisational development sessions at practice level and across our Primary Care Networks.

During 2023/24, the National Association of Primary Care (NAPC) team ran lunchtime wellbeing session which provided a space for staff to concentrate on self-care and their own wellbeing and resilience. It provided a half hour out just for staff and gives an understanding and tools to support taking back control and thriving. Easy relaxation skills are built on week by week so that attendees become comfortable with the format. The sessions were attended by 30-40 people. The feedback was overwhelmingly positive with comments on how relaxed and positive attendees felt.

A Nurse Leadership programme was developed and implemented, specifically aimed at mid to late career Primary Care Nurses and commenced in March 23, comprised of mainly virtual learning and some in person attendance. The course content provided a blend of coaching, career development, strength building and building thriving teams. Early evaluations were positive, a system wide cohort is being considered for 2024. With the financial pressures facing all staff, a cost of living support signposting document was created in winter 2022, with the aim to help staff in the BLMK system to be aware of support, services and resources available to support the cost of living, both nationally and locally. It is not exhaustive but illustrates the range of support available.

The workforce modelling, supply and retention sub group of the People Board, continued the development of workforce data dashboards to understand the trends and themes in vacancies, turnover, sickness absence and workforce demographics across health and social care to support initiatives and focus intervention.

Legacy mentors (one of five national high impact actions for retention) have been implemented in BLMK covering a range of professional groups including nursing, midwifery, various AHP roles, in a range of health organisations. We are working with partners to implement roles in social care such as registered care home managers. This initiative supports retaining later career staff to remain in the workforce and support students and staff in their early career, aiding retention at significant times in our staff's career journey. BLMK are leading in this work and regularly present at national events. Early evaluations have been positive and demonstrate a cost neutral financial position.

Health and care support worker (HCSW) recruitment has been a significant focus. BLMK worked collaboratively with partners to create an innovative approach and developed a digital attraction campaign with our two acute hospital trusts. This led to 852 applications being received, with 66 appointments, filling all HCSW vacancies in the two acute trusts at the time (Oct 2023) and a healthy pipeline of future HCSWs. Work has now commenced to support those applicants who were unsuccessful.

We are working collaboratively with BLMK partners, Department for Work and Pensions and the Princes Trust to develop a series of routes supporting applicants who were unsuccessful at different stages of the recruitment process to access roles in the local health and care economy.

A community attraction bus spent three days in Luton and Dunstable town centres with various partners across health and social care, promoting opportunities including apprenticeships and work experience in BLMK. The HCSW Digital campaign and the BLMK Bus attraction initiative were recognised and won the Chief Nurse of England HCSW Award for Innovation and Excellence in Attraction Social Media Campaign. Both campaigns were also shortlisted and celebrated at the NHS Communicate Awards: Working in Partnership.

We worked with NHSE, BLMK providers and Hertfordshire and West Essex ICB to deliver a recruitment event in March 2024, with a significant focus to support our refugee community into employment.

We have implemented system working groups to support retention which focuses career development across the career trajectory, flexible working and supporting the clinical learning environment to improve student and staff experience and placement expansion.

The BLMK AHP Faculty Group restarted in 2023 after a pause, supporting various workstreams to support students, develop the support workforce, improving staff experience and diversity in the workforce.

In 2019 and as part of the national ‘50,000 Nurse Programme’, NHS England modelled a target of 3,109 nurses to be recruited across BLMK by March 2024. Working with system partners to support the nine workstreams within the programme, BLMK has successfully over achieved against the NHS England targets, recruiting a total of 3,344 nurses, this is an increase of 208 more nurses than two years ago and shows we are above the NHSE trajectory by 38 (acute, primary care and ICB). This growth has primarily been driven and met due to significant international recruitment by NHS providers. This success has been from significant hard work and commitment across the system with our partners.

To support development and retention of internationally educated staff we implemented two international career coaches to provide support for career development. This has enabled a well-attended regular forum and bespoke learning events.

Development of a clinical environment strategy was created, aiming to improve and strengthen our student retention, experience and placement capacity. This was done through various ways including webinars focusing on equality, diversity and inclusion (EDI), culture and increasing placement capacity and creating system wide educator forums.

A health care scientist (HCS) workforce strategy was created to support training, development and innovative ways to improve supply and retention. There have been challenges with workforce data accuracy and some ESR cleansing is still ongoing to ensure good data quality. There are plans in 2023/24 to increase trainee numbers especially in audiology and pharmaceutical science.

NHSE regional team launched a productivity and efficiency programme with associated high impact actions in Q3 which included the elimination of agency off framework usage and cap compliance. We have worked in partnership with system partners and the NHS collaborative procurement hub to support meeting these measures. NHSE have reported in Q4, BLMK has significantly reducing their agency off framework usage and are 60% compliant with price cap compliance.

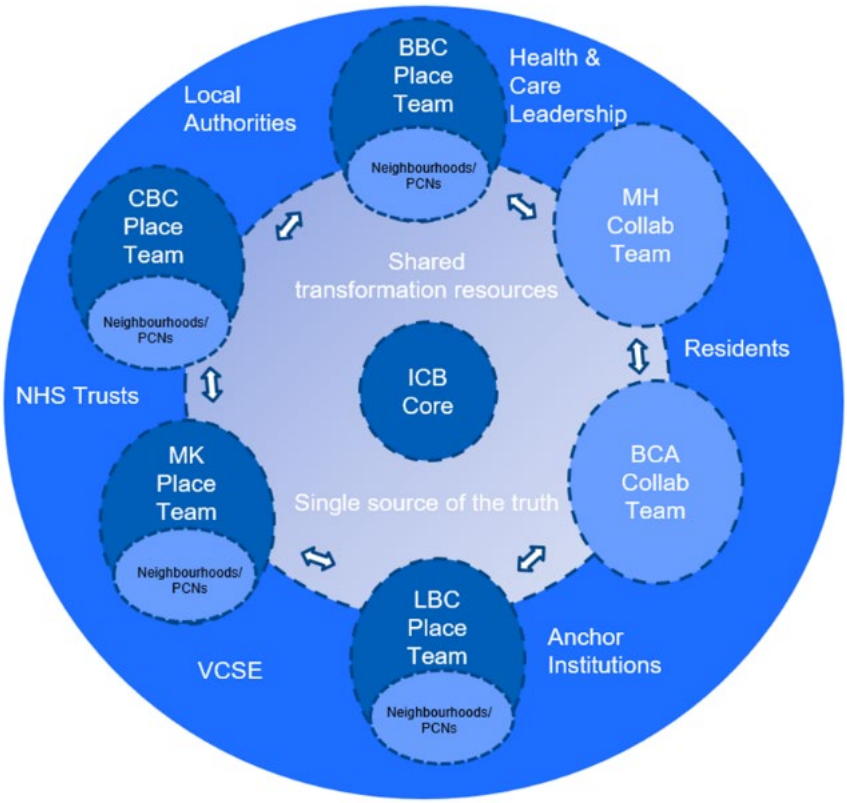
Bedfordshire Hospitals have eliminated off framework agency spend and Milton Keynes Hospital has reduced significantly their off framework spend from £152,000 in 2022/23 to £12,000 in 2023/24. BLMK is on track to meet the elimination of off framework spend by July 2024.

The ICB as an employer The landscape of the NHS is rapidly changing with a real desire to reduce management overhead costs and create leaner management structures. NHSE is reducing its structure by 40% and the request of ICBs is to reduce theirs by 30% by April 2025. During 2023/24, the ICB commenced its journey to comply with the Department of Health's decision to reduce the running cost allocation for ICBs in England alongside the implementation of our new Target Operating Model, which can be seen below:

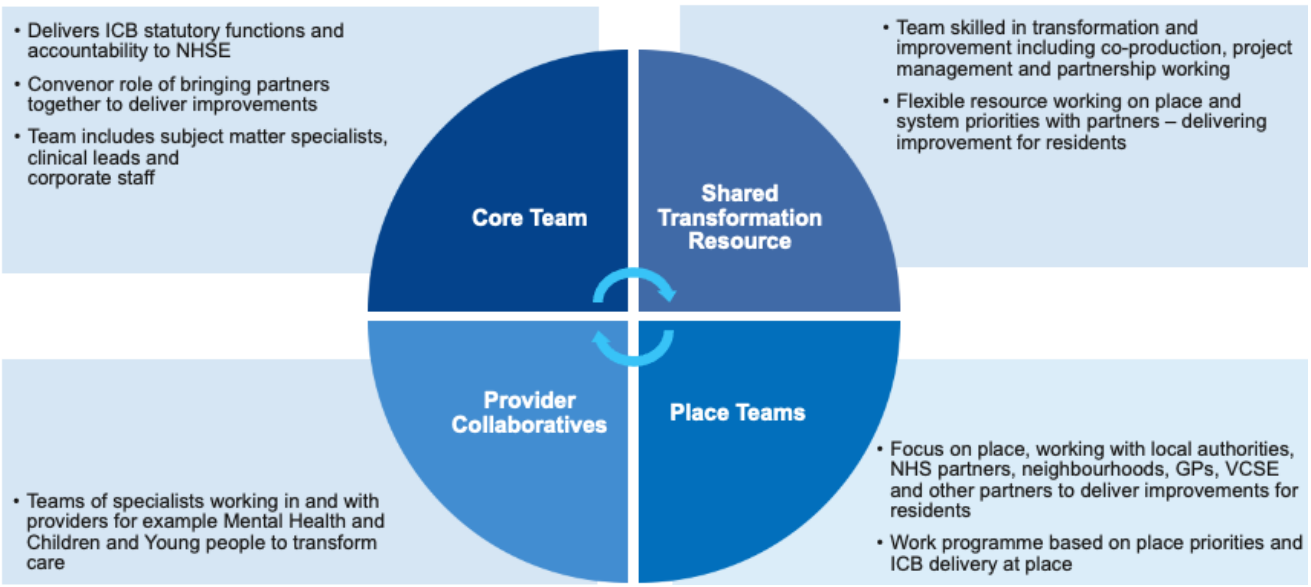
- A programme adapted to address the DoH's decision to reduce the running cost allocation for ICBs in England.
- Our Target Operating Model focuses on the ICB's revised core priorities. By the end of year 2025/26 there will be:
    - A core ICB team
    - Four place teams working with neighbourhoods/PCNs
    - A shared transformational resources
    - Provider Collaborative team/s
    - A single source of the truth information platform
    - An organisation that will continue to evolve as we embed the ICB and system working further

By implementing the Target Operating Model, the aim of the ICB is to:

- Be more flexible and responsive, convening and working with a wide range of partners to deliver improvements for our residents.
- Be focused on place and have fewer system priorities which will enable the ICB to be agile and undertake targeted working.
- Achieve closer collaboration with partners and work smart to make the best use of resources.



The Target Operating Model drives the new structures which will help to facilitate the 30% reduction in running costs as directed by NHSE. Whilst the ICB reviewed all avenues (both pay and non-pay) for reducing costs, it was recognised that the majority of the reduction would result from a reduction in staffing costs across a period of two years, 20% in 2023/24 and a further 10% in 2024/25.



The ICB developed an organisational change plan which aligns to the ICBs agreed Management of Change Policy ensuring legal compliance, equality assessments, consideration of all potential mitigations against redundancies and close working with recognised trade union partners. This plan was a fair and transparent process and designed to live our values as an ICB.

During the formal consultation period the ICB worked with all staff and engaged with partners to co-create our new Target Operating Model and to determine how we can collaborate to achieve the required savings and create a joint understanding of the future. We consulted with trade unions and staff.

Significant engagement took place throughout the programme including all-staff away days, all staff briefings, directorate sessions, formal consultation, line manager guidance sessions, NHS elect training sessions, weekly meetings with trade unions, weekly staff communications, frequently asked questions and access to the HR team, directors and senior managers.

The ICB gained permission from NHSE to offer a voluntary redundancy scheme (VRS). As a result of the scheme and compulsory redundancies, 11 staff have left the organisation in 2023/24. The ICB is still awaiting approval from NHSE for three further redundancies. Other mitigations against formal redundancies have included a vacancy freeze and removal of vacant posts, natural staff leavers, deployment of staff into new teams and roles, reduction in contractors, job shares, reduction in estates and other non-pay items.

The ICB listens to its staff and takes their views into consideration. It had learnt from previous change programmes and implemented a more streamlined process which, whilst robust and legally compliant, was more efficient and timely, reducing anxiety and stress for staff. During the period of change, staff were supported to understand change, develop skills in completing assessments, the role of the line manager, as well as upskill, training (via NHS Elect) and find suitable alternative employment. Support consisted of coaching, training and development, as well as raising awareness of suitable opportunities internally within the ICB and externally across the system and wider organisations. People policies such as pay protection have also been utilised.

The ICB recognises the need for ongoing staff support, training and development following a period of change. The People Transitions Team continued to support the consultation and move to the Target Operating Model and worked with colleagues in our EDI and OD teams to shape a development offer for our Strategic Transformation Team and the newly established place based teams in recognition of ways of working for staff for those teams. This was complemented by all-staff events to promote and explain the Target Operating Model and its impact on our processes, our workforce and residents in receipt of our services. This training and development will continue through 2024/25.

Between July and September 2023, we undertook the annual appraisal process for all staff. As an organisation we know that appraisals are important as they ensure that staff benefit from valuable feedback, recognition and discussions relating to their future career aspirations, as well as contributing to contribute to succession planning and wider organisational development plans.

As part of our appraisal process, we included a health and wellbeing conversation. These are intended to be supportive one-to-one coaching-style conversations that focus on people’s wellbeing. The conversations aim to consider the whole wellbeing of an individual, to identify any areas of their life where further support may be required. The appraisal meeting is a good forum to hold one of these conversations.

The ICB introduced a new system for recording appraisals in 2023/24 by using the Electronic Staff Record system (ESR). Live training sessions, recorded sessions and guidance were available for staff. The ICB continues to embed and review the effectiveness of this system in 2024/25.

Between September and November 2023 we took part in the national NHS Staff Survey. We received a response rate of 74% which was above the national average for ICBs (72%). For six areas of the survey aligned to the NHS People promise, the ICB is comparable to the national average score but shows an above average score for the category of 'Working Flexibly'.

Whilst it is possible to determine that the ICB has performed better in 2023/24 than in the previous year in the areas of pay, hours of work, access to learning and development, bullying and harassment and teamwork the individual question scores demonstrate no significant change in several questions and a slight decline in other areas such as advocacy of the organisation as a great place to work. It should be noted that the staff survey was conducted at the peak of the change programme and that the results may have been impacted by this. The last Pulse Survey (completed quarterly) results have started to reflect an improvement. The ICB will continue to evaluate the quarterly and annual staff survey scores and will continue working with staff across the organisation to set and implement action plans for the coming year.

In 2023/24, the ICB sought to enhance its reputation as a 'great place to work'. It gained Level 1 accreditation with the Living Wage Foundation which ensures that all of our staff are employed on a salary no lower than the current Living Wage (£11.44 per hour for those over 21 years old).

The ICB has been recognised as a Disability Confident Employer, helping to lead the way in our community in respect to how our organisation attracts, recruits and retains people with disabilities. We have also gained Level 1 status of the flexible working accreditation.

Work has been completed to introduce a policy and processes for staff in terms of recognising and respecting the menopause within the ICB. These initiatives help the development of a diverse and inclusive workforce and help to tackle workplace inequality.

Engaging people and communities

Involving residents in decisions that matter

We are ambitious for the people who live in BLMK. We want everyone in our city, towns, villages and communities to live longer lives in good health and we know that working with and empowering local people is central to helping us achieve that.

Our population is culturally diverse – there are more than 100 different languages spoken in just one of our towns. The people that live in our four local authority areas come from a range of different backgrounds and ethnicities, making ours one of the most vibrant areas in the country.

African Diaspora Festival 2023 in Milton Keynes

This means that there is no one size fits all approach. With significant health inequalities experienced by local people, it has never been more important to put residents at the centre of conversations about their health and listen more to deepen the ICB's understanding of what's important to local people and build trust.

In the last reporting period, we have built on the proposals and principles outlined in the Working with People and Communities Strategy (published in November 2022) and worked with system partners to reduce duplication and engagement fatigue amongst our communities whilst ensuring a consistent approach to engagement, co-production and communications has been adopted across the system. Our focus has been to:

- Listen to the experiences of local people to deepen our understanding of what is required of health and care services and what matters most to the people and communities we serve.
- Source and engage community connectors that are trusted in underserved communities.
- Develop a culture of partnership-working and co-production.
- Build trust with local people by acting on their feedback and incorporating their views into strategic decision making.

Implementing our work

Listening to local people and using strategic insights to inform decision making

The Big Conversation – For six months in this reporting period, the engagement team undertook an extensive engagement programme with residents – listening to local views and exploring resident led solutions to often cited concerns including access to primary care and waiting lists. As part of this work, we engaged with people who were victims of violence and domestic abuse, children and young people, and those who experience homelessness, in addition to a cross section of the community.

Engagement events were held in a wide range of locations including supermarket car parks, children's centres, food banks, homeless shelters, and women's centres. A detailed report, which provides insights into resident views and in some cases clear recommendations has been used to inform the ICB's strategies including a refresh of the Joint Forward Plan and proposals for same day primary care access across the system. Strategic insights are also being shared with commissioners and the Board to ensure that service development remains resident led.

The Denny Review – Since 2020, the ICB (and predecessor organisations) has worked with Reverend Lloyd Denny, a pastor and community leader from Luton, to commission a root and branch review into health inequalities, to better understand the barriers to good health for the communities facing the greatest inequalities. In this reporting period, the Denny Review was published to system wide acclaim. The report highlighted that in the communities identified (Roma, LGBTIQ people, people who experience homelessness, migrants and people with physical and learning disabilities) all reported that action was needed in four key areas:

- Communication
- Access
- Representation
- Cultural competency (or understanding others)

A fairer BLMK event

Since publication of the review, the ICB has worked with Healthwatch, the VCSE sector and other partner organisations to review the recommendations and agree how these could be taken forward.

At the Board meeting of the ICB in December 2023, members agreed to provide initial funding to Healthwatch and the VCSE sector to undertake a scoping exercise into the creation of a system wide translation service, which would address some of the communications issues raised, and provide health education events in underserved communities to help residents from different backgrounds to better understand how the health service works and where to access help and care.

A Board level champion, Lorraine Sunduza, Interim Chief Executive of East London Foundation Trust, was appointed to provide Board level oversight of the review and steps were taken to roll out a series of community and partner events to socialise the findings of the report and agree how to take recommendations forward, to deliver the greatest impact for people and communities.

In addition, work with the University of Bedfordshire and the Roma Trust was undertaken to secure the views of the largest Roma community in Europe, which is based in Luton, and who experience the greatest health inequalities of all (according to the Literature Review undertaken by the University of Sheffield, as part of the early stages of development of the Denny Review).

Findings from the first Roma study into health and care services in the country was published in March 2024 and recommendations from the community will be incorporated into the review's findings.

Work to take forward the recommendations from the Denny Review began in earnest in March 2024 and the Institute of Healthcare Improvement was commissioned to develop a Learning Action Network based on the findings of the report. A dedicated programme team has been established at the ICB to act on this important work, which will continue over the next three to five years.

Resident led strategy – in addition to our work on the Denny Review and listening to local communities, we have worked hard to engage local people on a range of issues and bring their lived experiences into decision making. For instance, through our work on the digital programme, we engaged with deaf and hearing-impaired residents in BLMK to understand what they would need from digital services.

The engagement events, which were held on conjunction with Access Bedford provided important insights which not only informed decisions on the digital programme, but sparked further conversations about how we meet the needs of deaf residents across all services. Findings have been incorporated into the Denny Review and some providers including Milton Keynes University Hospital NHS Foundation Trust (MKUH) and East of England Ambulance Service NHS Trust (EEAST) have started to make BSL sign cards available for patients. More consideration will be given to increasing access for deaf residents through our work on translation and interpretation services, as part of the Denny Review.

Resident insights have also informed our work on the ongoing re-procurement of musculoskeletal (MSK) services where lived experiences have been used to co-design the specification for a new service, and in Leighton Buzzard, where we have been working closely with councillors, local community groups and residents to understand concerns about the capacity of primary care services. Engagement with Leighton Buzzard residents has informed a feasibility study and outline business case for a potential new health facility in the town. The business case and case for change (which reflects the needs of residents) will be shared with the community in May 2024.

Working with communities

A highlight of this reporting period has been the work undertaken to build trusted relationships with underserved communities and connectors. Regular meetings have been scheduled with elected members, and faith and community leaders, Healthwatch and the VCSE sector to introduce the ICB and forge closer ties.

In May 2023, a memorandum of understanding (MOU) was signed with the VCSE sector, recognising the important role they play in working with people who have been less inclined to engage with health services in the past as well as their role in service delivery. The MOU supports strategic working relationships. In October 2023 an MOU with the four local Healthwatch organisations in BLMK, which was signed to support partnership working.

These agreements have been instrumental in bringing together all organisations in the interests of local people – allowing for greater engagement through trusted sources, and recognising this role, the ICB has funded the organisations to deliver work, including focus groups on MSK services and women's health events – to ensure important messages are shared with key groups. These relationships have been invaluable as part of re-connecting and building trust with some of the most vulnerable people in our area.

You said, we're doing - putting words into action

From the engagement we have undertaken, we understand that residents need to be assured that their views have been listened to and are being acted on. From engagement we have undertaken, we have invited residents to share their stories with the ICB Board and responses to their stories have been published. The following is an overview of the work we have done in the last reporting period with residents, to learn from the lived experiences of local people and improve services.

Personal stories	What have we done?
Roxy, a MSK patient came to speak to the Board in March 2023 to share her experience of accessing MSK services in Milton Keynes. She would like to see a more holistic approach to managing MSK conditions and continues to feed in her lived experience.	The ICB Chief Nurse has worked with Roxy and the MSK team to review her current care. Her feedback has fed into the engagement work being undertaken with residents as part of the MSK re-procurement.
In June, the Board heard from Jackie. Jackie told us about the diagnosis for a brain tumour she had and the challenges she experienced during her treatment. Some of her care occurred during the Covid pandemic when her family were not allowed to be present with her. Care was fractured and sometime Jackie did not understand what was happening to her and no-one checked to ensure she understood. Information was not cascaded through different parts of the health system, leaving Jackie feeling that her care was fragmented.	The primary care teams shared the feedback and key lessons with GP practices and have recommended the implementation of a policy to follow up with patients who potentially could have post operative distress and carry out a welfare check.

Personal stories	What have we done?
In October, Catherine joined the Board to share her story as a deaf resident in Bedfordshire. Catherine explained that gaining access to services was a significant problem for people who are hearing impaired or deaf, and she believes services are not designed for deaf people. Catherine asked for more due regard to be given to deaf people, to ensure that health and care services were easy to access for everyone.	Catherine's feedback has been shared with all health and care partners. Funding has been allocated to four local Healthwatch organisations to take forward work with residents on how translation and interpretation services could be introduced more effectively in BLMK. MKUH has included BSL signs around the hospital to help with signposting residents and EEAST is working to include BSL interpretation signs in ambulances to support patients and carers. Frontline primary care colleagues have all been offered training on how to communicate effectively with deaf patients.

In addition, feedback from the Big Conversation, the Denny Review and other engagement work is currently being taken forward to inform other transformation programmes, which include a system wide view on translation and interpretation services, addressing how we communicate and share information. More information on progress made will be provided during the next reporting period.

Personalisation of care

Working with people so that care is right for their needs

Shared Decision-Making - A shared decision-making (SDM) conversation gives patients an understanding of their treatment and care options and helps to put people in charge of their healthcare journey. We are increasing the use SDM in planned care in areas such as Musculoskeletal and dermatology.

Shared decision-making and support for advance care planning have become commonplace in primary care so that every individual is able to voice 'what matters to me' rather than 'what is wrong with me'. This is evidenced by the rise (5% year on year as per the national Personalised Care Group Dashboard) in personalised care and support plans, in particular as part of the primary care enhanced health in care homes framework. Our multidisciplinary teams also work together to highlight where shared decision-making is needed.

Health coaching - Health coaching is provided by the health and wellbeing coaches, part of the extended Primary Care Network team. There are currently 39 Health and Wellbeing Coaches across our area, using specialist coaching and behaviour change techniques to support service users.

Social prescribing - We know health and wellbeing issues can emerge if a resident's practical, social and emotional needs are not being met. Social prescribing is when a social prescribing link worker works with a patient to identify these individual needs. They then connect them with activities, groups and services in the community. Social prescribing link workers give their clients time, focusing on what matters to them. They co-produce a simple, personalised care and support plan which helps people to take control of their health and wellbeing.

We have developed a vibrant and varied ways of linking people to the services they need and our social prescribing link workers are employed in both practices (or Primary Care Networks) and commissioned from a range of other local partners.

Green Social Prescribing - Green Social Prescribing is "the practice of supporting people to engage in nature-based interventions and activities to improve their wellbeing and mental and physical health". The ICB has commissioned Bedfordshire Rural Communities Charity to provide this service. The current green social prescribing offer provides support with:

- Mental health
- Social activity
- Physical activity
- Signposting to further support via community referral

The service connects users with nature through well-being walks, conservation work, community gardens and nature-based wellbeing groups.

Case Study

Bedfordshire Rural Communities Charity (BRCC) – Providing Green Social Prescribing through access and personalised care and support in community gardens.

A client attended a BRCC drop-in session. He had heard about the session through Beacon House in Dunstable, part of the Community Mental Health Team, and decided to come along as a means of meeting people and getting some social interaction. He was accompanied on his first session by one of the BRCC team.

He had been out of work for two years, was living in temporary accommodation and struggling with his mental health. Having joined the group, he made a self-referral to the social prescribing service. During the time he worked with the social prescriber, he offered lots of local knowledge and ideas for the group.

He has played an instrumental role in helping to create the new community garden, contributing ideas and volunteering early on in the year. He has helped on a variety of tasks; from building beds and shifting compost to planting up and installing a new water feature. He also helped to run a special community 'Paint by Numbers' Day' in June that was organised to start the community mural in the garden.

He is now a regular volunteer with Dunstable Community Halls, helping to support the Thursday sessions. He has now found a new part-time job, working outdoors. He has also moved to new accommodation. He says that getting involved with the group has been pivotal for him to move forward in his life. He says:

"Coming here has been major in terms of my mental health. I look forward to coming here and I notice it has a negative impact on me if I'm unable to come."

Case Study

Carers in Bedfordshire – Wellbeing Practitioner providing Personalised Care & Support to Adult Unpaid Carers

An adult carer who is taking care of his wife with dementia. His main areas of concern: low mood and anxiety over the future of his caring role. The carer received four one to one wellbeing sessions and a personalised care and support plan was agreed. As a result of this intervention the carer's CORE-10 (an assessment measure for common presentations of psychological distress) improved from 17 to 2. Wellbeing improved from a 6 to a 7 and stress was reduced from a 7 to a 2.

The service user fed back:

'Your advice and listening ear have been invaluable.'

Personalised care and support planning - Personalised care and support plans are being used across numerous health and care pathways. These include maternity, continuing health care, cancer and the Enhanced Health in Care Homes framework. The plans involve clinicians and care coordinators working with service users and, where appropriate, their carers and families. Together they agree the health and wellbeing outcomes that matter to the patient and how best to deliver the treatment plan.

Enabling choice - We currently provide choice of GP practice. However, if someone is a resident permanently living in a care home, we do encourage them to register with the aligned GP practice responsible for supporting that home, so that they can fully benefit from the Enhanced Health in Care Homes programme. We also provide choice at point of referral and for personal health budgets.

Personal health budgets - The Personal Health Budget (PHB Team) have worked closely with the Continuing Health Care (CHC) Team to improve processes to better provide PHB's to clients.

The ICB conducted a pilot in 2022/23 which aimed to test how social prescribing and personal health budgets could be used to improve the health and wellbeing of people with a learning disability, as part of the learning disability annual health check (AHC). Evaluation of the pilot in 2023/24 provided positive outcomes for participant, as per case studies below.

Case Study 1

Michelle (name changed to protect identity) attended her Annual Health Check in September and received her PHB quickly after. The Social Prescriber went to Michelle's home to help her order the knitting supplies from Hobby Craft and helped find free knitting templates online.

The Social Prescriber maintained contact with Michelle, also helping her with her benefits.

Michelle sent photos of all the wonderful things she had created including items for Bedfordshire Hospitals' neonatal unit.

Case Study 2

Thomas (name changed to protect identity) informed the Social Prescriber that when he had chronic pain that rocking gently calms him and can help him to sleep when he's feeling agitated and anxious. He also loves being outside, so he bought a garden hammock with his PHB. The outcome has been that he isn't restricted to his wheelchair and can be outside in the fresh air. The hammock has given him some relief from pain, reduced anxiety, aided rest and relaxation and enabled him to be physically close to his parents.

Personalised Care Ambassador - The ICB has implemented a "Personalised Care Ambassador" role. The post is designed to support the Personalised Care Roles within the BLMK Primary Care Networks and Practices, including recruitment and retention. The role also disseminates information about good practice, enables Peer Support Fora and promotes the BLMK Training Hub MS Teams Channel. The role has been well-received by staff both in Primary Care and across the ICB.

Children and Young People (CYP) - The ICB's Integrated and Personalised Care Team supports complex children across 4 main areas of need (Statutory and Non-statutory) whereby the child or young person remains at the centre of focus and personalisation is key in achieving best outcomes including:

- **Children's Continuing Care:** The National Framework for Children and Young People's Continuing Care (CCC) is based upon 'unmet health need', whereby the threshold for support is met when health needs are unable to be met within usually commissioned services. CYP eligible for CCC and their families are supported with personalised care packages including notional and Direct Payment PHBs. Many of CYP's PHBs are integrated with Local Authorities.
- **Transforming care:** Children and young people diagnosed with a Learning Disability and/or Autism who are being considered for a mental health hospital admission and need extra support in safely avoiding this, have the right to a Care, Education, Treatment Review (CETR). The Dynamic Support Register (DSR) is used to enable children and young people who have been identified as at risk, to receive specific and timely support that is personalised to meet their needs and aimed to prevent avoidable hospital admission. We use 3rd party PHB's to support hospital avoidance within this cohort of CYP as well as those who are S117 Aftercare eligible, with some examples of PHBs being (not exhaustive):
  - Gym membership to support CYP mental health regulation and avoid escalation
  - Astroturf and shed for one older young person who had a fear of mud to enable his access to his back garden and have a sensory space when he was feeling dysregulated
  - Beauty and nail equipment to support distraction from challenging behaviours and avoiding A&E attendance
  - Ear excluders and sensory equipment for CYP with Autism

S117 Aftercare Eligible: Children and Young people detained for treatment under the Mental Health Act are entitled for S117 Aftercare arrangements. Mostly mental health aftercare can be supported within usual and specialist services, however at times additional support is required. This can be wrap around support packages to meet personalised circumstances or a simple PHB to support trigger points within the young person's day, or to enable them to access additional support (e.g., equine therapy as an example).

Other Complex CYP: We utilise Individual Commissioning Decisions to support short-term packages of support to avoid unnecessary hospital admission for escalating CYP with mental health needs that don't meet any of the above workstreams. These are mostly integrated with LA colleagues and personalised to meet the CYP's individualised circumstance.

Case Study

Charlie (name changed to protect identity) is a 14-year-old autistic young person who has recently been admitted to the Evergreen unit, which is a general adolescent mental health unit based within the Luton and Dunstable Hospital site. The case study highlights how personalisation remains key in promoting best outcomes when a child or young person's needs require their specialist mental health (MH) hospital admission, as it is when such admissions can be avoided.

Over the past year, Charlie has presented to the accident and emergency department at Bedford Hospital numerous times due to his decline in mental health and restricted eating. On the last occasion and following Mental Health Act (MHA) assessments Charlie was initially detained under section 2 of the MHA for assessment of his MH, with subsequent detention under section 3 of the act to facilitate his treatment.

Charlie required admission to Bedford hospital to enable his physical safety, by compelling the involuntary administration of naso-gastric tube (NGT) feeding because of his restricted eating. Acute staff on his general paediatric ward were understandably unskilled in meeting Charli's complex MH needs and worked collaboratively with his community CAMHS MH teams (as well as his hospital allocated 1:1 Registered MH Nurse), in allowing for continuity of his therapy throughout his acute admission. Charlie was also supported by his Keyworker assigned from BLMK ICB's Transforming Care Programme (Nationally directed to avoid unnecessary specialist MH hospital admissions for those with a Learning Disability and/ or Autism), who assisted his continued understanding and ensured his voice was heard throughout the process. A Care, Education and Treatment Review (all day multi-agency planning meeting with Charlie at the focus and inclusive of his and family voice) was led by BLMK ICB and an independent panel explored if Charlie's care and treatment could safely be delivered within the community setting.

It was determined that Charlie required an in-patient admission to a specialist MH hospital (Tier 4) to safely support his complex needs. Charlie's disordered eating was agreed as best supported by a General Adolescent Unit (GAU) as an actual eating disorder diagnosis had been discounted for Charlie. With one GAU regionally, and several specialist beds closed, securing an appropriate bed locally for Charlie was challenging.

The network developed a collaborative plan whereby community paediatric nursing services, provider collaborative, BLMK ICB and community CAMHS teams supported Evergreen to onboard a provider to safely deliver Charlie's involuntary feeding, whilst they could implement his in-patient MH plan. A parallel plan was also developed to train Evergreen staff in these skills to future proof their service. Charlie's transition to Evergreen was supported by his Keyworker and community CAMHS teams, enabling the move to be more manageable for him and in promoting its success.

By keeping Charlie closer to home, his family and wider support networks have been able to visit him regularly and will be further beneficial when Charlie is well enough for home leave. Charlie's community health teams have been working with Evergreen, Charlie, and his family, to provide familiarity and continuity in support of an early and robust discharge home. This has included raising awareness with children's social care to ensure that appropriate care needs are identified and fulfilled.

Below is a diagram of all the services that were brought together to support Charlie through his journey from acute general hospital to specialist mental health unit:

Case Study

Robin (name changed to protect identity) is a 16-year-old (pronouns them/their) who has a history of numerous serious overdoses and severe self-injurious behavior requiring recurrent admissions to acute hospital. Robin is on the neuro-developmental pathway within the local CAMHS Adolescent Mental Health Team due to suspected autism. Robin has been unwell with depression and social anxiety disorder for over a year which has made it difficult for the autism assessment to take place. Robin has been out of formal education for 18 months.

During Robin's last acute admission, it was determined that a specialist mental health hospital (tier 4) would best suit Robin's needs. However, both Robin's CAMHs Psychologist and Psychiatrist were hesitant around an admission, concerned of a detrimental affect due to Robin's potential neurodiversity that could lead to an inpatient stay.

The CETR was convened rapidly with an independent panel consisting of an Expert Clinical Reviewer and Expert by Experience. Robin's preference was for a face-to-face CETR, and reasonable adjustments were made within familiar surroundings to facilitate Robin's engagement. Robin was supported by family to attend and engaged well in the CETR, giving clear views and thoughts around their care, education, and treatment. Robin voiced that many of their challenges throughout life (e.g., communication and sensory struggles) could be understood when considered through an autism lens.

Robin and family were clear that they did not want to be admitted to a mental health hospital and would prefer a wrap-around community support package within the family home. A matrix of multi-agency support was developed with Robin and their family and the BLMK Keyworker scheme was activated. This immediately identified key areas of vulnerability for Robin during 'out of hours' whereby usual services were unable to deliver. Lessons were learnt from previous care-package

breakdowns that having support during these times were pivotal in safely supporting Robin's needs within the community.

An additional short-term care package of support was commissioned and tailored to meet Robin's needs and the assessed gaps in care. The matrix and additional support were immediately implemented which gave assurance to Robin, their family, statutory agencies and independent CETR panel that Robin could be discharged into the community without the need for admission to mental health hospital.

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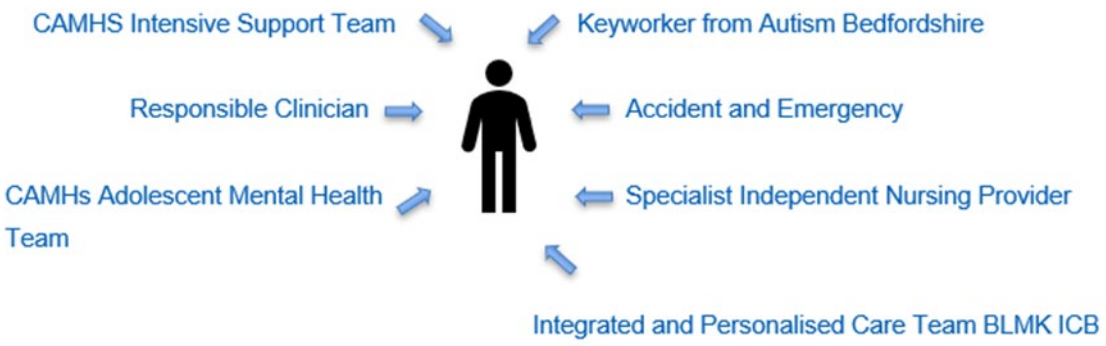
The outcome was incredibly successful for Robin, they were able to remain in their home with their family. Robin has described they have managed to enjoy family celebrations over the festive period to which a few months prior seemed an impossible task for Robin. Both Robin and their family remarked how helpful the additional support has been and that Robin feels much safer with a sense of security enabling them for the first time in over a year to think about their future.

A learning review is due to take place which will include Local Authority services.

Below is a diagram showing all of the services that were brought together to support Robin through his journey from acute general hospital to specialist mental health unit:

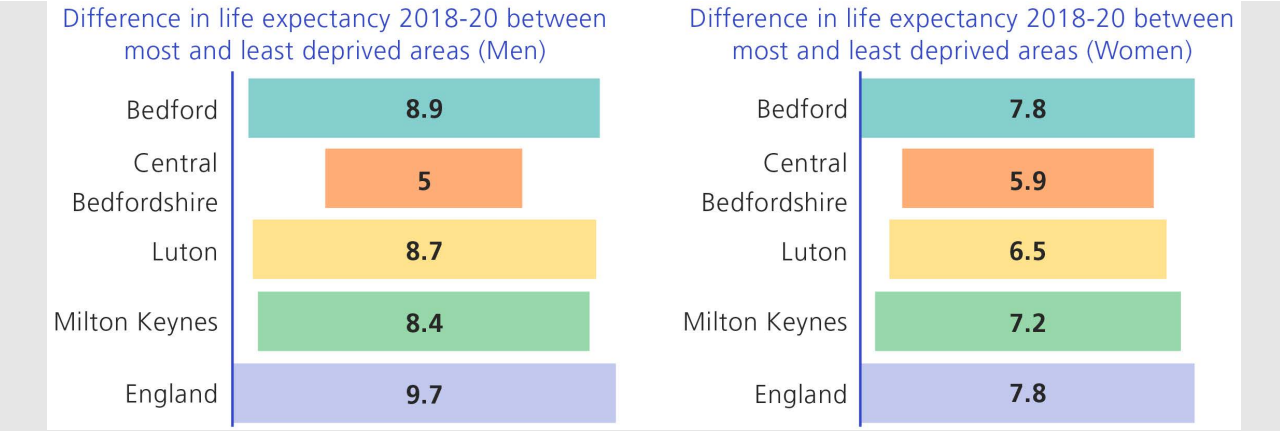


Reducing health inequalities

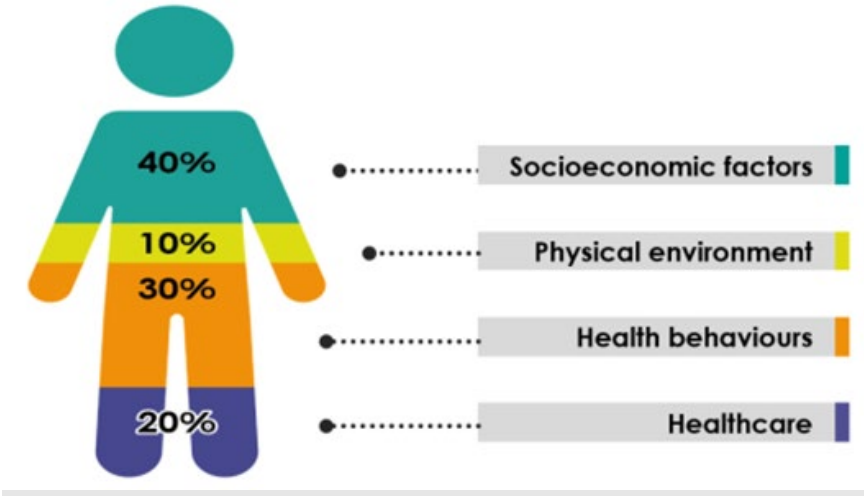
Where are the most deprived areas in BLMK - There are 64 small areas, within BLMK which are among the 20% most deprived in England. These areas have populations of between 1,000 and 3,000. Of these areas there are 29 in Luton, 18 in Milton Keynes, 14 in Bedford and 3 in Central Bedfordshire. Health inequalities can be found throughout our area, but these areas are where residents are most likely to be disadvantaged by the health and care system as it is at present.

Differences in life expectancy - There are very significant differences in life expectancy, on average, between people living in the most and least deprived areas of BLMK. As the chart below shows, a woman living in an affluent part of Central Bedfordshire can expect to live around six years longer than a woman in a deprived area. This difference rises to almost eight years in Bedford.

For men, the difference is even greater. There is a difference of more than eight years between the life expectancy of the least and most deprived areas of BLMK. The differences in our area are, on average, slightly less than the national average, but nevertheless unacceptable.

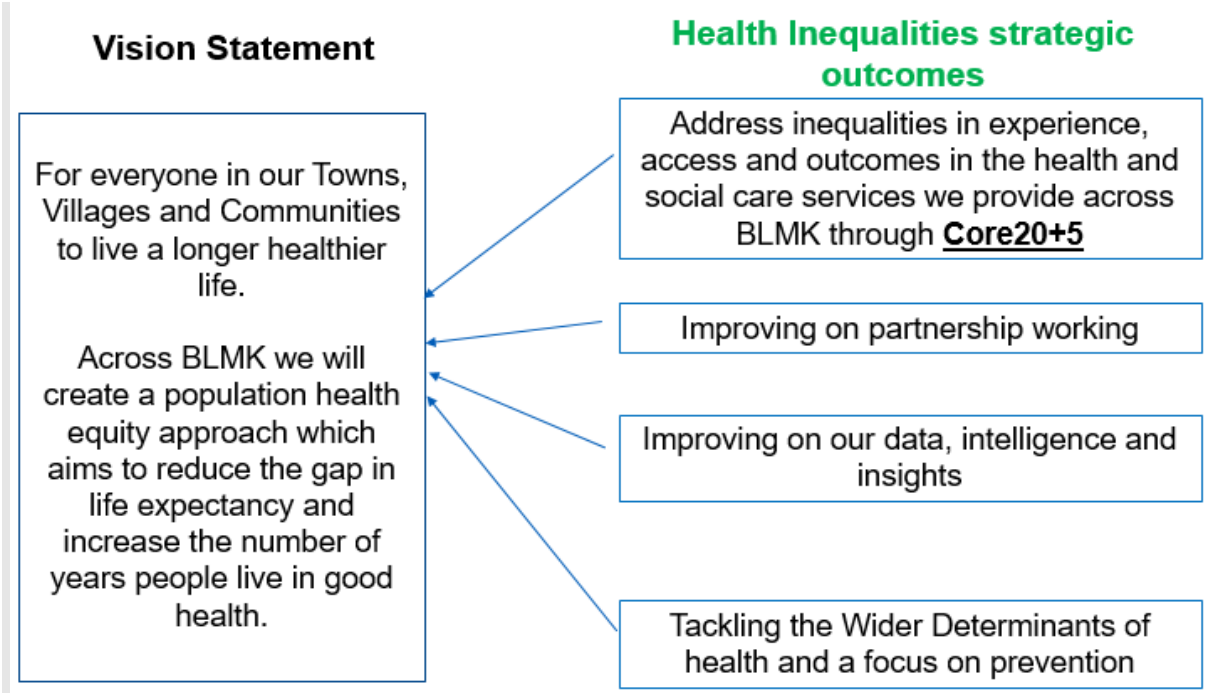


What influences our health outcomes - While the health and care a person receives is an important factor in their health outcomes, it is only one part of the mix. Socio-economic factors, such as a person's education, employment, family and social support, are the most important. Health behaviours, which include diet and exercise, use of alcohol and drugs, and sexual activity, are also significant. Our physical environment, including housing and air quality, completes the picture. To reduce health inequalities, all of these factors need to be considered.



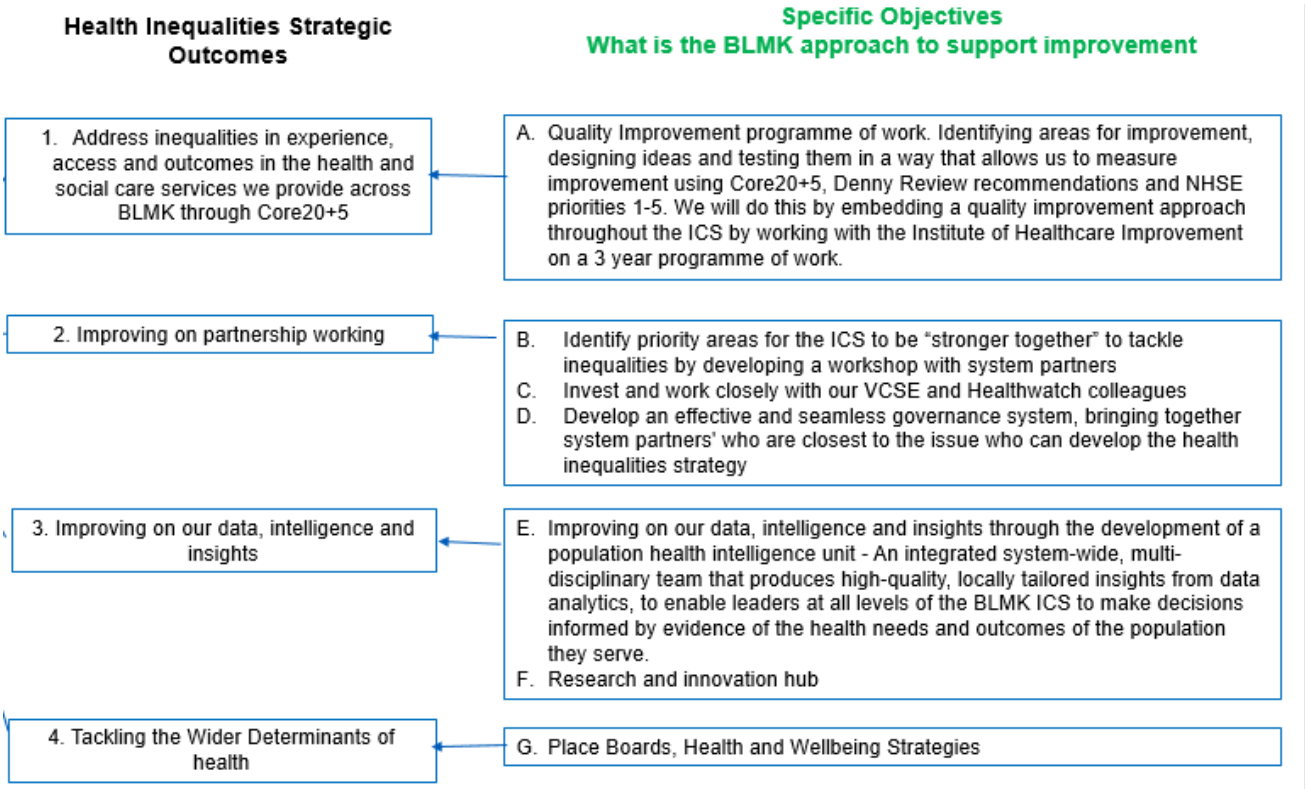
Our Vision - The BLMK vision is “for everyone in our Towns, Villages, and Communities to live a longer healthier life”. We will do this by reducing the gap in life expectancy and increasing the number of years people live in good health. During a co-produced event that took place in October 2021, we developed some key principles that will drive us in our inequalities work, shown on the diagram below.

During this same event, we asked our partners ‘How will we be stronger together to tackle inequalities’ and the following strategic outcomes were developed which will help us achieve our vision:



During 2022-24, some specific objectives have been developed against these strategic outcomes, which have been developed with our partners through an ICS Inequalities leadership group that was initiated in May 2023.

The diagram below describes the work undertaken through the strategic outcomes 1 to 4, and the objectives listed above that is included in each: A to G:



Statutory Outcome 1 Core20+5 programme - What are we trying to achieve

The aim of the Core20+5[5] programme is to tap into our overall vision for everyone in our towns, villages and communities to live a longer healthier life, by using the Core20+5 framework to target our populations of focus. We will use our data and insights to enable us to understand what progress we need to make against the five national clinical areas of focus whilst building on projects that are already in place to address them.

Across BLMK we are focusing on the following areas against the Core20+5 which were set in 2021.

[5] Core20: the 13% of our population in IMD Quintiles 1&2, Plus: Ethnic minority communities, inclusion health groups, people with Learning Disabilities and autism, people experiencing mental health challenges. 5 the areas of clinical focus requiring accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

Health inequalities in our area

We have made assessments of health inequalities in our area and looked at population health data. This work made it clear that the 20% most deprived are more likely to have long-term conditions than the least deprived. Circulatory diseases, which are conditions which are related to problems with the flow of blood around the body, are a common cause of ill health and premature mortality in our most deprived population.

People with mental health conditions are almost twice as likely to have long-term conditions, and other co-morbidities, than the rest of the population. People with learning difficulties are more likely to have diabetes and obesity than others, as well as being more at risk from stroke and dementia.

Looking at the population of BLMK, we have identified inclusion health groups. Inclusion health is a term the NHS uses to describe groups associated with poor health outcomes when compared with the rest of the population. These include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, gypsy, Roma and travelling communities, sex workers, and victims of modern slavery. Our data and the Denny Review has delivered insight into the health needs of these groups. During the pandemic, Covid infections also disproportionately affected people from diverse communities. Analysis continues to show that people from a black ethnic background are at a greater risk of death involving Covid than other ethnic groups.

How do we know that a change is an improvement

To develop some clear measures against each programme of work, our performance team and the new Population Health Intelligence Unit are gathering what data is available to us that will allow us to measure improvement in real time, therefore creating a structured management plan. In 2022 we developed a Core20+5 dashboard to progress this work.

To ensure the BLMK system is moving at pace with some of our high impact projects, and creating a learning culture, we have partnered with the Institute of Healthcare Improvement (IHI) over a three-year programme.

The IHI will provide strategic guidance in planning and design, implementation support, and capacity building to support improvement and transformation over a three to five year programme, including:

- ICB Board support sessions.
- Building capability and capacity for quality improvement across sectors.
- A learning in action network; delivery of improvement in place-based teams and establishing sustainability in the system beyond the term of the partnership.
- Over the course of the work together, IHI will transition from co-leadership to coaching and support to ensure local ownership for the long-term sustainability.

BLMK ICB is recruiting and training improvement advisors to support place teams with their priorities as part of the journey to build on our capacity and capabilities in quality improvement across the system over the next 3 years. This will allow us to collaborate as a system, designing and testing ideas as a system, in line with the new population health intelligence unit’s support.

Primary care network (PCN) inequality projects

Each PCN has developed an inequalities project which is linked to the Core20+5 and Place priorities. Progress on the projects is brought to the Place Boards, where some PCN clinical directors also attend. An example of some PCN inequality projects can be seen below and are regularly reviewed by the inequality place leads and primary care lead for cross system learning.

All 4 Bedford PCNs:

- proactively contacting patients from a Black or Asian ethnic background living in areas of high deprivation who have not completed all eight diabetes care processes, in order to offer clinical interventions and signposting to complete these care processes.

Central Bedfordshire PCNs:

- Wide-ranging, proactive health and wellbeing support for the local gypsy, Roma and travelling community. Includes support for low literacy/digital literacy, bespoke health checks, increased staff cultural awareness, inclusive registration practices and tailored mental health support.
- Reaching out to patients aged 60 or over diagnosed with depression within the last two years to offer care coordinator support and referrals into appropriate mental health and wellbeing services.

Luton PCNs:

- Supporting male patients between 45 and 55 who have not attended their practice in over four years with a comprehensive physical and mental health check (including a bespoke new men's wellbeing pathway). Also signposting to support organisations/VCSE groups where necessary.
- Targeted support for patients over 75 to increase the diagnosis rate of dementia. There is a specific workstream to adapt the memory assessment template for non-English speakers, with the support of memory assessment clinic colleagues.

Milton Keynes PCNs:

- One-to-one comprehensive consultations for patients with hypertension or at risk of hypertension living in the 20% most-deprived areas within surgeries. Offering clinical interventions as well as wider lifestyle support and engaging with ShinyMinds app.
- Proactive identification of over 75s not on a disease register at Fishermead Health Centre (the area of highest deprivation in the PCN) and offering targeted health assessments & clinical interventions where necessary.

Core20+5 Community of practice

In 2023 three organisations had recruited to the community connector roles within each of our four places - Community Action MK, Bedfordshire Rural Community Charity (BRCC) and East London NHS Foundation Trust. Each project focused on areas of deprivation, such as the Lakes Estate in Milton Keynes and joining up with some schemes that were already in place and worked to understand what matters most to those communities. Further funding is available in 2024 to continue this work where we hope to evaluate and scale up some of the learning from 2023, whilst taking forward some of the Denny Review findings.

There is a community connectors project group where learning is discussed and actions have been taken forward, such as to identify any duplication of community roles by developing a scoping exercise on community roles across BLMK that are similar to that of the community connectors, so to reduce confusion as to what each community role offers.

Three Core20+5 ambassadors have been appointed across BLMK in 2023, and within 2024 they will be taking part in the inequalities working group and linking with the community connectors for a coordinated piece of work, aiming towards a community of practice linked to the target populations against our Core20+5.

What is being funded against the Core20+5?

Members of the ICS Inequalities Leadership Group are advisors to the ICB Chief Nurse and advise her on how best to allocate inequalities funding. The Chief Nurse has been given delegated authority for this funding and therefore no decisions of this funding have to go outside of this group, therefore reducing the time it takes for money to be allocated. The ICB has funded the following projects that are also aligned to some of the Core20+5 objectives.

Programme	Schemes
Maternity	**Preconception project** Funding engagement opportunities in our communities across BLMK for our preconception programme healthy mother's healthy pregnancy
Mental Health	**SMI** Funding a Lead Physical Activity Navigator to provide a selection of physical health interventions using one-to-one and group-based approaches. **Dementia** Alzheimer's society plan to recruit a Central Bedfordshire Community Development Coordinator
Denny review	Funding to VCSE and Healthwatch organisations to help develop and take forward the recommendations set out within the Denny Review
Funding to local authorities	Funding has been given to our local authorities who have allocated funding to organisations working towards their place priorities to reduce inequalities.
Inequalities Team	Posts have been recruited to support the inequalities programme, which consists of: • Inequalities Programme Manager • Associate Director of Quality and Inequalities • Four improvement advisors to support the improvement programme

Improve on our partnership working

To continuously improve on our partnership working, the inequalities team developed a new ICS Inequalities Leadership Group. The group has been established to review and agree on the design of the BLMK Inequalities Strategy through a holistic data-driven and evidence-based approach, and to oversee its implementation. Collectively, the group will provide advice and guidance to inform decision makers who will take decisions compatible with the relevant organisation's delegation arrangements. Such advice will be based on evidence and insight provided by sources including the BLMK ICS Population Health Intelligence Unit.

Improving on our data intelligence and insights

Funded through the inequalities funding, a new Population Health Intelligence Unit (PHIU) is now in development for BLMK.

The PHIU will harness existing analytical capacity and bring in new resources to create an integrated team that produces high quality local insights to inform decision making by ICS partners across BLMK. Its objectives are to:

- Provide system leadership for population health intelligence and population health management (PHM), supporting the identification of improvement opportunities at system, place and neighbourhood levels.
- Ensure that strategic planning and operational delivery are increasingly data-driven and focused on improving outcomes, patient experience, value for money, staff satisfaction and reducing health inequalities.
- Increase the timeliness, accuracy and accessibility of intelligence and insights to system partners.
- Transform the nature of the intelligence and insights provided to the system, with greater emphasis on identifying variation and health inequalities, describing the role of the wider determinants of health, and supporting prevention and early intervention.
- Support the development and retention of the BLMK analyst workforce, ensuring that BLMK is an attractive place to train and progress a career in data analytics.

Tackling the wider determinants of health

We know that the wider determinants of health (or social determinants of health) are the building blocks for good health, such as:

- Money and resourcing
- Surroundings
- Housing
- Family, friends and communities
- Transport
- Work
- Education and skills

Health and wellbeing strategy

Health and wellbeing boards play a leading role in setting strategic direction to improve the health and wellbeing of people locally. The ICB is a partner in five health and wellbeing boards:

- Bedford Borough
- Central Bedfordshire
- Luton
- Milton Keynes (known as the MK Health and Care Partnership)
- Buckinghamshire

Set out below is a summary of how the ICB has worked together with health and wellbeing boards to improve health outcomes for residents in 2023/24, and where priorities that health and wellbeing boards have set have informed the ICB's work.

Some of this work has been at 'system' level and therefore a priority across BLMK as summarised below. Where work with health and wellbeing boards has been more place-specific to address the health and care needs of a local population, this is reflected in the 'Our Action at Place in 2023/24' section below. The chairs of our health and wellbeing boards approved the following reports of the work we have together undertaken over the reporting period for the benefit of our residents.

Action across our health and care system in 2023/24

Across BLMK the ICB has worked with health and wellbeing boards to deliver on our agreed strategic and place priorities.

Progress against the Health and Care Strategy was reported to the Health and Care Partnership in March 2024 and more detail can be found below and on page 138.

Progress with Health and Care Strategy and Joint Forward Plan

Below is a summary of some of the most notable achievements of partnership working in 2023/24. We are proud of what our partnership as achieved together so far. Whilst the Health and Care Strategy is a system strategy, each of the four places has its own distinct plans and priorities which respond to the needs of its population. Examples of good progress at Place are included below alongside those at system level; it is often the cumulative impact of these diverse place-based initiatives which provide a system-level impact in the five strategic priority areas.

Progress in 2023/24

Start Well

Mission: Every child has a strong, healthy start to life: from maternal health, through the first one thousand days to reaching adulthood.

- **The BLMK Early Years Seminar in November 2023 brought together partners to further develop our Early Years Strategy in each place. Pilot projects were agreed here, including testing a new multi-disciplinary early assessment tool with a small cohort of Luton and Bedford schools. Milton Keynes focused on the next steps for the Bletchley Pathfinder pilot and enhanced early support work with children's centres and Central Bedfordshire with support for pre-school children.**
- **ELFT has launched the new Evergreen Unit in Luton, supporting children and young people's mental health, shaped by young people themselves with a focus on maintaining links with the community.**
- **Our parent carer forums in BLMK have co-produced a support pack for parents called "Supporting Your Neurodiverse Child". The new Neurodiversity Support Pack is co-produced with parents, young people, local parent carer forums, child and adolescent mental health services (CAMHS), education psychology and other key partners.**
- Our system is tackling waiting lists for referral to diagnosis for children aged 11 waiting for an autism diagnosis. Data from Milton Keynes shows that we have been able to reduce the time it takes to 48 weeks, down from 82 weeks.
- **In Luton, newly launched Family Hubs provide services to families in the community – supporting parenting, breastfeeding, healthy eating and mental health support. Child poverty in Luton has dropped from 45 per cent to 39.5 per cent since 2020 – that's 3,800 children no longer growing up in poverty.**

Live Well

Mission: People are supported to engage with and manage their health and wellbeing

- **In depth resident feedback on current MSK services has shaped the work we are doing on our future MSK service offer for our residents, and further co-design work is now taking place in partnership with Healthwatch. Whilst focusing on the design of future services, local providers have significantly reduced community waiting times for MSK care, and now everyone in BLMK can self-refer for MSK support. Both Bedfordshire Hospitals NHS Foundation Trust (BHFT) and Milton Keynes University Hospitals NHS Foundation Trust (MKUH) have reduced the number of days people spend in hospital by an average of seven days after suffering from a hip fracture (mainly caused by a fall).**

- **In February 2023, a new exchange programme was launched in Milton Keynes, bringing together mental health and general nurses from CNWL's The Older Person's Assessment Service (TOPAS) and the Windsor Intermediate Care Unit (WICU) for a unique learning experience. Fostering collaboration and understanding between different disciplines is crucial to providing effective patient care.**
- **Wellbeing through cancer treatment is an important part of managing the effects of treatment both physically and emotionally. The BLMK Cancer Prehab programme has been strengthened through working with local gyms (private, university and council run) to offer cancer patients access to tailored individual and group cancer rehabilitation.**
- **The ICB is working with Macmillan Cancer Charity on a three year pilot to introduce cancer care planning in primary care. New and innovative heartburn health checks are being rolled out this year to detect cancer.**
- **In November 2023, the ICB launched an 'expressions of interest' exercise for dental contractors to take part in an 18 month pilot to improve access to dental appointments during evening, weekends and bank holidays.**
- **System partners are developing a Mental Health, Learning Disabilities and Autism Collaborative. A patient-led mental health summit gave people with lived experience the opportunity to drive the vision for the Collaborative, and Place level priorities are now being developed.**

Age Well

Mission: People age well, with proactive interventions to stay healthy, independent and active for as long as possible.

- **BLMK has the highest dementia diagnosis rate in the East of England at 67.83%. That means the percentage of people aged 65 or over who are estimated to have dementia getting a recorded diagnosis.**
- **More local care providers are being supported to take advantage of digital tools and systems like Proxy Access so they can provide the best care for their residents. The Digitising Social Care programme is funding several projects that either enable digital records, prevent falls, or provide remote monitoring. Proxy Access is an online service for care providers to share medical information with their residents' GP practices. Nominated staff can securely order medications and access accurate information in the GP record for residents in their care at any time of the day or night. More than 80 care homes across BLMK are using Proxy Access to order their medications more safely and quickly.**
- **More residents are being helped to live safely in their own home because of an innovative wireless device which remotely monitors a person's vital signs, hydration levels, sleep patterns and wellbeing to prevent falls, an infection or a hospital stay. The product – named MiiCare – is being introduced across the local area to help keep people independent and in their own homes, rather than in hospital or a care home.**

Growth

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

Following the Employment and Health seminar in July 2023, a number of initiatives are underway, including:

- **Work Well: Led by the ICB, local authorities and Department for Work and Pensions and in partnership with the VCSE sector, housing associations, Healthwatch, education providers and business representatives, a bid has been submitted for BLMK to become a Work Well Partnership Programme Vanguard pilot site. Work Well is one of the government's suite of initiatives announced in the 2023 spring budget intended to support people to start, stay in, succeed, or return to work. An initial tranche of funding of £90k has been allocated to the ICS to support work on employment and health across the system. The main bid, for £5.6m, is intended to support the development of an integrated work and health strategy and piloting of a Work Well service to support those with health or disability barriers to employment. The outcome of the bid is to be announced in April 2024.**
- **Place-based employment and health action plans: All four places developed proposed actions at the Employment and Health Seminar and reviewed these through Place boards. Bedford Borough have convened an "Employment, Education and Workplace Health" group and the ICB is represented on Luton Borough's Inclusive Economy Board. Central Bedfordshire agreed to focus on supporting young and neurodiverse people, whilst Milton Keynes are investigating how to weave employment and health into MK Deal priorities, including the Bletchley Pathfinder. We will continue to work through place leads and link directors to support place boards to align and embed activities within existing priorities.**
- **Research and Innovation. The ICB is supporting the development of the University of Bedfordshire and BLMK ICS Research and Innovation Hub. A £3m investment has been received from NHSE since the development of the hub. There was also a successful bid in October 2023 for the Research Engagement Network (REN) project for £100,000 'Creating diabetes and research champions in Luton to develop research ready communities'. The project will deliver by April 2024.**
- **Delivering the Green Plan commitments. A System Health and Environmental Sustainability Leadership Group was convened in September 2023, to set system priorities and oversee progress against the system Green Plan. Recent progress has included:**
    - **Health system climate adaptation (changing the way we deliver healthcare to reduce the future impacts of climate change) – a detailed, local system risk and data analysis is in progress, identifying areas more at risk of climate change.**

- **Estates and facilities: Capital funding grants have been secured for LEDs and heat pumps / windows at MKUH, (though we have seen unsuccessful bids for funding streams from BHFT).**
- **Waste: recycling schemes such as walking aid recycling (MKUH) and furniture reuse (ICB, Luton Council, MKUH, primary care, schools and VCSE) have been set up, avoiding the need to purchase new equipment.**
- **Medicines: Emissions from inhalers have dropped significantly, and we have reversed the increase in the use of metered dose inhalers.**
- **Travel and Transport, including BHFT's e-bike pilot (through Cycling UK) and free/subsidised bus travel taking 300+ staff out of private vehicles**
- **Desflurane – we reduced purchasing of this global warming gas to 0% in December 2023, the first time for the whole BLMK system**
- **Fuel Poverty project for PCNs in Luton coming to the end of the pilot; ~1,400 patients contacted, with ~650 being signposted or referred into existing support services within LA, NHS or VCSE.**
- **Bedford Borough's leading work to reduce fuel poverty is a leading example of partnership working, targeted intervention and addressing the determinants of ill health.**

Reducing Inequalities

Mission: In everything we do we promote inequalities in the health and wellbeing of our population

- **At the heart of our work in this area is the Denny Review, published on 12 September 2023. Actions so far:**
- Chief Executive of the East London Foundation Trust, appointed as the Board Level champion for the response to Denny;
- **Made available £280,000 in 2023/24 for Healthwatch and VCSE partners to support the system's response to the review, including to scale up health campaigns and design a refreshed model for design and delivery of Patient Participation Groups which more effectively involves residents from minority communities in Primary Care;**
- **Committed to the publication of an annual statement of progress, supported by dedicated resource from the new System Transformation Team, on how BLMK partners are tackling inequalities and responding to the Denny recommendations; and,**
- **Prepared a major sharing and learning event on 17 May 2024, which will be part of "Inequalities Week" in BLMK alongside a University of Bedfordshire-led event, and a National Health Services Journal Inequalities Conference. It is designed to be a platform for highlighting work underway and building an expert community across BLMK. The event will prioritise diversity and inclusivity with a view to it becoming an annual opportunity to demonstrate progress and share learning.**

- **Partnered with the Institute for Health Improvement to deliver a three-year programme of work focused on Quality Improvement and reducing inequalities for specific population groups in each Place. Each Place is considering how to take this work forward.**

- Each of our four Places hold their own priorities to reducing inequalities:
  In Bedford Borough: the new Health and Wellbeing strategy includes five key areas; early years, healthy homes, training/employment/workplace health, built and natural environment, strong communities.
  For their inequalities priorities for 2023/24 Bedford Borough has three areas:

  - **Working with community food providers to increase the availability and affordability of healthy foods.**
  - **Reducing inequalities in the diagnosis and management of hypertension**
  - **Increasing the uptake of free school meals with auto-enrolment.**

In Central Bedfordshire: In March 2023 a peer research investigation was conducted of the impact of the pandemic on health inequalities in Bedford Borough and Central Bedfordshire, the recommendations set out within the report have been included in the evidence for the Denny Review, together with the recommendations in the Fairness Plan, it has formed part of a whole system response to the complex challenge of lifting people out of and stopping people falling into poverty. Central Beds are currently forming a new Equality, Diversity and Inclusion Strategy for 2023 to 2028.

In Luton: The Luton Cancer Outcomes Project is tackling Luton's cancer challenges, including raising awareness of risk factors, signs and symptoms of cancer, improving cancer screening rates amongst communities who have previously not taken up screening offers and tackling barriers to accessing cancer treatment.

In Milton Keynes, the Bletchley Pathfinder is a new multi-agency initiative aimed at improving the ways our health and care services work together in one of the most deprived areas of MK. The ICB has made available £250,000 of health inequalities funding to support the delivery of the Bletchley Pathfinder objectives.

Enablers

Delivery of the above strategic priorities is reliant upon each of the enabling workstreams below. Set out against each workstream are some of the corresponding major initiatives**:** Data & Digital, Workforce, Ways of Working, Estates, Communications, Finance, and Clinical & Operational Excellence.

Enablers

Data and digital

- **Our Digital Strategy (2022-25) is guiding everything digital that we do, with resident views and participation at the centre.**
- **BLMK is one of the top six systems in England for virtual ward usage and has been recognised in the national media as a leading system for the adoption of this new model of care.**
- **The continued rollout of the Shared Care Record (branded as Share for Care) across the ICS, which joins up the health and care records about residents held by our different partner organisations. Over 70,000 individual records viewed per month across 14 different partner organisations.**
- **Together we've developed a new Digital Assistant based on latest robotic automation technology. The assistant is responding to the additional work GP practices are required to do to report community deaths to the medical examiner's office, saving time for staff, reducing the risk of human error and speeding up important processes.**
- **We put real value on innovation in primary care. Working with clinicians and other primary care and PCN leaders, we've brought together data from different sources – more than 16 million records spanning three years – and are able to identify a prioritised list of patients who can be contacted for diabetes care checks. This is available at practice level and supports out GPs to identify and understand who could most benefit from intervention, help and support.**
- **The Milton Keynes Activity Reward Programme is encouraging people with type 2 diabetes to increase their physical activity. The programme, which uses technology and financial incentives to support participants to improve their health over a 24-month period is a partnership between Milton Keynes University Hospital NHS Foundation Trust and Milton Keynes City Council (MKCC) in collaboration with EXI, Apple and Loughborough University. EXI is creating a personalised exercise programme for each participant in the study that will be tailored to their specific needs. Patients will be provided with an Apple watch to help them track their progress and complete their weekly prescription.**
- **We are proud of the launch of our Population Health Intelligence Unit, hosted by Bedford Borough Council on behalf of all four local authorities. The Unit is supporting the whole system to understand the changing health of BLMK residents and a critical part of developing our Health Services Strategy.**

Workforce

The national 50,000 Nurse programme set a BLMK growth profile in 2019 (completion March 2024). BLMK has successfully achieved this with a total of 3,344 nurses, an increase of 208 more nurses than two years ago and delivers above the NHSE trajectory.

- **Establishment of a nationally identified leading legacy mentoring scheme, including the first legacy paramedic role nationally (July 2023).**
- **Delivered national-award-winning collaborative Healthcare Support Worker recruitment campaign undertaken between ICB/Trusts. International nurse recruitment career support in place and event held September 2023 with 60 staff attending.**
- **For the past five years the ICB has run annual Continuing Professional Development programmes for all staff within primary care to access training and development based on a training needs analysis and aligned to primary care clinical priorities. Our Primary Care Training Hub delivers regular leadership development opportunities, mentorship and coaching in addition to bespoke team and organisational development sessions at practice level and across our Primary Care Networks.**
- **The BLMK system has a new nursing associate qualification in primary care. Nursing associate is a new healthcare role created to 'bridge the gap' between healthcare assistants and registered nurses. Nationally there are now over 7,800 nursing associates on the Nursing and Midwifery Council (NMC) register, with many more in training. There are 22 primary care nursing associates undertaking apprenticeships in BLMK as part of a project with local universities which offers a new, on-the-job training route to nursing careers.**

Ways of working

BLMK partners are making integration of services a reality - our new unscheduled care hub in Bedfordshire brings together ambulance, community and acute colleagues, meaning more people can get the most appropriate help more quickly, and reduce pressure on emergency departments.

- **Integrated neighbourhood working – all four places are developing in the way that works for them. Workshops at place are supporting stakeholder mapping, asset mapping, workforce mapping and agreeing next steps. An ICB clinical leadership event held on the 9 November 2023 brought together 60+ primary care clinical leads to focus on integrated neighbourhood working to support delivery of integrated primary care. On 29 February 2024, over 180 primary care frontline staff came**

together at our first BLMK-wide Festival of Learning to connect, share experiences and tools to support in our journey towards integrated neighbourhood working.

- **We're prioritising new partnerships – for instance working with the fire service to offer more support to vulnerable residents, and our acute trusts are working in ever closer partnership, for instance by sharing their MRI capacity to provide earlier access to diagnostic tests for our residents.**
- **We're proud to have trained over 300 people from across the system in co-production skills and approaches, meaning more colleagues feel able to work in partnership with residents on how health and care services can be improved.**
- **The ICB's new Target Operating Model will formally be launched on 1 April 2024. It prioritises strong relationships with partners, for instance through the launch of the ICB's new Place Teams, and it reduces the ICB's running costs too. The ICB's new System Transformation Team will lead system wide transformation initiatives, e.g. on MSK.**
- **The local authorities in BLMK have worked together to establish a Joint Health Overview and Scrutiny Committee. This provides an opportunity for a BLMK-wide conversation with scrutiny councillors about our Joint Forward Plan and other system-wide initiatives or service changes.**
- **System partners have developed a system risk appetite statement and are developing a system risk register through joint work together. This has strengthened our understanding of each other as partners and will support cross-system working to manage our most significant risks.**

Estates

The ICB is investing an extra £1.95m a year in primary care estates to make space for growing teams of diverse experts, supported by our Primary Care Training Hub.

- **ELFT has launched the new Evergreen Unit in Luton, supporting children and young people's mental health shaped by young people themselves with a focus on maintaining links with the community.**
- **MKUH has opened its new Same Day Emergency Care Unit – The Maple Centre - whilst in Central Bedfordshire the new Grove View Hub in Dunstable is providing a wide range of services, including community mental health services, continence specialist services and the Bedfordshire Wellbeing Service, as well as Priory Gardens GP Surgery. Launched in February 2023.**
- **In February 2024 the construction of the new primary care facility at the Enhanced Services Centre in Bedford commenced – to provide new accommodation for the largest GP practice in BLMK, the De Parys Group.**
- **As per our Luton 2040 Pledge, the ICB we will continue to campaign to NHSE to secure funding for a Clinical Diagnostic Centre in Luton Town Centre.**

Communications

We have agreed Memoranda of Understanding with both the VCSE sector and our four local Healthwatch organisations. These are providing clear and strong foundations for our strategic partnerships, meaning more joint initiatives, better communication and more joined up delivery for residents. The new Engagement Forward Look is coordinating system wide engagement activity for the first time, reducing engagement fatigue and unnecessary duplication.

- **Relationships with new partners, in particular faith leaders, are supporting the reach of crucial communications, including for vaccination and immunisation programmes. Our communications are becoming more diverse, in line with the recommendations made in the Denny Review.**
- **All ICB Board meetings feature a resident story, informing the strategic and commissioning decisions made in BLMK for the benefit of all residents.**
- **BLMK continues to feature in national and local media for its digital programmes, workforce initiatives and its work tackling health inequalities**

Finance

Excluding the financial impact of the industrial action, BLMK is expecting to deliver a break-even financial position at the end of 2023/24. This has involved difficult decisions about prioritisation and service delivery.

- **There are continued financial challenges into 2024/25 and future financial periods – this will require difficult decisions regarding the utilisation and prioritisation of resources available.**
- **BLMK has welcomed additional external funding in 2024/25 for the health and employment work programme, over £3m for research initiatives, women's health and in support of the New Hospital Programme.**

Operational and clinical excellence

We are delivering new Community Diagnostic Centres (CDCs):

- **Whitehouse Park CDC went live in July 23. Lloyds Court CDC is planned to go live in May 24 and Gilbert Hitchcock House CDC is due to go live in July 2025.**

- **An additional £3.6m capital has been secured to mitigate part of pressure associated with Gilbert Hitchcock House CDC**
- **A clinical pathway development bid was approved and funding secured for 23/24.**
- **Continued, co-ordinated lobby at national level for a Luton CDC, reinforced by our Luton 2040 Pledge.**
- **We are transforming cancer services:**
  - **Significant improvement in cancer 62-day backlog position with BHFT to achieve the trust backlog reduction target.**
  - **Improvement in early diagnosis rates - due to a number of new early diagnosis initiatives the BLMK position has improved reaching the 65% target in 2022 (54.5% in 2020). The overall Long Term Plan ambition is to reach 75% by 2028.The Target Lung Health Check Programme will be a key driver of improved stage of diagnosis. The service is already diagnosing cancers much earlier at stage one and two and has recently expanded to Milton Keynes**
  - **Delivering the Luton Cancer Outcomes Project PCN prostate cancer case finding pilot. The project has supported PCNs to undertake a case finding pilot to identify Black men with prostate cancer earlier. This is a result of late stage presentations in Luton because of lack of awareness of higher risk in black men.**
  - **Delivering more community engagement events. The Luton Community Cancer Connectors have a programme of engagement events. The most recent being a 'Barbershop Live' event to raise awareness of Prostate Cancer. In partnership with Luton Borough Council the project has Introduced a transport scheme delivered by Dial-a-ride to reduce the access barriers for Luton residents getting to important treatments at Mount Vernon Cancer Centre.**

In each of our places, the ICB has worked with the local Health and Wellbeing Board to implement its Health & Wellbeing Strategy.

Bedford Borough

In Bedford Borough the ICB has worked with the Health and Wellbeing Board to produce a new Joint Local Health and Wellbeing Strategy for 2024-2027, which aims to reduce differences in health and wellbeing across the borough by strengthening five building blocks of health: giving every child the best start in life; promoting inclusive employment, lifelong education and workplace health; ensuring we have strong, supportive communities; promoting healthy homes and tackling fuel poverty; and ensuring that we have a sustainable built and natural environment that promotes health and wellbeing for all. After a period of consultation and engagement with residents and partners work is now underway to take forward the actions identified in the new Health and Wellbeing Strategy.

The Bedford Borough Health and Wellbeing Board has worked with the Local Government Association to review its purpose, membership and ways of working. The process concluded with a new statement of purpose for the Board, extension of the membership to include representatives from our provider trusts and community and voluntary sector, and a new approach to Board meetings, with a combination of formal meetings in public and thematic workshops.

Two family hubs formally launched in September, providing convenient access to a great range of classes, activities, support and social opportunities for families with children of all ages. The successful Warm Homes scheme has evolved into the Better Housing Better Health programme, targeting 300 additional home assessments by March 2025, and many of the winter 'Warm Spaces' have developed into year-round 'Welcoming Spaces', tackling social isolation and providing a place for communities to come together.

Central Bedfordshire

Throughout 23/24, BLMK ICB has supported the continued development and delivery of the Central Bedfordshire Place Based Plan and overarching vision to "improve health and wellbeing and reduce inequalities now and for future generations".

The current Central Bedfordshire Health and Wellbeing Strategy established five core principles to support delivery of this vision, which the ICB has embraced within its work programme for 2023/24:

- **Understanding the needs of the current and future population:** collaborative working with other Central Bedfordshire organisations and use of population health data to inform priorities and deliverables.
- **Support Innovation:** The ICB digital programme has supported the implementation of the shared care record 'share for care' and digitisation of social care.
- **Reduced Inequalities** - The ICB agreed the allocation of a dedicated Health Inequalities Fund to support various Health Inequality schemes within Central Bedfordshire for 23/24. These ranged from a Walking buddy scheme to Winter Warmth Community Agents.
- **Prioritising prevention and early intervention** – supporting the implementation of Pharmacy First, ongoing work towards improving Access to General Practice (GPs), and more recently commencing a review of access to Same Day Urgent Care, which has included resident engagement workshops across Central Bedfordshire.
- **Supporting and promoting integration of services** - As Central Bedfordshire is largely rural and accessing specialised services can be difficult for some of the more isolated communities, the ICB has supported a number of programmes focused on tackling these issues; 'Working together in Leighton Buzzard' and 'Building Neighbourhood Working Programme'.

Luton

In Luton, the ICB has pledged its support to the delivery of the Luton 2040 vision, which aims to create a "Marmot Town" – one where everyone thrives, and no-one is living in poverty. We have developed a comprehensive pledge to tackle the causes of ill health by actively reducing health inequalities, working to give children and young people the best start in life and take the lead as one of the largest employers in the town to support with employment and health challenges, and wider economic development. In line with this pledge, support for children and families has had particular focus over the past year; we saw the launch of Luton family hubs in February 2024.

Milton Keynes

In Milton Keynes the ICB has worked with MK partners to agree the ‘MK Deal’ which supports delivery of the ICS's strategic priorities, is aligned with the system's Joint Forward Plan and targets ICB support and resources towards the MK priorities of improving system flow, tackling obesity, children’s mental health, supporting people with complex needs and neighbourhood working - the Bletchley Pathfinder.

Delivery of four of the priorities progressed in 2023/24 with the fifth complex needs priority due to start in 2024/25. Progress with delivery of these priorities has been overseen by the MK Health and Care Partnership during 2023/24.

An independent review of the MK Deal was undertaken in 2023/24 by Carnall Farrar and reported to the Health and Care Partnership in November 2023. The ambition for the four active priorities to 2028 was developed at a partnership event in February 2024 and agreed by the MK Health and Care Partnership in March 2024.

In **Buckinghamshire,** where 6,000 residents are within the ICB footprint, we have prioritised sharing information on services that Buckinghamshire residents’ access in Milton Keynes and considering the needs of these residents (through a Joint Strategic Needs Assessment) in the development of the Joint Forward Plan.

Looking forward to 2024/25, the ICB will continue to work closely with Health and Wellbeing Boards.

The Joint Forward Plan was published in June 2023 following consultation with each of the Health and Wellbeing Boards to ensure that the Plan aligns with the Health and Wellbeing Strategy in each of our five Places. The Plan sets out the framework for how the ICB and partners intend to arrange and/or provide services to meet our population’s physical and mental health needs.

Financial review

This section of the Annual Report sets out a summary of the ICB’s financial performance for the 2023/24 financial year.

The Annual Accounts have been prepared under directions issued by NHS England and the DHSC Group Accounting Manual (GAM). Further details on the ICB’s financial performance can be found in the ICB’s Accounts at the end of this Annual Report.

Financial Performance

ICBs have a statutory duty to contain expenditure within the limits directed by NHS England, with a requirement to deliver system financial balance. NHS England may make directions about ICB’s management or use of financial or other resources. NHS England may also set joint financial objectives for ICBs, and their partner NHS trusts and NHS foundation trusts. ICBs and partner NHS trusts and NHS foundation trusts must exercise their functions with a view to ensuring that limits specified by a direction by NHS England are not exceeded.

ICBs have the following statutory financial duties. The performance of the ICB in 2023/24 is set out in the following table. Further details are provided in Note 25 of the Accounts which start from page 181.

Matter	Target £000s	Actual £000s	Achieved
Maximum revenue resource use The revenue resource use for each Integrated Care Board in 2023-24 shall not exceed the amount specified.	2,114,781	2,114,636	Yes
Maximum revenue resource attributable to matters relating to administration The revenue resource use for each Integrated Care Board attributable to matters relating to administration in 2022-23 shall not exceed the amount specified.	20,721	19,059	Yes
Maximum capital resource use The capital resource use for each Integrated Care Board in 2023-24 shall not exceed the amount specified.	1,661	1,646	Yes

During the 2023/24 financial period, the ICB received a £2,115 million funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The ICB's Control Total, the targeted amount of spending NHS England sets for the ICB, was to deliver breakeven position in 2023/24. The ICB worked within the financial allocations set by NHS England, delivering a small surplus of £145k.

The ICB's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2023/24, the ICB spent £19.1 million in this area, which is within the planned spending target.

Mental Health Investment Standard

An important planning requirement is the delivery of the Mental Health Investment Standard (MHIS). The standard requires Integrated Care Boards to increase investment in mental health services at a higher percentage than their overall rise in allocation from NHS England each year.

Achievement of the Standard is measured by comparing expenditure in 2023/24 to that in the previous financial year. This is after considering any mental health specific recurrent or non-recurrent allocations received in either of these years. These adjustments are made to ensure that changes in spending are not skewed by non-recurrent allocations and are limited to reviewing spending funded from our general allocation. Spending on learning disability and dementia services is currently excluded from the MHIS calculation. ICBs are required to publish a formal declaration as to whether their spending met the Standard. This statement will be subject to a separate audit assurance engagement through the ICB's auditor. This report will be published alongside the ICB's own formal declaration.

In 2023/23 the ICB was required to increase its mental health spending by a minimum 8.45%. Subject to confirmation through independent audit, the ICB has met the Mental Health Investment Standard (MHIS) in 2023/24.

2024/25 Planning Guidance and Financial Outlook

Since 2021/22, NHS allocations have been made at a system (or ICS) level. This approach combined both recurrent funding, and funds for non-recurrent expenditure such as COVID-19 and elective activity recovery. This principle of system wide allocations helps ensure that funding is distributed to meet agreed priorities. Capital monies are also allocated at system level.

The financial framework arrangements for 2024/25 continues to be based system-based approach to funding and planning with a focus on financial discipline and management of NHS resources within system financial balance. There is a collective local accountability and responsibility for delivering system and ICB financial balance. NHS England have published one year revenue allocations and one-year capital allocations alongside the 2024/25 planning guidance.

For 2024/25 and beyond, NHS systems are expected to return to making efficiencies and pre-pandemic levels of productivity where the context allows. Systems were given a 'glidepath' from the 2021/22 system revenues to fair share allocations, assisted by a 'convergence' adjustment to gradually bring systems to their fair share of allocation. To manage within the funding available, while delivering national and local priorities, the ICS will need to deliver a stretching efficiency requirement. The task is made more difficult by the current level of inflation in the economy which is creating additional financial challenges for the NHS and the system to manage.

From 1 April 2023, the ICB was delegated responsibility for commissioning and paying for Dental, Pharmacy and Optometry services from NHS England.

Since April 2023, statutory joint committees formed between integrated care boards (ICBs) and NHS England Regions to prepare for the potential delegation of specialised services commissioning to ICBs. From the 1 April 2024, BLMK ICB (and other East of England ICBs) have been delegated responsibility for commissioning, contracting and paying for 59 services that were deemed to be suitable and ready for greater ICB leadership - the remaining, predominantly highly specialised, services will continue to be commissioned by NHS England in 2024/25.

ICBs receive an allowance for their day-to-day management and administration costs, known as the running cost allowance. This allowance must cover all ICB management costs including the costs of commissioning support services. ICBs are required to reduce running costs by 20% in 2024/25 in real terms with a further 10% from 2025/26 as part of a wider reduction in administrative costs by NHS England.

Joint Capital Resource Plan

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS Trusts and Foundation Trusts must prepare and publish a plan setting out their planned capital resource use. As an Integrated Care System, BLMK has an ambitious set of estates plans, and a strong track record of delivery of key enabling capital programmes across our partner organisations.

The BLMK ICS capital plan comprises those organisations that form part of the financial control total, namely BLMK ICB, Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes

University Hospital NHS Foundation Trust. The capital funding available to BLMK for 2024/25 includes annual capital allocations from NHS England, Trust-generated capital, and specific funding secured towards national priorities. This joint plan sets out how this funding will support delivery of local system priorities, including redevelopment of our acute hospital sites, delivery of a new Primary Care facilities in North Bedford and Community Diagnostic Centre provision at a number of sites across BLMK.

The Capital Resource Plan does not describe the entirety of our system estates plans.

There are significant primary care, community and mental health services schemes which will be delivered via revenue investment (third party capital investment) within Bedfordshire, Luton and Milton Keynes which are not covered in this plan as they are not dependent on NHS capital funding. Also, our NHS mental health and community providers are based outside of Bedfordshire, Luton and Milton Keynes, and as such their plans form part of their host system capital programme.

Accountability Report

Felicity Cox

Accountable Officer

26 June 2024

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation, during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities and an audit report and certificate.

Corporate Governance Report

Members Report

The ICB was established on 1 July 2022 by an order made by NHS England under powers in the Health & Social Care 2006 Act (the 2006 Act as amended).

The ICB is a statutory body for arranging the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

The primary powers and duties of the ICB to commission certain health services are set out in Sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

Board Member profiles

Dr Rima Makarem – Independent Non-executive Chair

Rima trained as a scientist before going on to hold senior roles within the global pharmaceutical sector and has 15 years' experience working at board level in the NHS.

She was appointed as Chair of the ICB in July 2022, having been the Independent Chair for the BLMK Integrated Care System since June 2020. Rima is also Chair of the Sue Ryder charity, Chair of Queen Square Enterprises Ltd (an independent provider of diagnostics services, wholly owned by University College London Hospital NHS Foundation Trust Charity), a Lay Council member for the General Pharmaceutical Council and a Trustee of LifeArc.

Rima's previous roles include Senior Independent Director & Audit Chair of the National Institute for Health and Care Excellence (NICE) and Audit Chair and External Commissioner at the House of Commons Commission, working closely with the Speaker and the Leader of the House.

Felicity Cox – Chief Executive

Felicity was appointed as the ICB Chief Executive Officer in July 2022, having been Executive Lead for the BLMK Integrated Care System since September 2020, Accountable Officer for the BLMK Clinical Commissioning Group since February 2021 and CEO Designate from November 2021.

Felicity is a qualified and registered Pharmacist and maintains her clinical roots through her continuing professional development.

Previously Felicity was the Director of Quality, Transformation and Delivery in the National Specialised Commissioning Team of NHS England and NHS Improvement. She has held senior leadership positions in the NHS over many years, including other Chief Executive Officer roles and as Director of Commissioning Operations for NHS England.

Sarah Stanley – Chief Nurse & Place Link Director for Bedford Borough

Sarah's professional experience covers all aspects of quality improvement, patient and resident safety, equity and safeguarding issues. Her passion to improve our healthcare provision also sees Sarah offering her services as an Improvement Advisor (Institute of Health Improvement trained).

Sarah trained as a nurse at the Royal Free Hospital in London before working as a consultant nurse in intensive care and as a surgical ward sister for over 15 years. Sarah has worked as medical director for both Barnet Hospital and the Royal Free London NHS Foundation Trust.

She has worked with organisations such as Google Health and Deepmind on Acute Kidney Injury application, published papers on sepsis harm reduction and worked for the High Security Infectious Disease Unit treating patients for Ebola and Lassa Fever. Sarah has also worked in Malawi and Australia in critical care units.

Dean Westcott – Chief Finance Officer

Dean was appointed as ICB Chief Finance Officer having previously held the same role Chief Finance Officer role at the BLMK Clinical Commissioning Group. He was previously Director of Capital Planning and Estates for Herts and West Essex Integrated Care System and has held Director of Finance roles within the NHS for a number of years.

Dean is a Consultative Committee of Accountancy Bodies qualified accountant and has had an extensive career in finance.

Dr Sarah Whiteman – Chief Medical Director

Sarah has worked in the BLMK system as a GP and senior clinical leader for many years. She was previously the Medical Director and Chair of BLMK Clinical Commissioning Group.

Sarah is committed to multi-professional working, furthering the research & innovation agenda, equality diversity and inclusion and maintaining the patient/carer focus that is at the heart of all that we do as an effective health and care system. She works closely with the Chief Nurse and Chief Primary Care Officer to improve outcomes for our residents and reduce inequalities in how care is provided.

Alison Borrett - Non-Executive Member

Alison has lived in Bedford for over 25 years and has a long career in retail. She worked at Marks & Spencer and most recently for John Lewis Partnership as Retail Manager at Waitrose's Bedford store.

Alison was previously Vice Chair of the BLMK Clinical Commissioning Group's Governing Body as well as Chair of two committees of the Governing Body. For the ICB, Alison chairs the Primary Care Commissioning & Assurance Committee and is Deputy Chair of the Audit & Risk Assurance Committee.

Manjeet Gill - Non-Executive Member

Manjeet is chair of the ICB's Finance and Investment Committee and co-chairs the Voluntary, Community and Social Enterprise Sector Strategy Group.

She has served as an NHS non-executive director in mental health and acute trusts and currently chairs the Audit Committee at Sherwood Forest Hospitals NHS Foundation Trust.

Manjeet has been a chief executive in local government and served on the West Berkshire Sustainability and Transformation Plan in 2017. During her local government career, Manjeet developed neighbourhood working and multidisciplinary teams in Lincolnshire. Nottingham and Northampton. This included strengthening the voluntary sector voice, with sustainable funding and infrastructure strategies. Manjeet, who lives in Hertfordshire, has also been a national advisor to the government on housing, social justice, health and care policies.

Vineeta Manchanda – Non-Executive Member

Vineeta is Chair of the ICB's Audit & Risk Assurance Committee. She has strong commercial, change management and financial skills following an executive career in investment banking where she led international teams with responsibility for delivering profitability and grew businesses through joint ventures, mergers and organic growth.

She has held non-executive and committee chair roles over the last ten years in the public and voluntary sectors, including at Waltham Forest Clinical Commissioning Group, in local authorities, adult and children's social care settings, and education.

Shirley Pointer – Non-Executive Member

Shirley is the Chair of the Quality and Performance Committee, the Remuneration Committee and the Bedford Care Alliance.

She is a Non-Executive and Senior Independent Director of bpha, a housing association providing social housing primarily across Bedfordshire, Buckinghamshire and Cambridgeshire.

She has also held non-executive roles at Cambridge University Hospitals NHS Foundation Trust and the Whitehall and Industry Group.

A Milton Keynes resident, Shirley's career has been as a people and change professional working initially in financial services before joining the Civil Service, where she held senior leadership positions in several government departments, including the Department for Communities and Local Government and the Department of Health.

David Carter – NHS Trust Partner Member

David is the Chief Executive Officer of Bedfordshire Hospitals NHS Foundation Trust and has over 25 years' experience as a Board director in the NHS for mental health, acute, community and primary care trusts.

David's background is in finance and before joining the NHS worked in audit and consultancy for Klynveld Peat Marwick Goerdeler (KPMG).

Ross Graves – NHS Trust Partner Member

Ross is Chief Strategy and Digital Officer at Central and North West London NHS Foundation Trust (CNWL) and is the Executive Lead for CNWL's services in BLMK.

Ross's career has spanned strategy and transformation roles across healthcare providers and commissioners as well as the private sector. He is a partner member of the BLMK ICB representing the community and mental health sectors.

Professor Joe Harrison – NHS Trust Partner Member

Joe has been a Chief Executive Officer for 13 years and was appointed as the NHS National Director for Digital Channels in January 2023.

As CEO of Milton Keynes University Hospital NHS Foundation Trust since 2013 the hospital's quality, performance and finances have been transformed. Under his leadership the Trust gained teaching hospital status and has pioneered digital advances revolutionising patient care and experience. Joe champions innovation, leading in supporting health and wellbeing initiatives to improve working lives.

Since being appointed as the NHS National Director for Digital Channels, Joe has overseen the extensive development of the NHS App alongside NHS.UK, with the NHS App now seen as one of the most influential innovations for the NHS in the last 30 years.

Joe is also Chair of NHS Confederation Employers Policy Board and a Trustee of the NHS Confederation.

Dr Tayo Kufeji – Primary Medical Services Partner Member

Tayo is an enthusiastic and innovative GP partner at Newport Pagnell Medical Centre, a large GP practice in North Milton Keynes.

He is the GP lead and the Clinical Director for The Bridge Primary Care Network (PCN), incorporating two practices in Milton Keynes and covering over 28,000 residents.

Tayo is also a board member of the Milton Keynes Urgent Care Services provider and serves on the Board of Trustees for two local charities in Milton Keynes, helping to serve the community with his skills and experience. He previously served as a Clinical Commissioning Group Governing Body GP member.

Mahesh Shah – Primary Medical Services Partner Member

Mahesh is a qualified pharmacist with over 45 years' experience in NHS community pharmacy.

He has previously held several board director positions as chairman, chief executive officer and non-executive director in various companies including personalised medicine, diagnostics, med tech, pharmacy, telematics and other sectors.

Dr Sahadev Swain – Primary Medical Services Partner Member

Sahadev is a GP at Blenheim Medical Centre, Luton. As a long serving GP he is passionate about the NHS and particularly about reducing health inequalities, combating social isolation and promoting population health by prioritisation and innovation.

He was a member of Luton Clinical Commissioning Group and has worked in a variety of portfolios including prescribing, prevention, health inequality, research and patient reference groups.

He has acted as the lead clinician for providing medical cover for intermediate care for patients discharged to nursing homes with provision of multi-disciplinary rehabilitation service.

Michael Bracey – Local Authority Partner Member

Michael joined Milton Keynes City Council in 2009. He was formerly responsible for children and adult services before being appointed Chief Executive in 2018. The city council operates a large and diverse range of services and is a social housing landlord with 11,000 homes.

Michael has held non-executive director roles across a number of public and voluntary sector organisations. One of his areas of professional interest is youth and community work.

Laura Church – Local Authority Partner Member

Laura joined Bedford Borough Council as Chief Executive in October 2021. Starting her local government career as a trainee planner, her main experience has been in “place” related responsibilities with a particular focus on town centres, neighbourhood regeneration and economic development.

Laura works with key partners in the business community and on wider regional partnerships, including working with the government to support the retention of the Vauxhall Van plant in Luton.

Her last corporate director role was to take responsibility for adult social care, public health and housing during the Covid pandemic.

A key area of focus for Laura has been children’s services and providing support across the sector on Special Educational Needs and Disabilities (SEND).

Laura is leading the Bedford “place” work.

Marcel Coiffait – Local Authority Partner Member

Marcel has been the Chief Executive of Central Bedfordshire Council since November 2020 and was the council’s Director of Place and Communities for the previous seven years.

Alongside his experience in local authorities he has worked in a range of roles throughout the UK and abroad, in the private sector and for government agencies.

Robin Porter – Local Authority Partner Member

Robin is the Chief Executive of Luton Borough Council, a role he has held Since May 2019. He has worked for the Council in a number of roles since 2007 and leads a team of more than 2,700 staff delivering over 730 services for Luton's diverse 225,000 population.

Robin is also the Shareholder Representative for all of the council owned companies, including the airport company.

He previously worked as a senior manager in the private sector in the project finance industry.

Board Participant Profiles

Anne Brierley – Chief Operating Officer- & Place Link Director for Central Bedfordshire

Anne has held senior leadership positions throughout her career in community, mental health and hospital settings. She has developed strong partnerships with local authorities and primary care partners and has developed multi agency frailty units and Hospital at Home.

She has delivered clinical and operational collaborations and worked as an acute provider collaborative director across 16 clinical networks, procurement, pharmacy and recruitment.

With a Master of Business Administration (MBA), Anne previously worked as the Chief Operating Officer at St Georges University Hospitals NHS Foundation Trust, where she worked throughout the Covid pandemic.

Sally Cartwright - Director of Public Health, Luton Council

Sally trained in public health in the East of England, finishing training in 2018. She worked as a consultant in public health in Harrow before coming to Luton and has been Director of Public Health since June 2021.

Vicky Head - Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes

Vicky has been Director of Public Health for Bedford Borough, Central Bedfordshire and Milton Keynes since 2020.

She has a background in analytics and demographics and has over 20 years' experience across a range of local authority and NHS roles. She trained in public health in the East of England.

Councillor Khtija Malik – Co Chair, Health and Care Partnership

Khtija is an elected Councillor for Luton Council, first elected in 2019.

Khtija is the portfolio holder for public health and was appointed as a Co-Chair of the Health and Care Partnership with Councillor Martin Towler in October 2023.

Lorraine Mattis – Associate Non-Executive Member

Lorraine has a background in healthcare. A board director with over 20 years' experience in the NHS and voluntary, community and social enterprise sector and is Chief Executive of a dental social enterprise.

Lorraine brings a wealth of senior leadership experiences within healthcare in both secondary care and primary care.

Nicky Poulain – Chief of Primary Care & Place Link Director for Luton

Formerly a nurse, midwife and community specialist practitioner, Nicky held several director roles across the NHS in Hertfordshire before moving to Luton Clinical Commissioning Group (CCG) in 2014.

She was previously the Director of Primary Care for BLMK CCG and was also the Associate Dean for Primary Education in Hertfordshire and Barnet between 1999 and 2003.

Martha Roberts – Chief People Officer

Since joining the NHS as a fast-track national general management trainee, Martha has worked in all sections of the NHS specialising in organisation development and people services.

Working in national teams turning around failing organisations, Martha built a specialist interest in how organisations succeed and the individuals within them prosper.

Martha previously worked for BLMK Clinical Commissioning Group and now for BLMK ICB as part of the executive team, designing and building the new ICS.

Maxine Taffetani - Milton Keynes Healthwatch

Maxine has led Healthwatch Milton Keynes since 2017 and was appointed as a Participant Member of BLMK ICB in 2023 for local Healthwatch under a collaborative agreement with Healthwatch Bedford Borough, Healthwatch Central Bedfordshire, Healthwatch Luton and Healthwatch Milton Keynes.

She has worked in leadership roles in healthcare related charities since 2007 championing the involvement and participation of people who use health and care services.

Councillor Martin Towler – Co Chair, Health and Care Partnership

Martin is an elected Councillor for Bedford Borough Council, first elected in 2015.

Martin was appointed as a Co-Chair of the Health and Care Partnership with Councillor Khtija Malik in October 2023.

Maria Wogan – Chief of Strategy and Assurance, Deputy CEO & Place Link Director for Milton Keynes

Maria has worked as a director in the BLMK system for over 14 years and has a background in governance, risk management, transformation and communications. Maria previously was chair of MK Arts for Health and a non-executive director of Northamptonshire Healthcare NHS Foundation Trust.

Composition of the Board

The Board of the ICB is composed of the following Board Members and Board Participants.

Board Members:

- Independent Non-Executive Chair
- Chief Executive Officer
- Partner Members from:
  - NHS trusts and foundation trusts
  - primary medical services
  - local authorities
- Non-Executive Members
- Chief Finance Officer
- Chief Medical Director
- Chief Nurse.

The Board is supported by the following Board participants:

- ICB Executives:
  - Chief Operating Officer
  - Chief of Primary Care
  - Chief People Officer
  - Chief of Strategy and Assurance
- Directors of Public Health
- Local Healthwatch Representative
- Chair of the Integrated Care Partnership (known as the BLMK Health and Care Partnership)
- Associate Non-Executive Member

The ICB is a unitary board, which means all members are collectively and corporately accountable for organisational performance. The purpose of the Board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands.

The Board is responsible for:

- formulating strategy for the organisation.
- holding the organisation to account for the delivery of the strategy.
- being accountable for ensuring the organisation operates effectively and with openness, transparency and candour.
- seeking assurance that systems of control are robust and reliable.
- shaping a healthy culture for the organisation and the wider ICS partnership.

The Board has met formally in public on four occasions during 2023/24, with each meeting moving into a private session. There were also two extraordinary private meetings for approval of the Annual Report and Accounts 2022/23 and consideration of the Specialised Commissioning delegation arrangements.

Meetings have been supplemented by a series of Board Seminars – events in which Board Members are joined by wider partners to consider in depth topics central to the delivery of local health and care services.

The Board is focused on delivering the following:

Listening to the experience of residents to inform decision making

- Improving services for BLMK residents involves listening to and learning from the real world experiences of those who use local health and care services.
- At each meeting the Board hears a resident story and any issues raised are followed up. Examples include a resident's cancer treatment pathway, issues with the Musculoskeletal service and the experience of a mother having her baby at Milton Keynes Hospital. In March 2024, the Board received an update on each of the resident stories and what actions had been taken.
- At the meeting in December 2023, the Chief Executive and the Chief Finance Officer met with residents of the Wixams community in Bedford to take receipt of their petition and to provide a full response in public on behalf of the ICB. Details of the petition and a copy of the response has been published on the ICB's website and was also shared directly with representatives from the Wixams Surgery Action Group. The CEO met with Wixams residents and stakeholders alongside local MP Alistair Strathern on 23 February 2024 as part of continued work to find an affordable and sustainable solution.

Working with people and communities

- A Memorandum of Understanding between the ICB and Healthwatch was approved, recognising the important role that Healthwatch has as a strategic partner to the ICB. It also reflects the important role Healthwatch has in representing the resident voice, alongside its statutory function.
- The Denny Review was published in September 2023, and in December 2023 the Board agreed a system wide response by approving all nine key recommendations. Members welcomed the report and confirmed their commitment to supporting a generational change in BLMK. Lorraine Sunduza, Chief Executive of East London Foundation Trust (ELFT), was appointed as the Board level champion for this work. The Board supported the decision to explore the development of a system wide translation service, commit to an annual progress update for three years and to holding a board seminar event in spring 2024.
- Allocating funding to each of the four places in BLMK for 2023/24 to meet the greatest needs of the population locally, noting that this did not set a precedent for the delegation of other funds.
- Development of non-emergency patient transport services (NEPTS), working with both existing providers and the voluntary, community and social enterprise (VCSE) sector to develop a more robust and responsive service, whilst increasing social value and best value.

Integrating health and care at system, place and neighbourhood

- Development of integrated neighbourhood working in BLMK, based on the principles in the Fuller Report.
- The ICB's response to the NHS England primary care access recovery plan.
- Communication to the public how primary care is changing and the requirement for a faster pace of delivery of certain aspects of the programme and clarity on how outcomes will be measured.
- The development of a BLMK Mental Health, Learning Disability and Autism Collaborative to spread best practice and make the best use of our workforce to improve outcomes for our residents continues. It is proposed to establish a Committee of the Board to meet in shadow form in Q1 of 2024/25 with the Terms of Reference to be agreed in June 2024.

Legislative and NHSE requirements

- Implementation of the Target Operating Model that was developed with system partners in autumn 2022 and has been the foundation to meet NHS England's 30% running cost reduction required by 1 April 2025.
- The Provider Selection Regime (PSR) is a statutory responsibility that came into force on 1 January 2024. The PSR is a set of rules for procuring health care services in England by health organisations and local authorities. The introduction of the PSR requires the ICB and all partner organisations within scope to review procurement, contracting, commissioning and governance processes, both current and future, to ensure these are in line with the requirements of the Regime. The ICB and its partners also need to ensure that where joint commissioning or collaborative arrangements are in place, all partners are clear on responsibilities and accountabilities and decision-making is transparent and consistent.
- From April 2024 the responsibility for commissioning 59 specialised services was delegated from NHS England to the six ICBs in the East of England. The six ICBs will collaborate to commission these services, with BLMK ICB acting as host ICB on behalf of the other ICBs in the region and taking over managerial responsibility for the Specialised Commissioning Team (SCT) when they transfer in April 2025.

Strengthening our work as a system in Bedfordshire, Luton and Milton Keynes

- Providing oversight and review of the ICB's Joint Forward Plan and the 2023/24 Operational Plan. The BLMK Joint Forward Plan guides the delivery of NHS services over the next five years and beyond and was updated in March 2024.
- Following the positive findings of an independent review of the partnership working in Milton Keynes, a Health and Care Delegation Framework is being developed for consideration in 2024/25.
- The Health Services Strategy – Case for Change will set out how health services will need to change across BLMK to meet the challenges of rapid population growth, increasingly complex conditions, rising mental health issues and variation in clinical outcomes. It will establish principles that will guide our system when designing clinical services to best meet the evolving needs of the community. The strategy is being developed with partners and will be further considered by the ICB Board in 2024/25.

- Two-way reporting between the ICB, local authority Health and Wellbeing Boards and NHS Trusts to ensure focus on health and care outcomes for our residents.
- Considering quality and performance across the system, including a focus on winter planning and performance and the reduction of the number of people waiting a long time for elective treatment.
- Approving the ICB 2023/24 budget and overseeing delivery against the financial plan.

Board Seminars

There have been four Board seminars which covered the following topics:

- Developing our approach to co-production as a system
- Joint Forward Plan and Health Services Strategy
- High-performing leadership teams
- Introduction to Quality Improvement for senior leaders
- Factors of a healthy ICB Board
- Luton 2040
- The next phase of Our BLMK Journey – Developing Priorities and Outcomes
- Our approach to developing measurable outcomes in BLMK
- East of England Ambulance recovery plan and how the ICB can support

There was also a Board briefing on Specialised Commissioning in advance of the delegation agreement decision at the Board meeting in March 2024.

Our Constitution requires Board Members to attend 75% of board meetings per year. Attendance by members and participants in this reporting period are listed in the table below:

Number of meetings in 2023/24		4
Board Members		
Role	Name	Attended
Chair	Dr Rima Makarem	4/4
Chief Executive Officer	Felicity Cox	4/4
Non-Executive Member	Alison Borrett	4/4
Local Authority Partner Member (Chief Executive, Milton Keynes Council)	Michael Bracey	4/4
NHS Trust Partner Member	David Carter[6]	3/4
Local Authority Partner Member	Laura Church	3/4
Local Authority Partner Member	Marcel Coiffait	3/4
Non-Executive Member	Manjeet Gill	4/4
NHS Trust Partner Member	Ross Graves	3/4
NHS Trust Partner Member	Joe Harrison	3/4
Primary Medical Services Partner Member	Omotayo Kufeji	4/4
Non-Executive Member	Vineeta Manchanda (From 21 July 2023)	3/3
Non-Executive Member	Shirley Pointer	4/4
Local Authority Partner Member	Robin Porter	3/4
Primary Medical Services Partner Member	Mahesh Shah	3/4
Chief Nurse	Sarah Stanley	4/4
Primary Medical Services Partner Member	Sahadev Swain (From 5 June 2023)	4/4
Chief Finance Officer	Dean Westcott[7]	4/4
Chief Medical Director	Dr Sarah Whiteman	3/4
Board Participant		
Chief Operating Officer	Anne Brierley[8]	3/4
Interim Director of Public Health, Luton Council	Sally Cartwright	3/4

[6] David was deputised at May 2023 meeting by Deputy Chief Executive, Bedfordshire Hospitals NHS Foundation Trust

[7] Dean was deputised at September 2023 meeting by Deputy Chief Finance Officer

[8] Anne was deputised at March 2023 meeting by Director of Contracting

Director of Public Health, Bedford Borough, Central Bedfordshire & Milton Keynes	Vicky Head	3/4
Associate Non-Executive Member	Lorraine Mattis	3/4
Chief of Primary Care	Nicky Poulain	4/4
Chief People Officer	Martha Roberts	4/4
Healthwatch	Maxine Taffetani	4/4
Chief of Strategy & Assurance	Maria Wogan	4/4
Luton Borough Council Co Chair, Health and Care Partnership Bedford Borough Council Co Chair, Health and Care Partnership	One of the following is required to attend each meeting: Councillor Khtija Malik (from 31 October 2023) Councillor Martin Towler (from 31 October 2023)	2/2

Committees of the Board

The Board of the ICB has established the following statutory and non-statutory committees. Details of these committees, a list of members and their attendance is provided in the Governance Statement starting on page 124.

Statutory committees:

- Audit and Risk Assurance Committee
- Quality and Performance Committee
- Remuneration Committee

Non-statutory Committees:

- Finance and Investment Committee
- Primary Care Commissioning and Assurance Committee
- Working with People and Communities Committee
- Bedfordshire Care Alliance Committee

Joint Committees:

The Bedfordshire, Luton and Milton Keynes Health and Care Partnership is BLMK's Integrated Care Partnership. This committee is a joint committee established by the Board of the ICB and five local authorities.

The Board of the ICB engages with its partners to discuss and agree shared strategic direction together through the following forums. These forums inform and align decisions by relevant statutory bodies in an advisory role, unless specific ICB functions have been delegated to them.

- Health and Care Senate
- Place Based Partnerships:
  - Bedford Borough Health and Wellbeing Boar
  - Central Bedfordshire Place Board
  - Luton At Place Board
  - Milton Keynes Health and Care Partnership

Register of Interests

The ICB maintains a Register of Interests which is published on the public website.

An extract from the register listing interests of members is presented as part of the meeting papers for meetings of the Board and its committees.

The policy for Conflicts of Interest Management and Standards of Business Conduct Policy is based on statutory guidance and is available on our public website together with the ICB's register of interests.

Personal data related incidents

The ICB has not reported any Information Governance Serious Untoward Incidents to the Information Commissioner's Office in 2023/24.

Modern Slavery Act

Bedfordshire, Luton and Milton Keynes Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our website at Modern Slavery Statement - Bedfordshire, Luton and Milton Keynes Health (icb.nhs.uk)

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024 the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the ICB is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it.

Audit and Risk Assurance Committee

The Audit and Risk Assurance Committee is a non-executive statutory committee of the Board.

This Committee is accountable to the Board of the ICB and provides an independent and objective view of the ICB's compliance with its statutory responsibilities, including risk management. The Committee is responsible for overseeing the arrangements for appropriate Internal and External Audit.

The purpose of the committee is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB and within the wider BLMK system, such that the Committee can provide assurance to the Board that its objectives are likely to be met and risks are effectively managed.

An annual programme of business is agreed but remains flexible to new and emerging priorities and risks.

The Committee ensures an appropriate relationship with both internal and external audit is maintained.

The Committee meets in two parts:

- **Part 1** - to deal with internal ICB audit and risk business.
- **Part 2** - to deal with system risk business, taking an overview of all system risks and having a particular deep dive focus on specific risks. This part of the meeting includes non-executive directors and risk leads from ICS partner organisations.

The work of the Committee in 2023/24 has included:

- Approval of a detailed internal audit programme of work consistent with the needs of the organisation.
- Scrutinising the findings from internal audits and recommendations for improvement and monitored progress with the implementation of the recommendations.
- Scrutinising external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board of the ICB and the work undertaken outside the annual audit plan.
- Monitoring progress with the Counter Fraud Workplan, discussing the outcome of the work and promoting counter fraud activities within the ICB.
- Reviewing the annual report and financial statements prior to submission with particular focus on changes in and compliance with accounting policies, practices and estimation techniques and significant adjustments resulting from audit.
- Reviewing and challenging assurance reports and updates on areas covered under the Committee terms of reference, including information governance, cyber security, freedom to speak up and emergency preparedness, resilience & response.
- Approving the appointment of the ICB's internal audit and counter fraud service following an open procurement process.
- Reviewing and scrutinising of the range of systems, policy and procedures that are in place to manage risk within the ICB and wider system.
- Reviewing the ICB's Corporate Risk Register and the Board Assurance Framework/System Risk Register and providing assurance to the Board that they accurately record the strategic risks to the ICB's objectives (Corporate Risk Register) and ICS's strategic priorities (Board Assurance Framework/System Risk Register) with the measures and controls to manage them.
- The Chair meeting with Audit Chairs from partner organisations including both NHS Trusts and local authorities on a 1:1 basis to discuss how risks are managed at a system level between organisations. Partner Audit Chairs and their Risk Leads are invited to Part 2 of the ICB's Audit and Risk Assurance Committee to support the development of system risk management arrangements with the objective of establishing a more dynamic and detailed system risk register supported by Key Risk Indicators during 2024/25.
- The Part 2 Committee meeting has developed a system risk appetite statement and accompanying system risk appetite matrix (which was approved by the Board of the ICB in March 2024) and serves as a guide for the ICB's decision making and system risk management approach.

Members and their attendance are listed in the table below.

		Part 1	Part 2
Number of meetings in 2023/24		5	4
Role	Name	Attended	Attended
Chair – Non-Executive Member	Vineeta Manchanda (From July 2023 meeting)	2/2	2/2
Deputy Chair – Non-Executive Member	Alison Borrett[9]	4/5	3/4
Non-Executive Member	Manjeet Gill (From July 2023 meeting)	1/2	1/2
Non-Executive Member	Shirley Pointer (Until July 2023 meeting)	3/3	2/2

Quality and Performance Committee

The Quality and Performance Committee is a statutory committee of the Board. The committee is accountable to the Board of the ICB for matters relating to the improvement in the quality of services, against each of the dimensions of quality set out in the NHS Quality Board: Shared Commitment to Quality (refreshed).

The purpose of the committee is to provide the Board with assurance that it is delivering its functions in relation to the Bedfordshire Luton and Milton Keynes system in a way that secures continuous improvement in the quality and effectiveness of services provided to the population of Bedfordshire Luton and Milton Keynes, against each of the dimensions of quality set out in the NHS Quality Board: Shared Commitment to Quality (safe, effective, positive experience, well-led, equitable and sustainably resourced) and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee scrutinises the robustness of, and gains and provides assurance to the Board, that there is an effective system of quality governance and system performance management that supports it to effectively deliver its strategic objectives and ensure that sustainable, high quality care is provided to its population.

[9] Alison acted as Chair until Vineeta commenced on 21 July 2023

The work of the Committee in 2023/24 has included:

- Continued oversight assurance on the development of the quality and performance elements of the Board Assurance Framework to provide a greater system focus. The Committee recognises the importance of ensuring the collaboration of sovereign organisations in taking ownership and management of relevant strategic risks and mitigation.
- Reviewing Quality and Performance reports and driving the development and transition to a system focus including metrics for population health, social care and public health. The new report format has already given more rich and meaningful information which supports greater understanding of the BLMK system.
- The Committee reviewed a deep dive into winter planning, covering the impact of industrial action on Urgent & Emergency Care, Ambulance Services, Community Diagnostics Cancer Services, Elective Recovery Plans, Maternity Services.
- Following a request from the National Director for Mental Health, reviewing the quality and safety of mental health, learning disability and autism in-patient services. The Committee supported BLMK's accountability and review process which included collaboration with the Mental Health and Diversity in Autism Collaborative to strengthen governance and due diligence in preparation for and conducting reviews.
- The Committee received a comprehensive overview of the System Oversight Framework which highlighted a Quality Improvement project, incorporating focused input from primacy care and local residents; greater inclusion of Children and Young People in system reporting was encouraged.
- Reviewing the performance of the ICB in meeting it's statutory responsibility to provide Continuing Health Care for residents with complex care and support needs. There is a robust application and review process and a senior clinical oversight structure.
- The committee received an overview of the programme of statutory inspections and promoting the development of joint working with system partners, enabling more engagement and greater understanding of organisational approaches and respective challenges. The Committee supported plans to address vulnerabilities, children with Special Educational Needs and Disability (SEND) Safeguarding and Quality through Joint Learning and Improvement Groups across BLMK.
- The committee reviewed the proposed Right Care, Right Person model, designed to ensure the most appropriately skilled professionals attend mental health interventions.
- The Committee reviewed a deep dive report on Local Maternity and Neonatal System; the continued development of an integrated improvement programme was supported, in recognition of challenges presented with different ways of working and different outcomes between the two hospital sites

Members and their attendance are listed in the table below.

Number of meetings in 2023/24		4
Role	Name	Attended
Chair - Non-Executive Member	Shirley Pointer	4/4
Deputy Chair – Primary Medical Services Partner Member	Mahesh Shah	2/4
Non-Executive Member	Vineeta Manchanda (From November 2023 meeting)	2/4
Associate Non-Executive Member	Lorraine Mattis (Until July 2023 meeting)	2/4
Chief People Officer	Martha Roberts	3/4
Chief Nurse	Sarah Stanley[7]	4/4
Primary Medical Services Partner Member	Sahdev Swain (From July 2023 meeting)	3/3
Chief Medical Director	Sarah Whiteman[8]	3/4
Chief of Strategy & Assurance	Maria Wogan	2/4

Remuneration Committee

The Remuneration Committee is a non-executive statutory committee of the Board. This Committee is accountable to the Board of the ICB for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary - Confirm the ICB Remuneration Policy including adoption of any pay frameworks for all employees including senior managers, Directors (including Board members) and Non-Executive Members.

Members and their attendance are listed in the table below.

Number of meetings in 2023/24		5
Role	Name	Attended
Chair – Non-Executive Member	Shirley Pointer	5/5
Deputy Chair - Non-Executive Member	Manjeet Gill	3/5
Non-Executive Member	Alison Borrett	3/5
Independent Chair of the ICB	Rima Makarem	4/5
Non-Executive Member	Vineeta Manchanda (From September 2023 meeting)	4/4

Finance and Investment Committee

The Finance and Investment Committee is a non-statutory Committee of the Board.

The purpose of the committee is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. This includes:

- Financial performance of the ICB.
- Financial performance of NHS organisations within the ICB footprint.

The work of the Committee during 2023/24 has included:

- Receiving ICB and system finance reports with year end forecasts and risks.
- Presenting the system Medium Term Financial Plan (MTFP).
- Receiving regular updates from the Financial Improvement Group (FIG).
- Discussing and recommending the ICB's 2023/24 Section 75 agreements for approval by the ICB Board.
- Reviewing and updating the planned procurement approach for the ICB Strategic Data Platform and governance processes.
- Scrutinising and updating current key procurement and contracting issues, including an update on the Provider selection regime (PSR) guidance.
- Reviewing progress in terms of system transformation and efficiency activities.
- Receiving updates on the Specialist commissioning delegation.
- Completing the 2024/25 Planning Update.
- Updating the ICB and system capital plans, including updates on the system capital position, progress against key projects, estate review of void and sessional space, the System Infrastructure Strategy and how this links into the wider BLMK ICS Capital & Estates Oversight Group (CEOG).
- The Committee has focused on a number of deep dive areas of strategic focus: Continuing Healthcare (CHC), Prescribing and Strategic Estates.
- Holding a workshop with the aim to provide context and a shared understanding on key areas/challenges in complex care, estates, Health Services Strategy and the financial position, including the interdependencies and linkages.
- Holding an extraordinary meeting to discuss MSK procurement and a subsequent Board meeting to conclude discussions.

Members and their attendance are listed in the table below.

Number of meetings in 2023/24		5
Role	Name	Attended
Chair - Non-Executive Member	Manjeet Gill	4/5
Non-Executive Member	Alison Borrett (Until September 2023 meeting)	1/2
Chief Transformation Officer	Anne Brierley	2/5
Non-Executive Member	Vineeta Manchanda (From November 2023 meeting)	3/3
ICB Chair	Rima Makarem	3/5
Chief of Primary Care	Nicky Poulain	2/5
Chief People Officer	Martha Roberts	3/5
Chief Nurse	Sarah Stanley	4/5
Chief Finance Officer	Dean Westcott	5/5
Chief Medical Director	Sarah Whiteman	4/5

Primary Care Commissioning and Assurance Committee

The Primary Care Commissioning and Assurance Committee is a non-statutory committee of the Board.

The committee is accountable to the ICB and reports to the Board on how it discharges its delegated primary care commissioning functions for primary medical services (from July 2022) and primary community pharmacy, optometry and dental services (from April 2023).

The Committee exists to scrutinise and provide assurance to the ICB Board that there is an effective system of primary care services including medical, community pharmacy, optometry and dental services commissioning that supports it to effectively deliver its statutory and strategic objectives and provide sustainable, high quality primary care.

The work of the Committee in 2023/24 has included:

- Providing assurance in relation to decisions for the commissioning, procurement and management of Primary Care contracts including primary medical services (GP), community pharmacy, optometry and dental services.
- Approving recommendations made by the Primary Care (Medical services (GP) and Community Pharmacy, Optometry and Dental) Delivery Groups to ensure the ICB met its statutory responsibility for commissioning and overseeing delegated primary care services and functions.
- Confirming assurance on the commissioning, operational delivery and monitoring of primary care contracts and the contractual actions taken (issuing remedial and breach of contract notices and/or termination of contracts in line with the terms of the contracts and national policy guidance manuals).
- Receiving assurance that the statutory contractual requirements, patient engagement and patient safety with practice considerations and actions had been followed in all decisions made. The ICB were delegated 162 pharmacy, 148 dental and 86 optometry contracts, in addition to the 93 GP contracts.

- Noting the oversight for the completion of the Quality & Outcomes Framework 2022/23.
- Approving the programme of Alternative Primary Medical Services Contract reprocurements and the recommendations from the Delivery Group to award new contracts on completion of procurements.
- Receiving assurance on the process when closure of practices was necessary to ensure effective communications with patients and local stakeholders and for the safe transfer of care to an alternative primary medical provider.
- Approving contract extensions for clinical waste vendors and the managing agent (clinical waste collection services for general practices and community pharmacies).
- Receiving assurance on the successful delegation of Pharmacy, Optometry and Dental to the ICB on 1 April 2024.
- Discussing and confirming assurance on the planned delegation of Public Health Section 7A services to the ICB.
- Reviewing and receiving assurance from the regional Pharmaceutical Services Regulatory Committee (PSRC), hosted by Hertfordshire & West Essex ICB, in relation to community pharmacy services including market entry requests.
- Reviewing and receiving assurance that Optometry services were being commissioned in line with statutory functions.
- Reviewing and confirming assurance on the progress of the transformation and integration programme for primary care which included the ambitions in the NHSE 'Fuller Stocktake Report' (May 2022), the NHSE 'Delivery Plan for Improving Access to Primary Care' (May 2023) and the ICBs 'Delivery Plan for Prevention in Primary Care Settings` (January 2024).
- Noting the digital implementation plan of Cloud Based Telephony with alignment to GP IT systems and reviewed risks via the Digital Risk Register.
- Discussing and receiving assurance that patient and community engagement was utilised to drive quality improvements in Primary Care services.
- Monitoring the development of and endorsing the progress of the BLMK ICS Primary Care Prevention Delivery Plan.
- Endorsing the proposal for a refresh of the Primary Care Estates Strategy as a key enabler to the development of the system Infrastructure Strategy.
- Receiving assurance on the delegated budgets for the commissioning of primary medical services including community pharmacy, optometry and dental services in 2023-24.
- Reviewing quarterly financial reports detailing year to date position and end of year forecast.
- Analysing Risk Register reports and seeking assurance that risks relating to the primary care directorate (medical services, community pharmacy, optometry, dental, digital and estates) were being identified and managed appropriately.
- Analysing reports on primary care estates to monitor progress and risks on key projects, updates on the Primary Care Estates Strategy refresh and S106 funding for primary care.
- Reviewing the primary care workforce programme updates quarterly.
- Endorsing the merger of the two subgroups - the Primary Care (Medical Services) Delivery Group and the Primary Care (Pharmacy, Optometry & Dental) Delivery Group from 1 April 2024. and approved the revised Terms of Reference for the Committee.
- Completing an annual review of its effectiveness noting the progress and development of the Committee.

Members and their attendance are listed in the table below.

Number of meetings in 2023/24 (held in public)		3
Role	Name	Attended
Chair - ICB Non-Executive Member	Alison Borrett	3/3
Deputy Chair - Primary Medical Services Providers Partner Member	Mahesh Shah	2/3
Non-Executive Member	Manjeet Gill	1/3
Primary Medical Services Providers Partner Member	Dr Omotayo Kufeji	0/3
Chief of Primary Care	Nicky Poulain	2/3
Chief Nurse	Sarah Stanley	3/3
Chief Finance Officer	Dean Westcott[10]	1/3
Chief Medical Director	Dr Sarah Whiteman	2/3

Working with People and Communities

The Working with People and Communities Committee is a non-statutory Committee of the Board of the ICB.

The Committee is accountable to the Board of the ICB in providing advice and assurance that there is an appropriate ICB work plan which shows that citizens will be involved in decisions on the planning and delivery of health and care services in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, in line with the Working with People and Communities policy in order to deliver the ICS core purposes of:

- Improving outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experiences and access.
- Enhance productivity and value for money.
- Help the NHS support broader economic development.

The purpose of the Committee is to oversee the delivery and evaluation of the work plan and report to the ICB on the outcomes of citizen engagement. Work with ICS partners to ensure citizens are engaged with, listened to and co-design health and care services as part of the ICS, Place and Care Alliance. Provide assurance to the ICB on planning, delivery, outcome and evaluation of statutory consultation.

[10] Dean was deputised by Deputy Chief Finance Officer at the December 2023 and March 2024 meetings.

During 2023/24 the committee focussed on embedding the work to place residents and their communities at the forefront of the ICB's decision-making process and its work has included:

- Pushing for inclusivity within the committee's membership to establish equitable partnerships among the ICB and partner organisations to represent the communities we serve.
- Championing and supporting the independent Denny Review, culminating in a comprehensive response which sets out a unified commitment across the system to create a fairer and more equitable BLMK. This response includes the appointment of a Board-level champion to oversee and maintain a focus on the system-wide work to tackle health inequalities.
- Funding to scope out and provide a co-designed service specification for translation and interpretation services which will run across the system.
- Overseeing the delivery of the Working with People and Communities Strategy and development of a BLMK engagement schedule to reduce engagement fatigue and build on the approach to engage with underserved communities by working with trusted advocates.
- Reviewing the Working with People and Communities Strategy to put the recommendations from the Denny Review (see page 69) at the core of the strategy, embedding co-production approaches and increasing opportunities for residents, connectors and partners to share insights through an evolved approach to governance. The revised strategy will be presented for Board approval in June 2024.
- Reviewing, supporting and agreeing the development of the ICB and Healthwatch Memorandum of Understanding (MoU) which strengthens the link between Healthwatch partners and the ICB, laying the foundations for increased collaboration and further embedding of co-production.

Signing of the Healthwatch Memorandum of Understanding

- Championing the work of the VCSE Alliance and Strategy Group, recognising the important role grassroots organisations play in engaging with residents and the opportunity to deliver through VCSE partners and collectives to ensure issues that matter to local people are prioritised.
- Underpinning the re-procurement of services including same day primary and urgent care access and musculoskeletal services by co-producing service specifications and developing mobilisation plans with local people, to enable local people to access the care they need at the right place and the right time.

- Overseeing the delivery of the ICB's ambitious co-production training agenda. Over300 people across the system (including commissioners, VCSE and primary care teams) received bespoke training highlighting the importance of putting residents at the heart of what we do.
- Engaging with residents as part of the 'Big Conversation' to understand lived experiences of over 450 residents. This input has informed the development of the Five Year Joint Forward Plan and operational plans.
- Advocating that resident voices be brought to the ICB on a quarterly basis to ensure that lived experiences of service users are heard.
- Adopting a clear "you said, we did" philosophy to give residents assurance that we will act on their feedback and that the ICB is serious about listening and improving how we engage with local people.
- Working to develop a system wide communications campaign with partners, faith and community leaders and VCSE organisations to support winter messaging – helping residents to understand where they can access help through the busiest months of the year, and what they can do to stay well over the winter period.

Members and their attendance are listed in the table below.

Number of meetings in 2023/24		4
Role	Name	Attended
Chair - Associate Non-Executive Member	Lorraine Mattis (Deputy Chair until September 2023 meeting, then Chair)	4/4
Local Authority Partner Member - Chief Executive, Bedford Borough Council	Laura Church	1/4
Non-Executive Member	Manjeet Gill (Chair until September 2023 meeting, then optional attendee)	2/2
Partner member - Executive Director Central & North West London NHS Foundation Trust	Ross Graves	3/4
Primary Medical Services Partner Member	Mahesh Shah	3/4
Chief of Strategy & Assurance	Maria Wogan	4/4
Healthwatch Chief Executive Officers (At least one of the following to attend each meeting)		
Central Bedfordshire	Diana Blackmun	Collective attendance 4/4
Luton	Lucy Nicholson	
Milton Keynes	Maxine Taffetani	
Bedford Borough	Emma Freda (From December 2023 meeting)	
Bedford Borough	Elizabeth Learoyd (Until September 2023 meeting)	

Bedfordshire Care Alliance

The Bedfordshire Care Alliance (BCA) is a non-statutory committee of the Board.

The Committee is accountable to the Board of the ICB and reports through governance structures in partner organisations. It is responsible for making decisions on matters that have been delegated to it by the Board or other constituent partner members.

The overall aims of the Committee are to bring health and care partners across Bedfordshire together to work collaboratively and hold joint accountability for:

- Addressing unwarranted variation in quality, access and outcomes that people experience in different parts of Bedfordshire.
- Designing, planning and organising health services integrated with social care provision in Bedfordshire – making sure resources are in the right place for the best outcomes.
- Focusing on the things we need to implement once across Bedfordshire – standardise where we can if it makes sense to do so
- Supporting place priorities with coherent engagement from providers covering larger footprint. and tailoring where particular place population need requires it.

The Committee plays a key role in overseeing the work undertaken by partners across Bedfordshire.

Over the last 12 months the BCA has concentrated on two specific work streams - development of urgent community response and virtual ward pathways and improvements to system flow. Despite a backdrop of escalating system pressures, driven by industrial action, significant progress has been made in both areas.

The urgent community response pathway is now well embedded across Bedfordshire and Luton and consistently responds to over 90% of all referrals within the target timeframe of two hours.

Over the last 12 months the BCA has worked with East of England Ambulance Service NHS Trust (EEAST) to integrate a paramedic into the Urgent Community Response function. Based out of the Poynt in Luton, this resource allows direct access to the ambulance stack and improves the response to category 3 and 4 calls using our UCR resource rather than sending an ambulance. The BCA has helped co-ordinate system partners to create an integrated service with calls from the stack being picked up by UCR teams, before then moving on to the Virtual Ward as appropriate. This has created the start of an Urgent Care Hub for the system.

The Virtual Ward model continues to develop with support from BCA leadership. Community staff from CCS and ELFT have worked closely with the geriatrician and ACP team from BHT to create a step-up frailty virtual ward. Initially commencing with a pilot in the Luton area this is now starting to be expanded into South Bedfordshire. As at March 2024 all patients seen in the step up Virtual Ward over 70% have resulted in an avoided hospital admission.

The BCA held a series of workshops in conjunction with the ICB to look at how system flow could be improved across the system ahead of winter. Following these workshops a number of actions were taken including:

- Reporting set up to measure medically fit days before discharge.
- Patients assigned an Estimated Date of Discharge (EDD) and likely pathway, as close to point of admission as possible.
- Reports being set up on the back of the EDD and pathway to inform future demand.
- Notification of Discharge built into the Phew App to allow seamless transfer of information and tracking of referrals.
- Restructure of the transfer of care team commenced to reduce duplication of process.

The benefits of this work are already being seen (while recognising there is more to do) with improvements in medically fit days before discharge across both sites for pathway 1 discharges.

For 2024/25, the BCA has identified six work streams to focus its collective efforts on. This will both build on the work above as well as developing new areas. The six projects are as follows:

- Improving access to Pathway 2 Beds (discharges to a community bed-based setting which has dedicated recovery support).
- Development of call before convey model.
- Ongoing development of the step-up virtual ward.
- Improving care in last year of life across Bedfordshire.
- Ensuring effective proactive community care across the county.
- Using data to inform proactive care.

Members and their attendance are listed in the table below.

Number of meetings in 2023/24		4
Role	Name	Attended
Chair - Non-Executive Member	Shirley Pointer	4/4
Primary Care Network (PCN) Clinical Director Luton	Manraj Barhey	3/4
Chief Executive Officer, East London NHS Foundation Trust	Paul Calaminus (Until June 2023 meeting)	1/1
Chief Executive Officer, Bedfordshire Hospitals NHS Foundation Trust	David Carter	4/4
Chief Executive Officer, BLMK ICB	Felicity Cox	4/4
Corporate Director, Population Wellbeing, Luton Borough Council	Mark Fowler	1/4
Primary Care Network (PCN) Clinical Director Bedford Borough	Jane Kocen	4/4
Director of Housing and Adult social care, Central Beds Council	Andy Sharp	0/4
Interim Chief Executive Officer, East London NHS Foundation Trust	Lorraine Sunduza (From September 2023 meeting)	2/3
Director of Adult Social Care, Bedford Borough Council	Kate Walker	3/4
Chief Executive Officer Cambridgeshire Community Services	Mathew Winn	4/4

Health and Care Partnership

The Bedfordshire, Luton and Milton Keynes Health and Care Partnership is BLMK's Integrated Care Partnership.

This committee is a joint committee established by the Board of the ICB and five local authorities.

Duties of the committee includes developing and monitoring the implementation of the Integrated Population Health Strategy for BLMK based on the joint strategic needs assessments, health and wellbeing strategies, place plans, and the voice of people with lived experience.

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 challenge partners to deliver the actions required.

The Health and Care Partnership has a wide membership that includes the ICB, local authorities, NHS Trusts, ambulance services, primary care, Healthwatch and Voluntary, Community and Social Enterprise. Wider stakeholders including Police and Fire Authorities are also invited to meetings. There were a number of changes to the membership of the Health and Care Partnership during the year, some of which were as a result of the local elections in May 2023.

Work of the committee in 2023/24 has included:

- The Partnership met in October 2023 and March 2024 and its work included::At the meeting in October 2023, appointing Councillors Khtija Malik and Martin Towler as Co-Chairs for the next two years. Rima Makarem, the ICB Chair, continues as the Deputy Chair.
- Deciding to meet formally twice a year and to actively participate in the joint seminars with the ICB. The joint seminars involve wider partners and the voice of people with lived experience in the development and delivery of the five strategic priorities in the Health and Care Strategy.
- Supporting findings in the Denny Review.. Understanding the work being undertaken in BLMK with Thames Valley and Bedfordshire Police regarding the Right Care, Right Person scheme.
- Understanding the NHS operational planning process for 2024/25 and the challenges and opportunities it will provide.
- Understanding how the Health and Care Strategy approved in December 2022 was being implemented. See from page 88 for more detail.
- Working in partnership with the Institute for Healthcare Improvement (IHI) on addressing health inequalities across BLMK. This partnership will help to deliver measurable and sustainable programmes of improvement.
- Understanding the NHS Long Term Workforce Plan (LTWP). The Plan is a 15-year assessment of the workforce that will be needed for the future and provides a costed plan of how we develop the current NHS workforce to meet future challenges.

Joint ICB and Health and Care Partnership seminars

Health and Employment seminar July 2023 - The seminar provided the opportunity for members of the ICB, ICP, wider system partners, and residents to identify the opportunities and challenges in obtaining and retaining employment for those with health conditions.

Place-based ideas and action plans were developed to increase employability and recruitment and reduce economic inactivity, sickness absence and barriers to employment. In September 2023, the Health and Care Partnership approved the development of an ICB outline strategy framework (the “framework”) to support improving employment for those with health conditions. This will enable the ICS to fulfil its responsibilities to support local social and economic development, improve health and reduce inequalities.

Early Years Seminar November 2023 - The seminar focused on the need for the development of a holistic view of the child in the context of their family, community and wider support network, emphasizing the need to move from a service-led to a needs-led approach. At present many children wait for specialist services when earlier assessment of needs and bespoke support from multi-disciplinary teams could meet needs quicker and more locally.

At the seminar, there were two interactive sessions based in the four places of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. The two questions the workshop groups focused on were:

- In identifying gaps in existing pathways and when considering the needs of our local children and families – what do we need to change.
- How do we achieve our ambition, agree the right strategic outcomes and what actions should we take in the short, medium and long term.
- The summary of the Place based group discussions were reported to the four Places and actions to address the local challenges were agreed.

Members and their attendance at Health and Care Partnership meetings are listed in the table below.

Number of meetings in 2023/24		2
Role	**Name**	**Attended**
Chair – ICB Chair	Rima Makarem	2/2
Primary Care Network Clinical Director, Luton	Manraj Barhey	0/2
Portfolio Holder for Population Wellbeing (Adult Social Care), Luton Council	Fatima Begum	1/2
Chief Executive Officer, Healthwatch, Central Bedfordshire	Diana Blackmun	1/2
Councillor, Milton Keynes Council	Cllr Robin Bradburn	0/2
Director of Public Health, Luton Council	Sally Cartwright	2/2
Chief Executive Officer, ICB	Felicity Cox	1/2
Chair, Milton Keynes University Hospital NHS Trust	Alison Davis	2/2
Director of Corporate Affairs and Performance, East of England Ambulance	Emma De-Carteret	0/2
Chair, Cambridgeshire Community Services NHS Trust	Mary Elford	1/2
Chief Executive, Healthwatch, Bedford Borough	Emma Freda	1/2
Chair, Health and Wellbeing Board, Central Bedfordshire Council	Rebecca Hares	1/2
Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes	Vicky Head	1/2
Councillor, Milton Keynes Council	Cllr David Hopkins	1/2
Healthwatch Milton Keynes	Tracy Keech	1/2
Chair, Central and North West London NHS Foundation Trust	Tom Kibasi	0/2
Primary Care Network Clinical Director, Bedford	Jane Kocen	1/2
Deputy Leader Buckinghamshire County Council	Angela MacPherson	0/2
Councillor, Luton Borough Council	Cllr Khtija Malik	2/2
Leaders Milton Keynes Council	Peter Marland	0/2

Voluntary, Community and Social Enterprise (VCSE) Lead	Sonal Mehta	2/2
Executive Director, South Central Ambulance Service NHS Foundation Trust	Mike Murphy	0/2
Healthwatch, Luton	Lucy Nicholson	1/1
Primary Care Network Clinical Director, Milton Keynes	Navaneetha Rammohan	2/2
Role	**Name**	**Attended**
Director of Social Care, Health and Housing, Central Bedfordshire Council	Andy Sharp	0/2
Leader Luton Borough Council	Hazel Simmons	0/2
Chair, Bedfordshire Hospitals NHS Foundation Trust	Richard Summary	2/2
Interim Chair, East London NHS Foundation Trust	Eileen Taylor	0/2
Chair, Health and Wellbeing Board, Bedford Borough Council (Co-Chair)	Martin Towler	2/2
Director of Adult services, Bedford Borough Council	Kate Walker	2/2
Representative from ICBs Health and Care Senate	Vacancy	Vacancy
Primary Care Network (PCN) Clinical Director Central Bedfordshire	Vacancy	Vacancy

Partnership Forums

The Board of the ICBI engages with its partners to discuss and agree shared strategic direction together through the following forums. These forums inform and align decisions by relevant statutory bodies in an advisory role, unless specific ICB functions have been delegated to them. The forums are:

- The Health and Care Senate
- Place-based partnerships
  - Bedford Borough Health and Wellbeing Board
  - Central Bedfordshire Place Board
  - Luton at Place Board
  - Milton Keynes Health and Care Partnership
- Mental Health Learning Disability & Autism Collaborative - see page 12

Health and Care Senate

The Health and Care Senate is a forum which provides health and care professional leadership and advice to the ICB and the Health and Care Partnership. It has a role in ensuring that the voice of the health and care professional is heard at every level of the ICS.

The Health and Care Senate reports to the Quality and Performance Committee and to the ICB Board. The purpose and functions of the Senate is to:

- Provide impartial health and care advice to the ICB and the partnership, such as on the development of the system population health and care strategy and plans.
- Draw on the skills of its members from diverse health and care backgrounds, independently of the organisational base.
- Identify system health and care priorities to inform place and care alliance work plans.
- Provide links to wider health and care structures, including the East of England NHS and national clinical and professional bodies. This helps to consider local application of external work, drive innovation and apply research.
- Support the development of the system health and care professional leadership framework and implementation plan.

Place-based partnerships

We are committed to providing services as close to residents as possible to meet their local needs. To do this, we have worked in partnership with local authorities, NHS Trusts and local organisations to establish place-based working in the council areas of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. The local priorities for each place are detailed from page 15.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. While the detailed provisions of the UK Corporate Governance Code are not mandatory for NHS Bodies, the ICB considers relevant principles of the Code is considered to be good practice. This governance statement is intended to demonstrate how the ICB had regard to the principles set out in the Code which are considered appropriate for ICBs for this reporting period.

Discharge of Statutory Functions

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Seeking appropriate advice

How we involve clinical and public health specialists to ensure we meet the needs of residents

As an ICB we have a duty to seek appropriate advice to work as effectively as possible. We take advice in two main areas:

- Clinical advice to support the prevention, diagnosis or treatment of illness.
- The protection or improvement of public health.

We have three Primary Medical Services (PMS) Partner Member roles, a Chief Medical Director and a Chief Nurse on our Board to ensure the voice of clinicians is heard. The PMS members currently include two GPs and a community pharmacist. Both Public Health Directors are participant members of our Board. In addition, our Chief Executive is a qualified pharmacist and our Chief of Primary Care is a registered nurse. As part of our governance and Board committee structure we have an established Health and Care Senate. This is made up of a range of professions acting as an advisory body to the ICB. See page 141-142.

Health and Care Professional leadership charter

The ICB has put in place a health and care professional leadership charter. The vision of the charter is to empower current and future health and care professionals to deliver high quality, compassionate and inclusive care at every level, in the pursuit of improving health and care outcomes for the ICB's local population.

Key principles:

- Integrating health and care professionals in the decision-making at every level of the ICS.
- Creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities.
- Ensuring our health and care professional leaders have appropriate skills and competencies to carry out their system role(s).
- Identifying, recruiting and creating a pipeline of health and care professional leaders.
- Providing dedicated leadership development for all health and care professionals.

Key commitments:

- Nurture a culture that embraces shared learning and champions collaboration across organisational boundaries.
- Develop a health and care professional community of practice to enable the identification of health and care leaders to be engaged into system decision making at all levels.
- Identify current training needs and create new and innovative opportunities to develop and support our clinical and care leaders.
- Create a leadership resource from diverse backgrounds that reflects health and care professionals across the system (sub-system, place and neighbourhood).

In addition to the clinical advice available, we also work closely with residents to ensure that their views are included and considered when making decisions. The Working with People and Communities Committee was established in July 2022 and includes representatives from local authorities, the VCSE, Healthwatch and clinicians.

The Committee provides a voice to experts by experience and partners to provide advice on the best way to engage locally and to inform consultation, co-production and engagement on all service changes for the ICB, before consulting formally with statutory committees including Health Overview and Scrutiny Committees, and Health and Wellbeing Boards.

The ICB also obtains corporate governance advice from NHSE and from the ICB's legal advisors for queries not covered in available guidance.

Making effective decisions

The Board of the ICB has a number of committees to support it in its functions. These committees are described on pages 122-123. In exercising its functions, the ICB uses a range of sources and intelligence to ensure it makes the most effective decisions possible. These include:

- The Board explicitly includes among its membership representatives from partner organisations, such as NHS providers, local authorities and the voluntary and community sector, so that their views inform decision making.
- The Finance and Investment Committee advises the Board on value for money and effective uses of resources.
- The Quality and Performance Committee advises the Board on service quality and improving patient experience.
- For policies, programmes, projects or savings schemes, a two-stage quality impact assessment is undertaken. This includes screening the proposal and then, if quality implications are identified, reviewing it from safety, clinical effectiveness and patient and wider population experience and involvement perspectives, seeking mitigations where patient quality may be impacted. It is signed off by either the Chief Nurse or Chief Medical Director before a decision is made.
- The Audit and Risk Assurance Committee provides assurance to the Board by reviewing overall governance arrangements including the risk management framework and ensuring good financial management.
- The Working with People and Communities Committee provides assurance to the Board that residents are involved in decisions on the planning and delivery of health and care services in all four places.

- There are strong and maturing relationships between our four places and the ICB Board. Regular reports on the work of the ICB are presented to the place boards, or equivalent, and they are encouraged to raise any issues with the Board.
- The use of a standard cover template for Board reports requires authors to describe how the report will address inequalities, Green Plan commitments and identify any financial, workforce and other resource implications.

Keeping the experience of members under review

As a new organisation, arrangements for Board succession and the development of individual board members are still to be fully established. However, the following activities have already taken place:

- A robust appointment process so that all Board members have the necessary experience and expertise, taking into account guidance issued by NHS England in August 2023.
- Board members are offered induction sessions on key areas of the ICB's role and functions.
- All Board members are subject to the fit and proper persons regulations and make a declaration upon appointment stating that they comply with them
- Board seminars are held to help to develop members' knowledge, and to support team building and collaborative ways of working.

The Remuneration Committee has responsibility for reviewing the talent on the Board and determining succession planning.

Risk management arrangements and effectiveness

Building a Robust Risk Management Framework

The Integrated Care Board (ICB) has established a comprehensive risk management framework to proactively identify, assess, and manage risks across the organization and the wider Bedfordshire, Luton and Milton Keynes (BLMK) System. This framework outlines practical methods for risk identification, evaluation, and control implementation.

The ICB Board Assurance Framework (BAF) serves as the central tool for managing strategic risks – those with the potential to impede the ICB's ability to achieve its strategic objectives.

The ICB has worked with all of its partner organisations to mature its system risk management approach during the year. A number of Audit Committee Chairs and Risk Leads from BLMK's NHS Trusts have attended Part 2 of the Audit and Risk Assurance Committee meetings to develop system risk management and review specific system risks.

First Year Focus: Embedding Practices and Defining Risk Appetite

The ICB's inaugural year was dedicated to solidifying its risk management practices and establishing its risk appetite in collaboration with system partners. This collaborative effort culminated in the presentation and approval of the ICB and System Risk Appetite by the ICB Board in March 2024.

Capacity to Handle Risk

Active Risk Management and Mitigation Strategies

As of April 1, 2023, the BAF identified and tracked nine strategic risks, all categorised as high (red) risk.

A comprehensive review of controls to mitigate these risks was undertaken. Action plans for control improvement were developed through collaboration between system partners and the ICB's executive management team. For situations where control or assurance gaps were identified, action plans were created and assigned to address the issues and mitigate risks impacting objective delivery.

Sustained and consecutive industrial action resulted in an increase in the risk ratings in four key areas:

- Industrial action can disrupt the normal functioning of services, delaying or hampering **recovery of services**.
- Disruptions in services can impact vulnerable populations and marginalised communities more severely thereby **widening inequalities**.
- Industrial action can hinder the progress of **system transformation**.
- Loss of productivity during the strike period can affect the **financial health** of the System, potentially requiring additional funds for recovery.

The System adopted a dynamic risk assessment approach to address the evolving risk landscape, particularly in response to industrial action. This approach acknowledged the interconnected nature of risk factors across various areas.

Risk Assessment

Expanding the Risk Landscape

Throughout the year, the Board acknowledged three new strategic system risks:

- It is important to the BLMK population that any ICS public position is clear and therefore the Board agreed to add **Partnership Working** as a risk to ensure that consistency is maintained.
- As a result of challenges with **health literacy** and understanding of health services as identified in the **Denny Review**, the Board agreed that there was a risk that members of minority, disadvantaged and seldom-heard communities in BLMK were not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes.
- The Board recognised a risk that **Collaboration** within the ICS could lead to inefficiency and diluted accountability across the health and care sector organisations, which result in a loss of focus on key priorities and ineffective use of resources, jeopardising the delivery of value to the BLMK population.

Transitioning to Dynamic Risk Management

In alignment with the latest advancements in risk management methodologies, the ICB is adopting Dynamic Risk Management (DRM) to enhance the System's ability to adapt and respond to an ever-changing risk environment. This approach allows for more flexible, real-time decision-making that reflects current and prospective threats to System objectives and priorities.

DRM integrates continuous risk assessment and mitigation strategies that are designed to evolve as new information emerges and circumstances change. This method is particularly well-suited to managing the complex and interconnected risks faced by healthcare systems today. It enables the ICB to not only react to risks as they manifest but also to anticipate and prepare for potential threats before they fully develop.

Static risk	Dynamic risk
Usually, pure risks	Reflective of a changeable set of internal / environmental states – often speculative
Easily predictable and therefore assessable	Not easily predictive
Static risk is always harmful	These can be benefits drawn from dynamic risk
Present in an unchanging environment	Present only in a changing environment / condition
Based on historical knowledge / patterns	Unpredictable and often unknown conditions
Commonly the factors used in corporate risk assessments	Commonly associated with unknown situations or emerging information (EPRR)
Assessment requires a variation from a set of known baseline conditions	Requires the assessment of a number interconnecting factors (e.g. pathways, organisations time, hazards, environments, conditions)

A critical component of DRM is the employment of key risk indicators (KRIs) which help in monitoring changes in risk conditions. These indicators provide early warnings of potential problems, allowing the System to manage risks proactively rather than reactively. By focusing on these indicators, the ICB ensures that its strategic and operational planning are informed by real-time data, facilitating more effective and responsive governance.

By implementing DRM, the ICB aims to achieve a higher level of resilience and agility, securing its strategic objectives against a backdrop of uncertainty and change. This methodology will be rolled out, reinforcing a unified approach to risk management within the BLMK System.

Risk Management and Emergency Preparedness, Resilience and Response (EPRR)

The ICB is a Category One responder under the Civil Contingencies Act 2004. This is the same category as the emergency services. We are statutorily required to ensure that a risk- based approach is taken to Emergency Planning, Resilience and Response (EPRR).

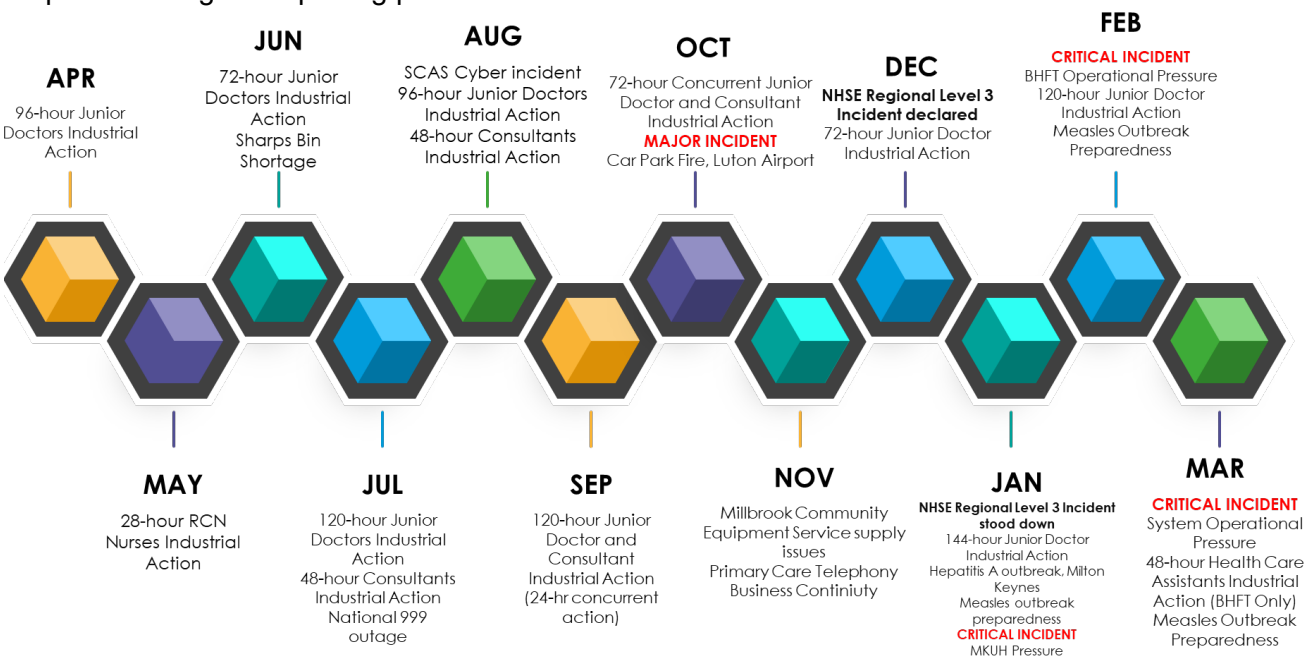
The ICB maintained an active programme of engagement with residents and other key stakeholders on key strategic and service decisions. In addition, the ICB considered our plans so that resilient control mechanisms are put in place. Bringing together EPRR and business continuity with risk management means that resilience becomes inbuilt into organisational risk assessments. In accordance with NHS England guidance, our chief of staff is our accountable emergency officer, supported by the head of organisational resilience.

Risks are managed across organisational boundaries. This is because often the highest risks exist at the interface between organisations. Only by working collaboratively with partner organisations can risk areas be identified, managed and prioritised within risk action plans.

The ICB has an overarching incident response plan in place, as well as a business continuity plan. The ICB maintains a health economy escalation framework in line with the NHS EPRR framework 2022 and the NHS England core standards for EPRR.

The ICB takes part in the annual NHS EPRR assurance process and work closely with the main health partners. This is so we have the right incident response and business continuity plans in place, providing compliance with the requirements of the Civil Contingencies Act 2004, the NHS Act 2006 (as amended) and NHS England EPRR guidance. In 2022/23, we maintained 'substantial' compliance with the NHS England Core Standards for EPRR, which has been the case for three consecutive years.

The timeline below illustrates the incidents/activities the ICB responded to or supported in the response during the reporting period:



Impact of existing and future risks on service delivery

Both existing and future risks can have a significant impact on the performance and delivery of healthcare plans in future years. Risks can arise from a variety of sources, including changes in patient needs, evolving regulatory requirements, shifts in funding or resources, and unexpected events or emergencies such as flooding, heatwaves or as we've seen industrial action.

Our existing risks can impact the ability of health and care providers to meet our current goals and objectives. Future risks, on the other hand, can impact our ability to achieve our long-term goals and objectives. In both cases, risks can impact the performance and delivery of health and care plans in future years by creating uncertainty and disruption. This can lead to delays in the implementation of new initiatives, decreased quality of care, and reduced patient satisfaction.

To mitigate these risks, the ICB must remain vigilant and proactive in identifying potential threats and developing strategies to address them. This may involve investing in contingency planning, strengthening partnerships with existing stakeholders, and exploring new partnerships with other institutions. By taking a dynamic and proactive approach to risk management, the ICB can help to ensure that it is well positioned to meet the evolving needs of patients and our communities in future years.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the ICB to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Standing Financial Instructions

Our Standing Financial Instructions (SFIs) are issued in accordance with the directions issued by the Secretary of State for Health under the provisions of the National Health Service Act 2006 and as amended by the Health and Care Act 2022. They support the SFIs contained in our Governance Handbook.

They detail the financial responsibilities, policies and procedures that have been adopted and are designed to ensure that financial transactions are carried out in accordance with the law and in line with government policy, in order to ensure probity, accuracy, economy, efficiency and effectiveness.

Internal audit

Our internal audit programme adopts a risk-based approach to planning its work, referring to the organisational risk registers in identifying topics for review. In addition to the individual audit reports, the Head of Internal Audit produces an annual audit opinion on risk management, control and governance.

External audit

Our external auditors provide an opinion on whether the financial statements give a true and fair view of our financial position and the income and expenditure. They conclude whether or not the ICB has put in place the proper arrangements to secure value for money in the use of its resources.

Local counter fraud service

The CCG commissioned BDO's local counter fraud specialist (LCFS) to continue their counter fraud service during the period and on the establishment of the ICB, the contract novated to the ICB. A work plan was developed in line with the NHS Counter Fraud Functional Standards, which was approved by the Audit and Risk Assurance Committee. The ICB's Chief Finance Officer was proactively and demonstrably responsible for tackling fraud, bribery and corruption.

Board assurance framework

The board assurance framework (BAF) is the key Board document used to record and report on the risks to delivery of the ICB's strategic objectives and priorities, what controls and assurances are in place and to identify any significant weaknesses that need to be overcome to achieve those objectives.

Annual audit of conflicts of interest management

NHS guidance on managing conflicts of interest requires the ICB to undertake an annual internal audit of conflicts of interest management.

We received Moderate assurance for this audit, which was conducted early 2024. The audit identified that comprehensive policies are in place to manage and monitor conflicts of interests. Areas of improvement were to accurately maintain and publish the Organisation's register of interests, recording of interests during the procurement decision process and ensure conflict of interest is on the agenda for every committee meeting. Actions have been put in place to address these improvement areas.

The audit also identified directorships held by three members of staff which had not been declared and this has been addressed.

Data Quality

The ICB recognises that good quality data is essential for the effective commissioning of services and underpins the delivery of high-quality patient care. Data quality is central to the organisation's ongoing ability to meet its statutory, legal and financial responsibilities.

All the ICB's main providers are required, under their contracts, to have good quality data that is compliant with national standards. The ICB undertakes validation processes to ensure that it is complete, accurate, relevant and timely.

In addition, the ICB has responsibility for monitoring the data quality of the services it commissions and this is achieved through formal contract monitoring arrangements.

Executive leads take responsibility for ensuring that all data presented to the Board is of high quality, accurate and fit for purpose. Performance data is submitted to the ICB executive team monthly and is disseminated through ICB Board and committee papers in line with meeting frequency.

The performance report has been expanded during the year to provide a system-wide view of performance with support from NHS and local authority partners.

Data presented within the reports includes national data from NHSE which is also available to the public through NHSE websites. This data has a time-lag prior to release to allow for national quality checking and verification. In addition, the ICB's Business Intelligence partner, NHS Arden & GEM Commissioning Support Unit and the ICB's recently established Population Health Intelligence Unit, undertake their own validation checks for data completeness and accuracy.

Many data measures will be subject to change following a period of validation and, as such, annual data tables are refreshed monthly to ensure that the ICB can report against the most accurate, timely and complete data. No concerns have been raised by members of the Board about data quality.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information.

All organisations that have access to NHS patient information must provide assurances that they have the proper measures in place to ensure that this information is kept safe and secure. The way in which we must do this, is to complete the NHSE online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. This is called the Data Security and Protection Toolkit (DSPT). The annual submission provides assurances to NHSE and the ICB that personal information is dealt with legally, securely, efficiently and effectively.

We undertook an assessment of our position against the 2023/24 DSPT and submitted a 'baseline' submission. A 'final' submission will take place by the deadline set by NHSE of 30 June 2024. Further information on this can be found searching our organisation via Organisation Details (dsptoolkit.nhs.uk)

Business Critical Models

Following the 2013 MacPherson review, we have concluded that we do not operate any business-critical analytical models that would be subject to quality assurance in line with recommendations.

Third party assurances

Where the ICB relies on third party providers for support services, the contract is overseen by an executive director, with input and operational management provided by subject matter and contracting experts. Regular review meetings are held which receive performance and key performance indicator reports, and which allow discussion of any issues needing resolution. Where services are new or undergoing significant change, this is typically managed through a Mobilisation and Delivery Board structure. No significant issues or concerns have been raised during the year.

Freedom to Speak Up: Raising Concerns (Whistleblowing)

The ICB has a Freedom to Speak Up Policy and process in place to ensure that concerns can be raised without fear of reprisal or victimisation. The ICB actively encourages the reporting of concerns regarding risk, malpractice or wrongdoing, and will promote an open and honest culture and ensure employees raising a genuine concern in good faith will not suffer any detriment.

As well as their line manager, people have the option to raise a concern with our Freedom to Speak Up Guardians who act as independent and impartial sources of advice to staff at any stage of raising a concern and will follow the process as outlined in our Freedom to Speak Up Policy and report outcomes as appropriate.

Alongside continuing to have Freedom to Speak Up Guardians, in quarter one of 2024/25, we will be launching a programme to have Freedom to Speak Up Champions within the organisation.

Control Issues

The ICB has no substantial control issues requiring remedial action.

Review of economy, efficiency & effectiveness of the use of resources

The Board of the ICB has overarching responsibility for ensuring the organisation has appropriate arrangements in place for exercising its functions economically, efficiently and effectively in the use of its resources and in accordance with the principles of good governance.

It ensures that the organisation has robust financial controls including detailed financial policies, standing financial instructions, agreed expenditure approval limits for staff, a monthly budget holder accountability process and an internal audit function, which focuses its work on the areas of financial control risk, as agreed with the Audit and Risk Assurance Committee.

In our scheme of reservation and delegation, there are appropriate arrangements in place within the ICB so it can discharge its responsibilities accordingly. The Chief Finance Officer has delegated responsibility to determine arrangements to ensure the ICB has a sound and robust system of financial control.

Detailed performance, quality and finance reports, which include the use of comparative analysis to assess performance, are presented at each ICB Board meeting. These reports provide an overview of progress against key indicators and financial objectives and prior to consideration by the Board will have been reviewed in detail by the Finance and Investment and Quality and Performance Committees.

The ICB undertakes a comprehensive range of contract monitoring, benchmarking and budget monitoring to ensure the robust management of resources.

The Audit and Risk Assurance Committee receives opinion from the work of the internal and external auditors and is able to advise the Board on the assurances available with regard to the economic, efficient and effective use of resources.

In addition, senior managers meet with NHSE’s Assurance Team to ensure that the ICB is meeting its financial responsibilities in accordance with NHSE’s regulations. Regular review meetings take place between NHSE Region and the ICB to provide assurance on the delivery of the ICB’s statutory functions and strategic priorities.

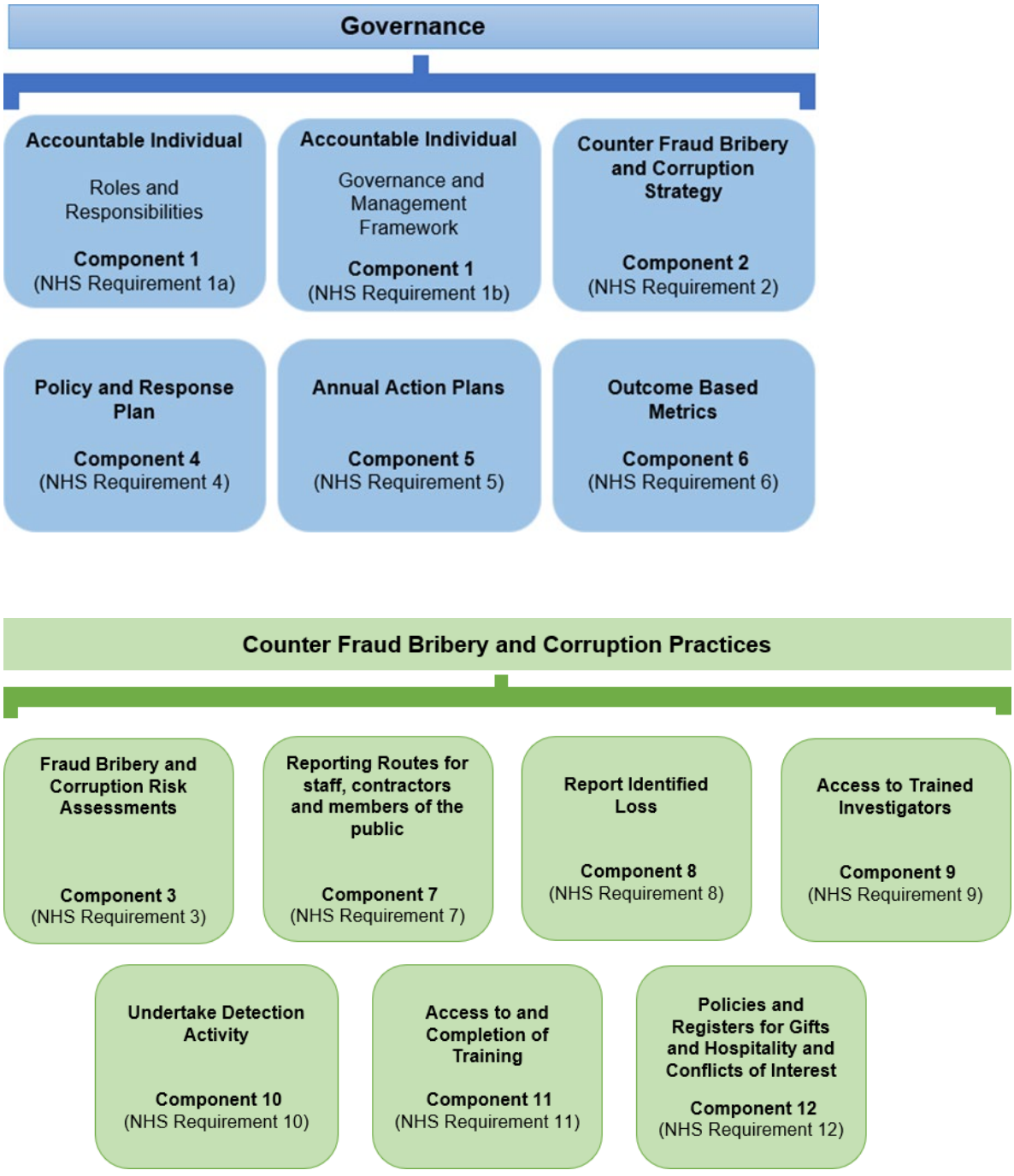
Furthermore, the organisation’s Annual Report and Accounts are audited by external auditors who report to the Audit and Risk Assurance Committee.

Delegation of functions

On 22 March 2024 the Board of the ICB agreed to delegate certain functions to the Primary Care Delivery Group. An assurance report will be provided from the Primary Care Delivery Group to Primary Care Commissioning and Assurance Committee at every meeting.

Counter fraud arrangements

The Local Counter Fraud Specialist (LCFS) undertook a work plan to enable the organisation to demonstrate its compliance with the Government Functional Standard for Counter Fraud, Bribery and Corruption and its 12 component NHS Requirements, as set out below:



The Chief Finance Officer was responsible for ensuring compliance with the Government Functional Standard and the application of the related NHS Counter Fraud Authority (NHSCFA) requirements.

The ICB undertook comprehensive risk assessments to identify and manage its fraud, bribery and corruption risks, ensuring that counter fraud activities were prioritised and focused towards areas of greatest risk. During 23/24, the Deputy Chief of Strategy and Assurance took on responsibility to be the ICB's Counter Fraud Champion and has proactively supported the promotion of counter fraud activity and the work programme within the ICB.

The ICB's counter fraud service was provided by an accredited LCFS; during the period this counter fraud service was provided by BDO LLP. The LCFS worked to a risk-based annual plan that had been agreed by the Chief Finance Officer and the Audit and Risk Assurance Committee. As stated above, the plan is designed around the 12 NHS Requirements under the Government Functional Standard, and compliance with these standards is reported to the Audit and Risk Assurance Committee on an annual basis.

The LCFS attended meetings of the Audit and Risk Assurance Committee to provide updates on progress against the annual work plan. In addition, the LCFS held quarterly catch-up calls with their opposite number at NHS England, to share information on cross-cutting fraud risks and issues.

All concerns of fraud, bribery and corruption at the ICB were referred to the LCFS and addressed in accordance with the ICB's fraud, bribery and corruption policy and NHSCFA Anti-Fraud Manual.

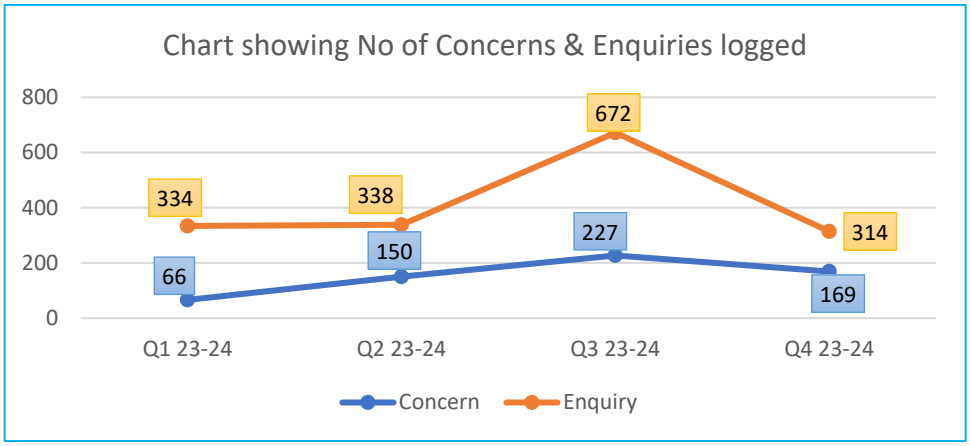
Enquiries and Complaints

In 2023/24, a total of 2326 contacts were logged by the BLMK ICB's Enquiries and Experience Team, categorised as follows:

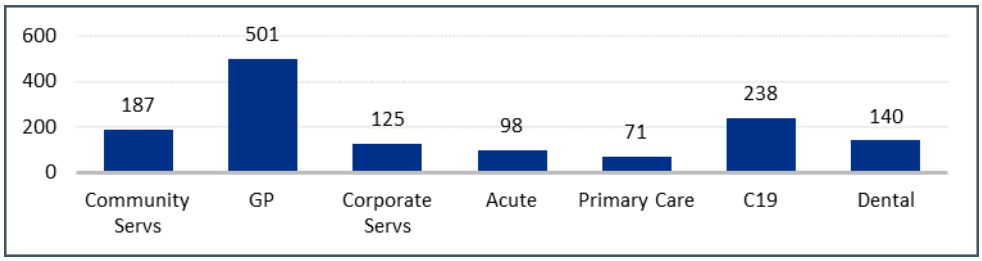
Contact Type	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24
Compliment	2	0	0	3
Concern	66	150	227	169
Enquiry	334	338	672	314
Feedback	2	1	4	1
Information	3	2	21	17
Total	407	491	924	504

As can be seen from the table above, enquiries accounted for just over 70% (n= 1658) of the activity within the Team.

Responsibility for the management of pharmacy, optometry and dental complaints transferred from NHS England to Integrated Care Boards in July 2023 and, as a result, the Team saw a significant increase in the number of enquiries received, as can be seen in the chart below.



Contact by Named Service - The chart below highlights those services where 50 or more contacts were made with the Team. For the period, the majority of contacts logged were in relation to GPs which reflects an increase in the Team's activity since transition of responsibility for the management of GP complaints.



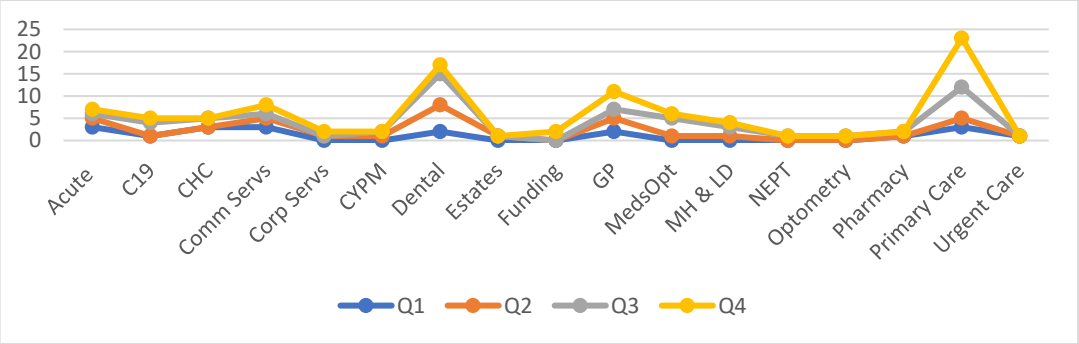
Formal complaints - With responsibility for the management of complaints failing under ICBs since July 2023, residents can approach the ICB and ask for assistance if they have a concern or complaint about any of its provider organisations. The Team will facilitate communication with the relevant service/provider organisation in relation to an investigation of any allegations made, so that a response is provided and reviewed prior to being sent.

For the reporting period, 18 formal complaints were logged, 15 of which were closed. The table below provides the details, outcomes and any learning implemented as a result of the investigations carried out.

Named Service/Provider type

Named Service/provider	Issue raised	Outcome	Learning/ Action taken
Community Services (1)	Unhappy with changes to Stoma service	Not upheld	Change to service made to improve provision and reduce the burden on GPs and existing services. Changes implemented following patient feedback and consultation.
Continuing Health Care (3)	Families unhappy with proposed changes to package of care being provided	Not upheld	Families were advised that any proposed changes reflected the outcome of assessments which determined the outcome and need for change.
Corporate Services (2)	Allegation that BLMK ICBs IVF Policy discriminates against same-sex couples	Not upheld	Complainants advised that Policy was developed in line with peer review and National Guidance. Policy will be reviewed once guidance has been provided. Complainants invited to take part in policy consultation/development.
	Complaint handling	Part upheld	Apology provided for lack of clarification with regards responsibility for investigation of community service complaint.
GP (7)	Staff attitude: Medical (4), Admin (2)	Not upheld	Any misunderstanding explained and apology provided for poor perception of staff.
	Clinical care and treatment (1)	Not upheld	Delays in Community Phlebotomy Service impacted on provision of patient's test results, for which GP was not to blame.
Pharmacy (2)	Medication error: Out of Date medication issued	Upheld	Apology provided and medication re-issued.
	Staff Attitude: Medical	Part upheld	Difficult conversation between pharmacy colleagues and resident. Apology provided, Pharmacy staff to remain professional at all times.

MP Enquiries and Contacts - The ICB received 100 MP Contacts during the reporting period. As demonstrated in the chart below, Q2 and Q3 show a significant peak in contacts relating to Dental, Primary Care and GP services, which coincides with transition of responsibility for concerns and complaints to ICBs.



Themes raised within Enquiries and Contacts:

- Dental services : Access to Services

The ICB was asked to support residents with access to dental care. Some residents found that they had been removed from a practice due to non-attendance during the Covid pandemic. Residents were informed that access is currently a national concern, and dental practice policies vary according to each practice which sets its own criteria. Residents were advised to utilise the internet to search for alternative dental practices and to utilise the services of NHS111 if their conditions worsened.

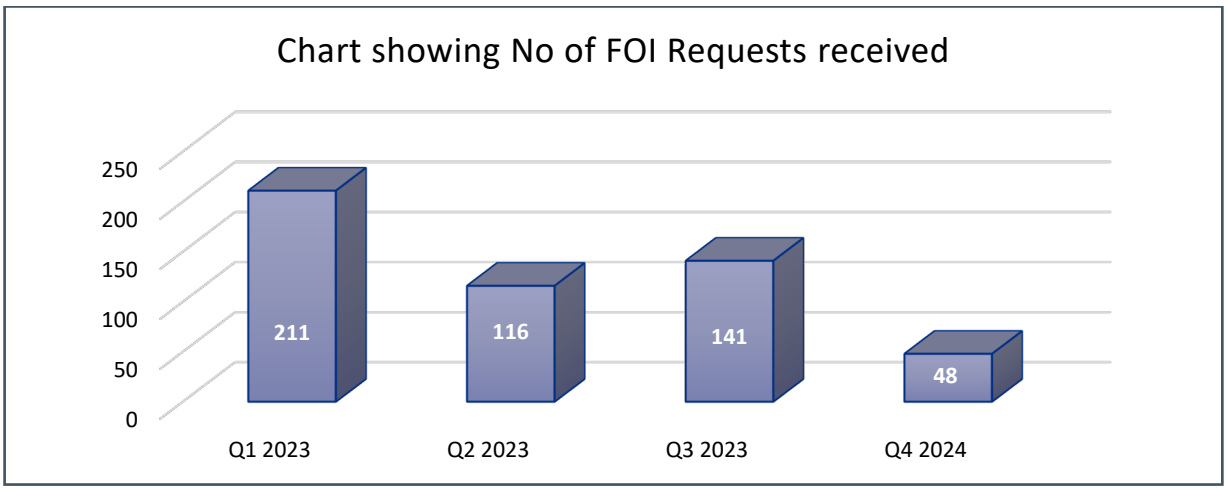
- GP Services : A variety of issues were raised relating to GP services, which included:
  - Re-allocation of new surgery following closure
  - Complaints
  - Access to Service / contact issues
  - Referral enquiries / requests
  - Funding requests
  - Access to Covid booster
- Access to seasonal and travel vaccinations

Any enquiries/concerns raised were reviewed and the enquirer provided with advice and information which resolved their concerns.

- Access to Primary Care services
  - Existing and future plans: The ICB was asked to address concerns by and on behalf of its residents due to population growth in region and concerns about capacity.
  - Access to GP services and appointments: Issues regarding access are addressed with the surgeries directly so that ICB can understand what assistance may be required. It has been acknowledged that access to GP services is an ongoing issue due to demand, which is also being addressed by the Department of Health.
- Primary Care: Patient Referrals / Pathways

BLMK ICB were approached to confirm arrangements and expectations, including timeframes for referrals from primary care to acute and community services. Concerns were raised by residents about the timing of appointments. The ICB confirmed that referrals and waiting lists were managed by the organisations and patients seen according to clinical need. The ICB acknowledged that delays were occurring as a result of staffing, demand on services and industrial action which resulted in appointment cancellations. It was also acknowledged that this was a national situation being addressed by the Department of Health.

Freedom of Information Requests



In 2023/24, 516 Freedom of Information (FOI) requests were received, no themes were identified. The nature of the requests was mainly around contract and funding information, all of which are managed in accordance with the ICB's policy.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded:

Overall, we are able to provide **Moderate Assurance** that there is a sound system of internal controls, designed to meet the ICB objectives, that controls are being applied consistently across various services.

In forming our view we have taken into account that:

- The ICB has delivered (subject to external audit) a break-even income and expenditure financial position for the year ended 31 March 2024
- The ICB has displayed strong controls in relation to the key financial systems and dental commissioning
- The ICB has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its strategy and documentation within the Board Assurance Framework; this has included the work on risks and assurances across the Integrated Care System
- Good progress has been made during the year with the implementation of the actions arising from our audit work.
- During 2023/24, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance (Please refer to legend below for definitions)	
	Design	Operational Effectiveness
Business Continuity & Emergency Planning	Substantial	Limited
	Substantial	Moderate
Conflicts of Interest	Moderate	Moderate
Continuing Healthcare	Moderate	Moderate
Data Security & Protection Toolkit 2022/23	Moderate	Moderate
Data Security & Protection Toolkit 2023/24	Moderate	Moderate
Key Financial Systems	Substantial	Substantial
Primary Care Commissioning - Dental	Substantial	Substantial
Safeguarding	Substantial	Moderate

The Business Continuity Internal Audit carried out during this reporting period identified gaps in the area of Business Impact Assessments (BIA's) this was reflective of the ongoing ICB restructure, high demand responding to Industrial Action and other incidents in parallel.

All departmental BIAs have now been completed and will be exercised by end of June 2024 to ensure fit for purpose and responsibilities are understood.

Legend:

Level of assurance	Design of internal control framework		Operational effectiveness of controls	
	Findings from review	**Design opinion**	**Findings from review**	**Effectiveness opinion**
Substantial assurance	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate assurance	In the main, there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non-compliance with some controls, which may put some of the system objectives at risk.
Limited assurance	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No assurance	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in- year affects the quality of the organisation's overall internal control framework.	Non-compliance and/or compliance with inadequate controls.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed. I have been advised on the implications of the result of this review by the:

- Board
- Audit and Risk Assurance Committee
- Quality & Performance Committee
- Finance & Investment Committee
- Internal audit
- External audit

Conclusion

As Accountable Officer, and based on the review processes outlined above, I can confirm that the governance statement is a balanced reflection of the actual controls position. There is an action plan in place to address the findings from the Business Continuity audit as detailed in the Head of Internal Audit Opinion section.

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

We provide appropriate levels of remuneration to attract the right people with the right skills to Bedfordshire, Luton and Milton Keynes. Remuneration is managed in conjunction with the Remuneration Committee. More information can be found on page 129.

Percentage change in remuneration of highest paid director

	Salary and allowances	**Performance pay and bonuses**
The percentage change from the previous financial year in respect of the highest paid director	4.36%	0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	6.31%	0%

The salary of the highest paid director has increased by 4.36% compared to 2022/23. The highest paid director in 2023/24 was the ICB Accountable Officer and this is consistent with the highest paid director in 2022/23. The salary is based on and is compliant with guidance issued by NHS England and was approved by both the ICB remuneration committee and NHS England.

The average percentage change in salary for employees of the ICB was 6.31% compared to 2022/23 financial year. The agenda for change pay award for 2023/24 has been incorporated into this calculation.

No performance pay or bonuses were paid in the financial year 2023/24.

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director in Bedfordshire Luton & Milton Keynes ICB in the reporting period 1st April 2023 – 31st March 2024 was £187,500. For the prior year reporting period 1st July 2022 – 31st March 2023 the banded remuneration of the highest paid director was £182,500.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table:

2023/24	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	37,905	52,074	62,305
Salary component of total renumeration (£)	37,654	52,074	62,305
Pay ratio information	5.01 : 1	3.65 : 1	3.05 : 1

During the reporting period 1st April 2023 – 31st March 2024, no employees received remuneration in excess of the highest-paid director. Remuneration ranged from £6,250 to £187,500.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Comparable information for the previous reporting period 1st July 2022 – 31st March 2023 is shown in the table below:

2022/23	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	38,939	48,993	65,729
Salary component of total renumeration (£)	38,579	48,993	65,729
Pay ratio information	4.69: 1	3.73 : 1	2.78 : 1

The changes in the current financial year's pay ratios compared to the pay ratios of the previous financial year are mainly due to positions being held vacant whilst the ICB restructures after taking into account the in-year pay award and pay progression affecting the median pay ratio.

Policy on the remuneration of senior managers

The Remuneration Committee sets salaries and terms and conditions of service for all Board members apart from Non-Executive Members, which are set by a special remuneration. All staff are paid either in accordance with 'Agenda for Change' terms, or on very senior manager (VSM) terms and conditions of service, including notice periods. Objectives are set and performance is measured using the objective setting and appraisal process in conjunction with other relevant policies. Remuneration is basic salary, with no awards. All roles in the ICB are subject to job evaluation. In respect of executive remuneration, the committee is guided by the key principles set out in the Hutton Review of Fair Pay (2011), job evaluation methods and pay guidelines set for chief officers and chief finance officers by NHS England.

Remuneration of Very Senior Managers

The ICB had 4 senior managers on a VSM contract which provided for a contractual salary of £150,000 or greater per annum. As part of the appointment process, the remuneration for each post was reviewed and discussed at the ICB Remuneration Committee to ascertain its reasonableness in line with current salary guidance. Approval for the appointment and salary was sought from NHS England. Where the salary was greater than £150k, a business case was submitted to HM Treasury seeking approval. Where appointments are made to a salary above the £150k threshold, we follow the above process and gain approval from HM Treasury.

All annual increases to VSM salaries are compliant with guidance from NHS England. Appropriate internal increases for increased accountability are presented and discussed at the ICB Remuneration Committee to determine its reasonableness in line with current salary guidance and, where the increase takes the salary above the £150,000 threshold, permission is sought from HM Treasury.

Very Senior Managers Remuneration

2023/24 (1st April 2023 – 31st March 2024)

Name	Title	Salary (bands of £5,000)	Taxable benefits * (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Executive Team							
Felicity Cox **	Accountable Officer	185-190	1,800	0	0	0	190-195
Dr Sarah Whiteman **	Chief Medical Director	155-160	0	0	0	0	155-160
Dean Westcott **	Chief Finance Officer	160-165	500	0	0	0	160-165
Nicky Poulain	Chief Primary Care Officer	140-145	1,900	0	0	0	140-145
Sarah Stanley	Chief Nursing Director	145-150	0	0	0	105-107.5	250-255
Anne Brierley	Chief Transformation Officer	155-160	0	0	0	0	155-160
Maria Wogan	Chief of System Assurance and Corporate Services	140-145	0	0	0	0-2.5	140-145
Martha Roberts	Chief People Officer	130-135	800	0	0	72.5-75	200-205
GP Members							
Dr Tayo Kufeji **	Primary Medical Services Providers Partner Member	35-40	0	0	0	0	35-40
Mahesh Shah **	Primary Medical Services Providers Partner Member	20-25	0	0	0	0	20-25
Dr Sahadev Swain	Primary Medical Services Providers Partner Member (from 5th June 2023)	15-20	0	0	0	2.5-5	20-25
Lay Members							
Dr Rima Makarem **	Chair	60-65	1,600	0	0	0	60-65
Alison Borrett **	Non Executive Member	15-20	0	0	0	0	15-20
Shirley Pointer **	Non Executive Member & Remuneration Chair	15-20	0	0	0	0	15-20
Vineeta Manchanda-Singh **	Non Executive Member & Audit Chair (from 21st July 2023)	10-15	400	0	0	0	10-15
Manjeet Gill **	Non Executive Member	15-20	600	0	0	0	15-20
Lorraine Mattis **	Associate Non Executive Member	5-10	0	0	0	0	5-10

* The taxable benefits are in respect of business mileage and subsistence claims.
** The senior managers are either not members of the NHS Pension Scheme or are drawing on their retirement benefits.
No member received any additional remuneration from the ICB for duties that are not part of the management role.

2022/23 (1st July 2022 – 31st March 2023)

Name	Title	Salary (bands of £5,000)	Taxable benefits (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Executive Team							
Felicity Cox	Accountable Officer	135-140	1,300	0	0	85-87.5	220-225
Dr Sarah Whiteman	Chief Medical Director	110-115	0	0	0	0	110-115
Dean Westcott	Chief Finance Officer	115-120	0	0	0	160-162.5	275-280
Nicky Poulain	Chief Primary Care Officer	100-105	0	0	0	65-67.5	165-170
Sarah Stanley	Chief Nursing Director (from 12th September 2022)	75-80	0	0	0	97.5-100	175-180
Anne Brierley	Chief Transformation Officer (from 20th September 2022)	75-80	0	0	0	2.5-5	75-80
Maria Wogan	Chief of System Assurance and Corporate Services (from 30th September 2022)	100-105	0	0	0	17.5-20	120-125
Martha Roberts	Chief People Officer	85-90	0	0	0	95-97.5	180-185
GP Members							
Dr Tayo Kufeji	Primary Medical Services Provider Partner Member	25-30	0	0	0	0	25-30
Mahesh Shah	Primary Medical Services Provider Partner Member	0-5	0	0	0	0	0-5
Lay Members							
Dr Rima Makarem	Chair	45-50	600	0	0	0	45-50
Alison Borrett	Non Executive Member	10-15	0	0	0	0	10-15
Andrew Blakeman	Non Executive Member & Audit & Risk	10-15	0	0	0	0	10-15
Shirley Pointer	Non Executive Member & Remuneration Chair	10-15	0	0	0	0	10-15
Manjeet Gill	Non Executive Member (from 30th August 2022)	5-10	0	0	0	0	5-10
Lorraine Mattis	Non Executive Member (from 1st September 2022)	0-5	0	0	0	0	0-5

For comparative purposes the full year equivalent salary (bands of £5,000) for each of the senior managers above is as follows:

- Dr Rima Makarem - £60,000-£65,000
- Felicity Cox - £180,000 - £185,000
- Dr Sarah Whiteman - £145,000 - £150,000
- Dean Westcott - £150,000 - £155,000
- Nicky Poulain - £135,000 - £140,000
- Sarah Stanley - £135,000 - £140,000
- Anne Brierley - £150,000 - £155,000
- Maria Wogan - £135,000 - £140,000
- Martha Roberts - £115,000 - £120,000
- Dr Tayo Kufeji - £35,000 - £40,000
- Mahesh Shah - £20,000 - £25,000
- Alison Borrett - £15,000 - £20,000
- Andrew Blakeman - £15,000 - £20,000
- Shirley Pointer - £15,000 - £20,000
- Manjeet Gill - £15,000 - £20,000
- Lorraine Mattis - £5,000 - £10,000
- Dr Sahadev Swain - £15,000 - £20,000
- Vineeta Manchanda-Singh – £15,000 - £20,000

The following members of the ICB Board are representatives of partner organisations and do not receive remuneration from the ICB:

- David Carter, NHS Trust Partner Member, Bedfordshire Hospitals Foundation Trust
- Joe Harrison, NHS Trust Partner Member, Milton Keynes University Hospital Foundation Trust
- Ross Graves, NHS Trust Partner Member, Central and North West London Foundation Trust
- Laura Church. Local Authority Partner Member, Bedford Borough Council
- Marcel Coiffait, Local Authority Partner Member, Central Bedfordshire Council
- Robin Porter, Local Authority Partner Member, Luton Borough Council
- Michael Bracey, Local Authority Partner Member, Milton Keynes City Council
- Vicky Head, Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes
- Sally Cartwright, Director of Public Health, Luton
- Maxine Taffetani, Milton Keynes Healthwatch
- Cllr Khtija Malik, Co-Chair of Bedfordshire, Luton & Milton Keynes, Health and Care Partnership
- Cllr Martin Towler, Co-Chair of Bedfordshire, Luton & Milton Keynes, Health and Care Partnership

Pension benefits

		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employers Contribution to partnership pension
Name	**Title**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Felicity Cox	Accountable Officer	0	0	0-5	0	126	0	59	0
Dean Westcott	Chief Finance Officer	0	0	75-80	215-220	50	0	0	0
Nicky Poulain	Chief Primary Care Officer	0	27.5-30	60-65	170-175	1,273	151	1,571	0
Sarah Stanley	Chief Nursing Director	2.5-5	45-47.5	45-50	125-130	639	282	1,005	0
Anne Brierley	Chief Transformation Officer	0	35-37.5	40-45	100-105	616	152	852	0
Maria Wogan	Chief of System Assurance and Corporate Services	0-2.5	17.5-20	15-20	40-45	302	81	433	0
Martha Roberts	Chief People Officer	2.5-5	37.5-40	45-50	120-125	706	234	1,042	0
Dr Sahadev Swain	Primary Medical Services Providers Partner Member	0-2.5	0	0-5	0	0	3	5	0

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office

No payments of this nature were made by the ICB during the reporting period 1 April 2023 – 31 March 2024.

Payments to past directors

No payments were made by the ICB to past directors during the reporting period 1 April 2023 – 31 March 2024.

Staff Report

Number of senior managers

At the end of March 2024 Bedfordshire, Luton and Milton Keynes ICB employed 17 very senior managers (VSMs) including Band 9s.

Staff numbers and costs

On average we have employed 387 370 people at a cost of £29,765,000 (of which £15,173,000 is included in running costs).

Staff Numbers	Permanent employees Average FTE	Other staff Average FTE	Total Average FTE
Administration and estates staff	279.57	16.71	296.28
Medical and dental staff	6.37	0.00	6.37
Nursing, midwifery and health visiting staff	49.54	7.21	56.75
Scientific, therapeutic and technical staff	27.40	0.00	27.40
Totals	**362.88**	**23.92**	**386.80**

FTE = Full-time equivalent

Employee benefits	Permanent employees £000s	Other staff £000s	Total £000s
Salaries and wages	21,169	2,044	23,213
Social security costs	2,263	0	2,263
Employer contributions to NHS pension scheme	3,945	0	3,945
Other pension costs	17	0	17
Apprenticeship levy	88	0	88
Termination benefits	240	0	240
Gross employee benefits expenditure	**27,721**	**2,044**	**29,765**

Board members on the ICB payroll, excluding senior executive/senior management members:

Male		Female	
Headcount	%	Headcount	%
3	0.79%	6	1.59%

Senior managers and VSMs, excluding Board of the ICB:

Male		Female	
Headcount	%	Headcount	%
6	35.29%	11	64.70%

All other employees not included in the previous two categories (Bands 1 – 8d):

Male		Female	
Headcount	%	Headcount	%
66	17.55%	292	77.65%

Gender pay gap reporting

We aim to achieve a gender balance across our workforce, as a whole, including at the most senior levels.

All our opportunities are advertised internally and career conversations are held as part of appraisals. We have actively looked to fill vacancies with internal talent before seeking external candidates.

As an ICB we:

- promote opportunities to communities and those who may not have thought of a career in the NHS.
- ensure the recruitment process for ICB senior roles include procurement exercises that tested the mechanism's commitment to equality of opportunity.

We are mindful that we must act fairly, and within the law, and act where possible to reduce the gender pay gap. Therefore, we are committed to:

- checking for any gender bias in our recruitment information and appointment processes and rectifying this through training or other means
- checking for any gender bias in the uptake of its training offers and other development processes
- ensuring our recruitment strategy has a focus on attracting men to the NHS in all grades. It needs to appeal to all genders as an attractive career path
- monitoring the application policies and procedures, such as flexible working
- carrying out an analysis of current workforce in relation to specific roles, salary increase requests, and starter salaries to understand any occupational bias
- ensuring that we respond to any behavioural concerns arising from feedback mechanisms such as Freedom to Speak Up
- and in future years, check for any indicators from staff surveys and or exit interviews that might increase the understanding of the situation.

Sickness absence data

Under guidance issued by NHS England, guidance on Sickness Absence Data Reporting for NHS Bodies 2013–14 (2014), ICBs are required to report on a calendar year. The data in this report reflects the period from 1st January to 31st December 2023.

We supported employees' health and wellbeing through access to an Occupational Health Service, Employee Assistance Programme, absence management process, as well as wellbeing initiatives throughout the year including but not limited to wellbeing topics included in our staff briefings, wellbeing conversations and access to system-wide wellbeing resources. Recognising the benefits of activity, we have launched a cycle to work scheme for our staff and we also developed and launched a Menopause friendly policy, processes and line manager training and are currently working towards accreditation as a Menopause Friendly organisation. We also reinforced an 'open-door' culture, with colleagues encouraged to speak with their line manager or appropriate senior manager regarding any matters of concern, as well as a Freedom to Speak Up Guardian in place for staff to contact should they wish to.

The sickness absence data for months 1 – 12 of 2023 showed an average 6.0 working days lost per employee. This is a reduction from the previous annual report (7.16 days lost for months 4 – 8 only (part year only required for reporting)). It should be noted that the days lost were attributed to both long-term and short-term illnesses.

Staff turnover percentages

The staff turnover percentage for the ICB for 2023/24 is 20.99% per headcount. This is higher than standard and it should be noted that this figure reflects the impact of the organisational change within the ICB in year. The top three reasons for leaving (outside of the organizational change are attributed to Retirement, work life balance and promotion. To support retention, we ensure staff feel supported in their careers, not only through secondment opportunities to help develop skills, but also advertise roles internally to ensure staff have opportunities to progress within the organisation.

We have continued to offer a hybrid working model and flexible working to our staff to ensure they have an opportunity for good work like balance.

We conduct exit interviews both online and face to face, so that we can gather more information around the reason for leaving and can therefore take steps to address any concerns raised.

Staff engagement percentages

2023/24 has been a year of change for the ICB. This was a result of the NHS England directive for all ICBs to reduce their running costs by 30%. As part of this we have conducted significant engagement with our staff. Engagement within the year includes All Staff Away Days, specific sessions on the new target operating model and the proposal for a new way of working with new teams, All Staff briefings, Directorate Sessions, Formal Consultation, Line Manager Guidance Sessions, NHS Elect training sessions, Weekly meetings with Trade Unions, Weekly staff communications, FAQs & Intranet resources.

To launch and embed the new Target Operating Model, in quarter four we held two all staff engagement days with our staff. This was to enable us to reflect on all we had achieved in 2023/24 with our previous way of working, define together what good looked and felt like in our new Target Operating Model and explore the next phases of our change programme as an organization to deliver improved outcomes for our residents at system, collaborative, place and neighbourhood levels. As well as keynote speakers from our senior team the days also involved workshops for staff to celebrate achievements, contribute to ideas concerning quality improvements and efficiencies and explore the how the new target operating model was working and what our staff needed to enable them to continue to deliver.

We have also engaged with our staff to understand what they need in respect to development of skills to operate successfully in our new environment. As a consequence we have developed a leadership programme, held topic specific ‘bitesize’ sessions and implemented practical development days to upskill staff knowledge in respect to project management, quality improvement techniques and IT systems.

Health and wellbeing support

During the reporting period we have continued to offer wellbeing support for our staff and are fully committed to the health and wellbeing of our employees and understand that a healthy and happy workforce is crucial to delivering improvements in patient care.

With the continuation of hybrid working, we have continued to support our staff by retaining and enhancing existing measures. These measures have included:

- remote working guidance;
- regular communication and contact between managers and staff members;
- appraisals and wellbeing conversations between managers and staff;
- provision of a suite of wellbeing advice and tools
- regular staff sessions on topics such as stress awareness and resilience;
- access to financial management sessions to support with ‘cost of living’
- use of technology in terms of social applications;
- fortnightly MS Teams meetings with our Chief Officer to keep staff updated;
- DSE assessments for homeworking and making use of Access to Work to support where applicable and
- recognition of the improved work / life balance available through remote working by formalising the arrangements.

Managers maintained regular contact with their teams to provide environments in which individuals could raise concerns, express their feelings and discuss their physical and mental wellbeing.

We offer an employee assistance programme (EAP), accessed through a free and confidential helpline. We also have access to occupational health services, to support staff with health concerns and during the last year have introduced additional online apps in the form of the Peppy Menopause App and Shiny Mind.

Developing our workforce

In 2022/23 we created a competency framework for staff aimed at creating a blueprint for the skills and behaviours that enable our People to successfully operate within an Integrated Care System whilst fulfilling the NHS People Promise and delivering the BLMK ICS vision. In 2023/24, we have continued to build on this work by developing a leadership development programme.

In addition, as part of our restructure in 2023/24, we have implemented teams with a focus on Place and transformational working. To support these teams and ensure they have the required skills and knowledge to succeed in their roles, we have implemented a series of development days and 'bitesize' training sessions centred on leadership, practical skills, Quality improvement techniques, project management and functional service line knowledge.

Induction, Onboarding and development

Giving new team members a strong start at BLMK ICB is essential to our commitment to providing a positive and productive work environment for all staff. In a challenging time for the NHS, and while ICBs are still embedding their ways of working, it is more important than ever to ensure that our plans are robust and that new staff hit the ground running.

Our induction, onboarding and development plan is designed to help new employees feel welcome and supported, get up to speed quickly and effectively, and give them the tools and knowledge, they need to succeed in their roles. The program covers a wide range of topics including mission, vision and values, governance structure, key stakeholders, contacts, and services, internal processes, and expectations for employees. For executive and non-executive members, our development plan expands further covering Establishment & Transition and Strategy, Priorities & ICB Delivery and many more.

Developing a diverse workforce

We are committed to providing a safe and thriving environment for all of our colleagues.

This means making sure that our workplace is free from discrimination and racism, and actively promoting opportunities for all staff, regardless of background, race, ethnicity or disability. The ICB consists of a diverse workforce, 22.07% of whom were from a BAME background and 75.14% white, 2.79% not stated as at the end of month 12 for 2022/23. O ur Board consisted of 27.78% BAME, 66.67% white and 5.56% not stated.

Developing an inclusive and diverse workforce is important to the ICB and we work hard to ensure that our workforce processes and practices support this aim and align to our Equality, Diversity and Inclusion Policy. We have continued to progress the development of a diverse workforce during 2023/24. During this period, online refresher Equality and Diversity training has been delivered to all ICB staff, ensuring compliance with the Equality Act 2010. This training helps to enhance the role and importance of diversity within the organisation, supporting respect for and among the workforce. Equality, Diversity, Inclusion and belonging (EDIB) have also formed part of the recruitment and selection masterclasses that have been held. Equality impact assessment (EQIAs) training has also been offered and delivered to staff who are involved in producing EQIAs. In addition, the ICB has developed an inclusive recruitment toolkit for use by managers in the recruitment and selection process.

As part of our continued approach to support EDIB we have launched Staff Networks and an EDI Forum within the organisation. During 2023/24 we have continued to embed these networks and forums.

The ICB is an equal opportunities employer. When recruiting to posts we utilise best practice. We use TRAC as our recruitment system and all vacancies are advertised on NHS Jobs, which shares information directly with Jobcentre Plus, helping to increase access and support employment in local communities. Where appropriate, to ensure access to a wider and more diverse audience, we utilise other advertising mechanisms including jobsites, online media, newspapers and forums.

In addition to new hires, we seek to develop and promote staff internally to vacant positions. All opportunities are promoted internally as standard. We also seek to use other channels for development, this includes training, mentoring, coaching and secondments. We recognise that staff can develop through partnership with external organisations. Where appropriate the ICB will work with other organisations to arrange secondments.

Disabled employees

In 2023/24 the ICB gained Disability Confident Employer status.We strive to be an inclusive employer and our policy on disabled persons ensures that:

- full and fair consideration is given to applications for employment made by disabled persons, having regard to their particular aptitude and abilities;
- we continue the employment of, and arrange appropriate training for, employees who have become disabled during the period when they were employed by the CCG; and
- we provide training, career development and promotion of disabled people that we employ.

Of our staff, 8.10% have declared a disability. It is not mandatory for staff to declare disabilities.

All staff complete online DSE Training and assessments on an annual basis and new joiners complete these as part of their induction. Staff are supported to purchase any DSE equipment needed, and support is in place for staff with disabilities who may require specialist equipment.

Staff policies

As a statutory body, we ensure that we have robust employment policies that are compliant with current employment legislation, best practice and reflect our culture and values.

During the year where changes to legislation have been made, we have reviewed and updated our policies working alongside our trade union representatives, who have an active part in this process.

All new policies were reviewed by our Senior Leadership Group, Executives and through the appropriate board committee, before implementation.

All our current workforce policies can be viewed on our website and are available to staff through our intranet. During the year our HR team has worked with managers to ensure understanding of our policies and we are presently developing a masterclass training programme, focused on key policies, which will be available to all our organisational managers taking into consideration those who are new to management and those who are more experienced but would like to refresh their knowledge.

Trade Union Facility Time Reporting Requirements

The ICB has agreed a facilities time policy with the trade unions. There have been 3 different employees acting as representatives throughout the period, equating to 3.0 WTE.

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
3	3.00

Table 2: Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	3
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time

Total cost of facility time	£204,661
Total pay bill	£29,764,564
Percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100	0.69%

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	3%

Other employee matters

All other matters relating to staff can be found at the workforce section on page 58.

Expenditure on consultancy

Expenditure on consultancy was £188,000.

Off-payroll engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as at 31 March 2024, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2024	17
Of which, the number that have existed:	
for less than one year at the time of reporting	7
for between one and two years at the time of reporting	8
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	17
Of which:	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	2
No. subject to off-payroll legislation and determined as out of scope of IR35	11
the number of engagements reassessed for compliance or assurance purposes during the year	8
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements.	17

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies **WHOLE NUMBERS ONLY**	Cost of compulsory redundancies **£s**	Number of other departures agreed **WHOLE NUMBERS ONLY**	Cost of other departures agreed **£s**	Total number of exit packages **WHOLE NUMBERS ONLY**	Total cost of exit packages **£s**	Number of departures where special payments have been made **WHOLE NUMBERS ONLY**	Cost of special payment element included in exit packages **£s**
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	1	24,026	4	67,184	5	91,210	0	0
£25,001 - £50,000	2	90,454	3	101,121	5	191,575	0	0
£50,001 - £100,000	0	0	1	67,862	1	67,862	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	**3**	**114,480**	**8**	**236,167**	**11**	**350,647**	**0**	**0**

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook (Agenda for Change). Exit costs in this note are accounted for in full in the year of departure. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Table 2: Analysis of Other Departures

	Agreements Number	Total Value of agreements £000s
Voluntary redundancies including early retirement contractual costs	8	236
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
TOTAL	**8**	**236**

*Any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Annual Accounts

2023 – 2024

Contents

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Income from sale of goods and services	2	(24,078)	(2,068)
Other operating income	2	(330)	(77)
Total operating income		**(24,408)**	**(2,145)**
Staff costs	4	29,765	22,080
Purchase of goods and services	5	2,107,917	1,384,983
Depreciation and impairment charges	5	272	232
Provision expense	5	860	124
Other operating expenditure	5	218	430
Total operating expenditure		**2,139,032**	**1,407,851**
Net Operating Expenditure		**2,114,623**	**1,405,706**
Finance expense	8	6	6
Other Gains & Losses	7	6	-
Net expenditure for the Year		**2,114,636**	**1,405,712**
Comprehensive Expenditure for the year		**2,114,636**	**1,405,712**

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board was established on the 01 July 2022 as part of the reforms introduced by the Health and Care Act (2022) to the organisation and delivery of health and care services in England. Prior year comparators shown within these accounts therefore relate to the nine month period 1st July 2022 to 31st March 2023.

Statement of Financial Position as at 31 March 2024

	Note	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Non-current assets:			
Property, plant and equipment	10	-	18
Right-of-use assets	11	538	799
Trade and other receivables	13	-	-
Total non-current assets		**538**	817
Current assets:			
Inventories	12	83	106
Trade and other receivables	13	11,734	16,214
Cash and cash equivalents	14	(698)	(524)
Total current assets		**11,118**	**15,797**
Total current assets		**11,118**	15,797
Total assets		**11,657**	16,613
Current liabilities			
Trade and other payables	15	(107,515)	(113,179)
Lease liabilities	11.2	(6)	(266)
Borrowings	16	(213)	(9,978)
Provisions	17	(2,293)	(2,053)
Total current liabilities		**(110,028)**	(125,477)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(98,371)**	(108,864)
Non-current liabilities			
Lease liabilities	11.2	(534)	(534)
Provisions	17	-	(357)
Total non-current liabilities		**(534)**	**(892)**
Assets less Liabilities		**(98,906)**	(109,755)
Financed by Taxpayers' Equity			
General fund		(98,906)	(109,755)
Total taxpayers' equity:		**(98,906)**	(109,755)

The notes on pages 5 to 28 form part of this statement

The financial statements on pages 1 to 28 were approved by the Board of the BLMK ICB on 26 June and signed on its behalf by:

Felicity Cox, Chief Accountable Officer Date: 26 June 2024

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund	Total reserves
	£'000	£'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	(109,755)	(109,755)
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24		
Net operating expenditure for the financial year	(2,114,636)	**(2,114,636)**
Net Recognised NHS Integrated Care Board Expenditure for the Financial year	**(2,114,636)**	**(2,114,636)**
Net funding	2,125,486	**2,125,486**
Balance at 31 March 2024	**(98,906)**	**(98,906)**

	General fund	Total reserves
	£'000	£'000
Changes in taxpayers' equity for 01 July 2022 - 31 March 2023		
Balance at 01 April 2022	-	-
Changes in NHS Integrated Care Board taxpayers' equity for 01 July 2022 - 31 March 2023		
Net operating costs for the financial year	(1,405,712)	(1,405,712)
Transfers by absorption to (from) other bodies	(94,468)	(94,468)
Net Recognised NHS Integrated Care Board Expenditure for the Financial Year	**(1,500,180)**	**(1,500,180)**
Net funding	1,390,425	1,390,425
Balance at 31 March 2023	**(109,755)**	**(109,755)**

The notes on pages 5 to 28 form part of this statement

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Cash Flows from Operating Activities			
Total Net operating expenditure for the financial year		(2,114,630)	(1,405,706)
Depreciation and amortisation	5	272	232
Movement due to transfer by Modified Absorption		-	(91,367)
Other Gains & Losses	7	6	-
(Increase)/decrease in inventories		24	(106)
(Increase)/decrease in trade & other receivables	13	4,481	(16,214)
Increase/(decrease) in trade & other payables	15	(5,664)	113,179
Provisions utilised	17	(977)	(869)
Increase/(decrease) in provisions	17	860	124
Net Cash Inflow (Outflow) from Operating Activities		**(2,115,629)**	(1,400,727)
Net Cash Inflow (Outflow) before Financing		**(2,115,629)**	(1,400,727)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		2,125,486	1,390,425
Repayment of lease liabilities		(266)	(200)
Net Cash Inflow (Outflow) from Financing Activities		**2,125,219**	1,390,225
Net Increase (Decrease) in Cash & Cash Equivalents	14	**9,591**	(10,502)
Cash & Cash Equivalents at the Beginning of the Financial Year		**(10,502)**	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(912)**	(10,502)

The notes on pages 5 to 28 form part of this statement

Notes to the financial statements

1. Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Going Concern

These accounts have been prepared on a Going Concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2. Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3. Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4. Pooled Budgets

The ICB has entered into pooled budget arrangements with Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Community Equipment Services, the Learning Disability Service and Children Service Pools, the Better Care Fund and Discharge Funds with Note 22 to the accounts providing the detail of the income and expenditure.

The pools are hosted by Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council. As a commissioner of healthcare services, the ICB makes contributions to the pool, which are then used to purchase healthcare services. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5. Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.6. Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7. Employee Benefits

1.7.1. Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2. Retirement Benefit Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7.3. Local Government Pensions

Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the ICB's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income / net expenditure.

1.8. Other Expenses

Expenditure on goods and services is recognised when, and to the extent that, they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9. Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10. Property, Plant & Equipment

1.10.1. Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.10.2. Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3. Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11. Leases

"A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract."

1.11.1. The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;

- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease. "

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the ‘Depreciation, amortisation and impairments’ policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.12. Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula.

1.13. Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB’s cash management.

1.14. Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 4.40% (2022: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15. Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.16. Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17. Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18. Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1. Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.19. Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20. Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21. Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1.22. Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.23. Critical accounting judgements and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical

experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.23.1. Sources of estimation uncertainty

There are no key estimations made by management in the process of applying the Integrated Care Board's accounting policies that have a significant effect on the amounts recognised in the financial statements.

1.24. Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

2. Other Operating Revenue

	2023-24 Total	01 July 2022 - 31 March 2023 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	-	1,024
Non-patient care services to other bodies	2,076	747
Prescription fees and charges	9,837	-
Dental fees and charges	11,195	-
Other Contract income	19	3
Recoveries in respect of employee benefits	951	294
Total Income from sale of goods and services	**24,078**	**2,068**
Other operating income		
Other non contract revenue	330	77
Total Other operating income	**330**	**77**
Total Operating Income	**24,408**	**2,145**

Prescription and dental fees and charges shown above represent fees paid by patients towards their dental care. Pharmacy, optometry and dental services have been delegated to the ICB as from 1st April 2023 hence no comparator income for previous year.

3. Disaggregation of Income - Income from sale of good and services (contracts)

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Source of Revenue					
NHS	1,354	-	-	10	597
Non NHS	722	9,837	11,195	9	354
Total	**2,076**	**9,837**	**11,195**	**19**	**951**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Timing of Revenue					
Point in time	-	9,837	11,195	-	-
Over time	2,076	-	-	19	951
Total	**2,076**	**9,837**	**11,195**	**19**	**951**

3.1. Transaction price to remaining contract performance obligations

NHS Bedfordshire, Luton and Milton Keynes ICB had no contract revenue expected to be recognised in future periods relating to contract performance.

4. Employee benefits and staff numbers

4.1.1. Employee benefits

	Total		2023-24
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	21,169	2,044	**23,213**
Social security costs	2,263	-	**2,263**
Employer Contributions to NHS Pension scheme	3,945	-	**3,945**
Other pension costs	17	-	**17**
Apprenticeship Levy	88	-	**88**
Termination benefits	240	-	**240**
Gross employee benefits expenditure	**27,721**	**2,044**	**29,765**
Less recoveries in respect of employee benefits (note 4.1.2)	(951)	-	**(951)**
Total - Net admin employee benefits including capitalised costs	**26,770**	**2,044**	**28,813**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**26,770**	**2,044**	**28,813**

	Total		01 July 2022 - 31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	15,368	2,186	**17,553**
Social security costs	1,842	-	**1,842**
Employer Contributions to NHS Pension scheme	2,579	-	**2,579**
Apprenticeship Levy	65	-	**65**
Termination benefits	43	-	**43**
Gross employee benefits expenditure	19,895	2,186	**22,080**
Less recoveries in respect of employee benefits (note 4.1.2)	(294)	-	**(294)**
Total - Net admin employee benefits including capitalised costs	19,601	2,186	**21,787**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**19,601**	**2,186**	**21,787**

4.1.2. Recoveries in respect of employee benefits

	2023-24			01 July 2022 - 31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	(913)	-	(913)	(225)
Social security costs	(17)	-	(17)	(31)
Employer contributions to the NHS Pension Scheme	(21)	-	(21)	(37)
Total recoveries in respect of employee benefits	**(951)**	**-**	**(951)**	**(294)**

4.2. Average number of people employed

	2023-24			01 July 2022 - 31 March 2023		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	363	24	387	349	29	379
Of the above: **Number of whole time equivalent people engaged on capital projects**	-	-	-	-	-	-

No people were engaged on capital projects in the period from 01 April 2023 to 31 March 2024 (nil in the period 01 July 2022 to 31 March 2023)

4.3 Exit packages agreed in the financial year

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	1	24,026	4	67,184	5	91,210
£25,001 to £50,000	2	90,454	3	101,121	5	191,575
£50,001 to £100,000	-	-	1	67,862	1	67,862
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**3**	**114,480**	**8**	**236,167**	**11**	**350,647**

	01 July 2022 - 31 March 2023 Compulsory redundancies		01 July 2022 - 31 March 2023 Other agreed departures		01 July 2022 - 31 March 2023 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	1	105,298	-	-	1	105,298
£150,001 to £200,000	1	177,940	-	-	1	177,940
Over £200,001	-	-	-	-	-	-
Total	**2**	**283,238**	**-**	**-**	**2**	**283,238**
Voluntary redundancies including early retirement contractual costs	8	236,167	-	-		

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook (Agenda for Change).

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Where the ICB has agreed early retirements, the additional costs are met by NHS Entities and not by the NHS Pension Scheme, and are included in the tables. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	2023-24 Total £'000	01 July 2022 - 31 March 2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	357	3,756
Services from foundation trusts	1,219,839	827,273
Services from other NHS trusts	130,831	93,308
Purchase of healthcare from non-NHS bodies	277,888	193,051
General Dental services and personal dental services	55,081	-
Prescribing costs	164,261	114,387
Pharmaceutical services	27,967	-
General Ophthalmic services	9,640	-
GPMS/APMS and PCTMS	185,393	124,987
Supplies and services – clinical	737	476
Supplies and services – general	12,698	11,398
Consultancy services	188	127
Establishment	7,586	3,728
Transport	9,574	7,081
Premises	4,155	2,373
Audit fees	216	175
Other services	48	30
Other professional fees	1,095	520
Legal fees	273	167
Education, training and conferences	88	2,147
Total Purchase of goods and services	**2,107,917**	**1,384,983**
Depreciation and impairment charges		
Depreciation	272	232
Total Depreciation and impairment charges	**272**	**232**
Provision expense		
Provisions	860	124
Total Provision expense	**860**	**124**
Other Operating Expenditure		
Chair and Non Executive Members	138	168
Grants to Other bodies	-	177
Research and development (excluding staff costs)	40	-
Expected credit loss on receivables	14	-
Inventories consumed	24	-
Other expenditure	4	86
Total Other Operating Expenditure	**218**	**431**
Total operating expenditure	**2,109,267**	**1,385,771**

The supplies and services - general includes grants provided to: Community Action MK £80k, Healthwatch Bedford Borough £50k, Healthwatch Central Bedfordshire £50k, Healthwatch Luton £50k, Healthwatch Milton Keynes £50k. This is in addition to the pooled budget arrangements in place with the local authorities.

Other Audit fees represent the fees for validating the delivery of the Mental Health Investment Standard.

Primary pharmacy, optometry and dentistry services were delegated from NHSE to the ICB as from 1st April 2023. Consequently, there is no comparator spend for the previous year.

5.1. Auditor Liability Limitation Agreement

In accordance with SI2008 no.489, the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, if the ICB contract with its auditors provides for a limitation of the auditor's liability, it is required to disclose the principle terms of this limitation.

In the contract the ICB holds with its external auditors, the total aggregate liability (whether those liabilities are expressed as an indemnity or otherwise) for each year of this contract shall be:

Liability for all defaults resulting in direct loss or damage to property shall be subject to a limit of £2 million (two million pounds) unless otherwise stipulated by the ICB in the letter of appointment.

In respect of all other defaults, claims, losses or damages whether arising from breach of contract, misrepresentation (whether tortious or statutory), tort (including negligence), breach of statutory duty or otherwise shall in no event exceed the greater of the sum of £2 million (two million pounds) or a sum equivalent to 125% (one hundred and twenty-five per cent) of the contract charges paid or payable to the ICB in the relevant year of the contract calculated at the date of the event giving rise to the liability (estimated for the full year if the event occurs in the first year of the contract) unless a different aggregate limit or limits is otherwise stipulated by the ICB in the letter of appointment following a further competition.

6. Payment Compliance Reporting

6.1. Better Payment Practice Code

Measure of compliance	2023-24 Number	2023-24 £'000	01 July 2022 - 31 March 2023 Number	01 July 2022 - 31 March 2023 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	26,350	426,881	15,469	269,442
Total Non-NHS Trade Invoices paid within target	25,047	420,071	14,616	230,849
Percentage of Non-NHS Trade invoices paid within target	**95.06%**	**98.40%**	**94.49%**	**85.68%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,029	1,388,055	1,305	934,708
Total NHS Trade Invoices Paid within target	1,915	1,387,299	1,233	932,296
Percentage of NHS Trade Invoices paid within target	**94.38%**	**99.95%**	**94.48%**	**99.74%**

6.2. The Late Payment of Commercial Debts (Interest) Act 1998

The ICB incurred £nil in the period from 1 April 2023 to 31 March 2024 relating to claims made under this legislation.

7. Other gains and losses

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
(Gain)/loss on disposal of property, plant and equipment assets other than by sale	6	-
Total other gains and losses	**6**	**-**

8. Finance costs

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Interest		
Interest on lease liabilities	6	6
Total interest	**6**	**6**
Other finance costs	-	-
Provisions: unwinding of discount	-	-
Total finance costs	**6**	**6**

9. Net gain/(loss) on transfer by absorption

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board was established on the 01 July 2022 as part of the reforms introduced by the Health and Care Act (2022) . The asset and liability balances were accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. There have been no such transactions during 2023-24".

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Transfer of property plant and equipment	-	55
Transfer of Right of Use assets	-	209
Transfer of intangibles	-	-
Transfer of inventories	-	94
Transfer of cash and cash equivalents	-	(406)
Transfer of receivables	-	13,543
Transfer of payables	-	(91,476)
Transfer of provisions	-	(3,156)
Transfer of Right Of Use liabilities	-	(209)
Transfer of borrowings	-	(12,830)
Transfer of PUPOC provision	-	-
Transfer of PUPOC liability	-	(293)
Net loss on transfers by absorption	**-**	**(94,468)**

10. Property, plant and equipment

	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2023	33	106	139
Disposals other than by sale	-	(31)	(31)
Cost/Valuation at 31 March 2024	**33**	**75**	**108**
Depreciation 01 April 2023	28	93	121
Disposals other than by sale	-	(25)	(25)
Charged during the year	5	7	12
Depreciation at 31 March 2024	**33**	**75**	**108**
Net Book Value at 31 March 2024	**-**	**-**	**-**
Total at 31 March 2024	**-**	**-**	**-**

Revaluation Reserve Balance for Property, Plant & Equipment

No revaluation reserve balance was held for property, plant and equipment in the period 01 April 2023 to 31 March 2024

10.1. Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Plant & machinery	33	-
Information technology	106	62
Total	**139**	**62**

10.2. Economic lives

	Minimum Life (years)	Maximum Life (Years)
Plant & machinery	5	5
Information technology	3	5

11. Leases

11.1. Right-of-use assets

2023-24	Buildings excluding dwellings	Total	Of which: leased from DHSC group bodies
	£'000	£'000	£000
Cost or valuation at 01 April 2023	1,020	1,020	159
Cost/Valuation at 31 March 2024	**1,020**	**1,020**	**159**
Depreciation 01 April 2023	221	221	79
Charged during the year	261	261	80
Depreciation at 31 March 2024	**482**	**482**	**159**
Net Book Value at 31 March 2024	**538**	**538**	**-**
NBV by counterparty			
Leased externally			538
Net Book Value at 31 March 2024			**538**

11.2. 11.2 Lease liabilities

	2023-24	01 July 2022 - 31 March 2023
	£'000	£'000
Lease liabilities at 01 April 2023	**(801)**	**-**
Additions purchased	-	(785)
Interest expense relating to lease liabilities	(6)	(6)
Repayment of lease liabilities (including interest)	266	200
Transfer (to) from other public sector body	-	(209)
Lease liabilities at 31 March 2024	**(540)**	**(801)**

11.3. Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023-24	Of which: leased from DHSC group bodies	01 July 2022 - 31 March 2023	Of which: leased from DHSC group bodies
	£'000	£'000	£'000	£'000
Within one year	(186)	-	(266)	(80)
Between one and five years	(361)	-	(548)	-
Balance at 31 March 2024	**(548)**	**-**	**(814)**	**(80)**
Balance by counterparty				
Leased from other group bodies		-		(80)
Leased externally		(548)		(734)
Balance as at 31 March 2024		**(548)**		**(814)**

11 Leases cont'd

11.4. Amounts recognised in Statement of Comprehensive Net Expenditure

	2023-24	01 July 2022 - 31 March 2023
	£'000	£'000
Depreciation expense on right-of-use assets	261	195
Interest expense on lease liabilities	6	6
Expense relating to short-term leases	(21)	14
Total	246	215

11.5. Amounts recognised in Statement of Cash Flows

11.6 Nature of lessee's leasing activities	2023-24 **£'000**	01 July 2022 - 31 March 2023 £'000
Total cash outflow on leases under IFRS 16	266	200
Total cash outflow for lease payments not included within the measurement of lease liabilities	-	-
Total	266	200

11.6. Nature of lessee's leasing activities

Future cash outflows to which the lessee is potentially exposed that are not reflected in the measurement of lease liabilities. This includes exposure arising from:

	2023-24	01 July 2022 - 31 March 2023
	£'000	£'000
Prevalence of extension and termination options	231	126
Total	**231**	**126**

12. Inventories

	Total
	£'000
Balance at 01 April 2023	**106**
Inventories recognised as an expense in the period	(24)
Balance at 31 March 2024	**83**

13. Trade and other receivables

	Current	Current
	2023-24	**01 July 2022 - 31 March 2023**
	£'000	**£'000**
NHS receivables: Revenue	5,057	2,071
NHS prepayments	30	12
NHS accrued income	518	1,801
Non-NHS and Other WGA receivables: Revenue	2,125	8,347
Non-NHS and Other WGA prepayments	266	191
Non-NHS and Other WGA accrued income	3,280	3,517
Expected credit loss allowance-receivables	(15)	(2)
VAT	466	269
Other receivables and accruals	7	9
Total Trade & other receivables	**11,734**	**16,214**
Total current receivables	**11,734**	**16,214**

13.1 Receivables past their due date but not impaired

	2023-24	**2023-24**	01 July 2022 - 31 March 2023	01 July 2022 - 31 March 2023
	DHSC Group Bodies	**Non DHSC Group Bodies**	DHSC Group Bodies	Non DHSC Group Bodies
	£'000	**£'000**	£'000	£'000
By up to three months	219	1,701	234	3,041
By three to six months	308	84	5	198
By more than six months	38	46	(3)	137
Total	**565**	**1,831**	**236**	**3,377**

13.2 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	**Total**
	£'000	**£'000**
Balance at 01 April 2023	**(2)**	**(2)**
Lifetime expected credit losses on trade and other receivables-Stage 2	(14)	(14)
Other changes	1	1
Total	**(15)**	**(15)**

14. Cash and cash equivalents

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Balance at 01 April 2023	(10,502)	-
Net change in year	9,591	(10,502)
Balance at 31 March 2024	**(912)**	**(10,502)**
Made up of:		
Cash in hand	(698)	(524)
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**(698)**	**(524)**
Bank overdraft: Government Banking Service	(213)	(9,978)
Total bank overdrafts	**(213)**	**(9,978)**
Balance at 31 March 2024	**(912)**	**(10,502)**
Patients' money held by the integrated care board, not included above	**-**	**-**

The bank overdraft is a technical overdraft representing the ICB's cash book position. The actual bank balance was in credit by £1,610k.

Included within cash held in Pooled Budget is an overdrawn balance of £698k held on behalf of the ICB by Milton Keynes Council for the Integrated Community Equipment Service and Learning Disability Service pooled budgets.

15. Trade and other payables

	Current 2023-24 £'000	Current 01 July 2022 - 31 March 2023 £'000
NHS payables: Revenue	2,228	4,366
NHS accruals	9,305	11,126
NHS deferred income	157	248
Non-NHS and Other WGA payables: Revenue	8,995	16,723
Non-NHS and Other WGA accruals	74,830	69,985
Non-NHS and Other WGA deferred income	7,391	5,125
Social security costs	295	450
Tax	313	341
Other payables and accruals	4,001	4,816
Total Trade & Other Payables	**107,515**	**113,179**
Total current and non-current	**107,515**	**113,179**

Other payables include £545k outstanding pension contributions at 31 March 2024.

16. Borrowings

	Current	Current
	2023-24	01 July 2022 - 31 March 2023
	£'000	£'000
Bank overdrafts:		
· Government banking service	213	9,978
· Commercial banks	-	-
Total overdrafts	**213**	**9,978**
Total Borrowings	**213**	**9,978**

16.1. Repayment of principal falling due

	Department of Health	Other	Total	Department of Health	Other 01 July 2022 - 31 March 2023	Total 01 July 2022 - 31 March 2023
	2023-24	2023-24	2023-24	01 July 2022 - 31 March 2023		
	£'000	£'000	£'000	£'000	£'000	£'000
Within one year	-	213	213	-	9,978	9,978
Total	**-**	**213**	**213**	-	9,978	9,978

17. Provisions

	Current	Non-current	Current 01 July 2022 - 31 March 2023	Non-current 01 July 2022 - 31 March 2023
	2023-24	2023-24		
	£'000	£'000	£'000	£'000
Restructuring	450	-	784	357
Redundancy	535	-	111	-
Legal claims	3	-	15	-
Continuing care	689	-	674	-
Other	616	-	470	-
Total	**2,293**	**-**	**2,053**	**357**
Total current and non-current	**2,293**		**2,411**	

	Restructuring	Redundancy	Legal Claims	Continuing Care	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Balance at 01 April 2023	**1,141**	**111**	**15**	**674**	**470**	**2,411**
Arising during the year	-	535	-	689	146	1,371
Utilised during the year	(691)	(111)	-	(176)	-	(977)
Reversed unused	-	-	(12)	(499)	-	(511)
Balance at 31 March 2024	**450**	**535**	**3**	**689**	**616**	**2,293**
Expected timing of cash flows:						
Within one year	450	535	3	689	616	2,293
Balance at 31 March 2024	**450**	**535**	**3**	**689**	**616**	**2,293**

Over recent years, the role and function of corporate office spaces has changed significantly with a more flexible approach to working from home. The Integrated Care Board's future corporate estates requirements has therefore been re-assessed and it was agreed that the office bases across Bedfordshire, Luton and Milton Keynes be rationalised. Several bases have therefore been downscaled however the Integrated Care Board will continue to be liable for the lease costs of the excess office space until the lease-end/break clause dates. The lease for the Milton Keynes site has now terminated and not been renewed (April 2024) but the lease for the Luton site continues until June 2025. The restructuring provision of £450k relates to the liability for the ongoing costs of this excess space.

As part of the Integrated Care Board's ongoing transition a review of workforce requirements has been undertaken during the year. This has identified a number of posts no longer required within its structure. This process has placed some staff within the Integrated Care Board at risk. A £535k redundancy provision reflects an estimate of the financial risk associated with this.

Legal Claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them.

The provision for Continuing Health Care relates to cases from 1 April 2013 to 31 March 2024 that are undergoing an appeal process. The Integrated Care Board has assessed the likelihood of a successful appeal based on the outcome of previous appeals and the remaining balance has been reported as a contingent liability in Note 18.

The impact of dilapidations for non rights of use assets has been provided for at £146k following an assessment in year.

18. Contingencies

	2023-24 £'000	01 July 2022 - 31 March 2023 £'000
Contingent liabilities		
Continuing Healthcare	1,656	1,316
Net value of contingent liabilities	**1,656**	**1,316**

The contingent liability for Continuing Health Care relates to cases from April 2013 to March 2024 that are undergoing an appeal process. A provision has been established for the likely cost of successful appeals (see Note 17) with the contingency above reflecting the remainder of the liability should the outcome of the appeals go against the ICB.

NHS Bedfordshire, Luton and Milton Keynes ICB identified £nil in the period from 1 April 2023 to 31 March 2024 relating to contingent assets.

19. Commitments

19.1. Capital commitments

NHS Bedfordshire, Luton and Milton Keynes ICB had £nil capital commitments or other financial commitments.

20. Financial instruments

20.1. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the NHS integrated care board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS integrated care board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS integrated care board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS integrated care board standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS integrated care board and internal auditors.

20.1.1. Currency risk

The NHS integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

20.1.2. 20.1.2 Interest rate risk

The NHS integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS integrated care board therefore has low exposure to interest rate fluctuations.

20.1.3. Credit risk

Because the majority of the NHS integrated care board revenue comes parliamentary funding, the NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

20.1.4. Liquidity risk

The NHS integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS integrated care board draws down cash to cover expenditure, as the need arises. The NHS integrated care board is not, therefore, exposed to significant liquidity risks.

20.1.5. 20.1.5 Financial Instruments

As the cash requirements of the NHS integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the NHS integrated care board's expected purchase and usage requirements and the NHS integrated care board is therefore exposed to little credit, liquidity or market risk.

20 Financial instruments cont'd

20.2. Financial assets

	Financial Assets measured at amortised cost	Total	Financial Assets measured at amortised cost	Total
	2023-24 £'000	2023-24 £'000	01 July 2022 - 31 March 2023 £'000	01 July 2022 - 31 March 2023 £'000
Trade and other receivables with NHSE bodies	3,246	3,246	3,796	3,796
Trade and other receivables with other DHSC group bodies	5,487	5,487	3,439	3,439
Trade and other receivables with external bodies	2,253	2,253	8,510	8,510
Cash and cash equivalents	(698)	(698)	(524)	(524)
Total at 31 March 2024	**10,289**	**10,289**	**15,221**	**15,221**

20.3. Financial liabilities

	Financial Liabilities measured at amortised cost	Total	Financial Liabilities measured at amortised cost	Total
	2023-24 £'000	2023-24 £'000	01 July 2022 - 31 March 2023 £'000	01 July 2022 - 31 March 2023 £'000
Loans with external bodies	213	213	9,978	9,978
Trade and other payables with NHSE bodies	1,129	1,129	718	718
Trade and other payables with other DHSC group bodies	12,597	12,597	15,129	15,129
Trade and other payables with external bodies	86,174	86,174	91,969	91,969
Total at 31 March 2024	**100,114**	**100,114**	**117,795**	**117,795**

21. Pooled Budgets

NHS Bedfordshire, Luton and Milton Keynes ICB has entered into four separate partnership agreements and pooled budgets with the four local authorities; Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council.

Under each arrangement funds are pooled under Section 75 of the NHS Act 2006. The pooled budgets are hosted by the four Councils and are for Community Equipment Services, the Learning Disability Service and Children Service Pools, the Better Care Fund and Discharge Funds, as listed below

	2023-24					
Bedford Borough Locality Arrangement	**Total £'000**	**Better Care Fund £'000**	**Discharge Fund £'000**	**Community Equipment £'000**	**Childrens Services £'000**	**Learning Disabilities £'000**
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	14,267	13,410	858	-	-	-
Total Funding	**14,267**	**13,410**	**858**	**-**	**-**	**-**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Bedford Borough Council	7,430	7,430	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	6,838	5,980	858	-	-	-
Total Expenditure	**14,267**	**13,410**	**858**	**-**	**-**	**-**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	-	-	-	-	-	-
Total Overspend / (Underspend)	**-**	**-**	**-**	**-**	**-**	**-**
Central Bedfordshire Locality Arrangement	**Total £'000**	**Better Care Fund £'000**	**Discharge Fund £'000**	**Community Equipment £'000**	**Childrens Services £'000**	**Learning Disabilities £'000**
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	22,720	21,276	1,444	-	-	-
Total Funding	**22,720**	**21,276**	**1,444**	**-**	**-**	**-**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Central Bedfordshire Council	8,392	8,392	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	14,329	12,885	1,444	-	-	-
Total Expenditure	**22,720**	**21,276**	**1,444**	**-**	**-**	**-**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	-	-	-	-	-	-
Total Overspend / (Underspend)	**-**	**-**	**-**	**-**	**-**	**-**
Luton Borough Locality Arrangement	**Total £'000**	**Better Care Fund £'000**	**Discharge Fund £'000**	**Community Equipment £'000**	**Childrens Services £'000**	**Learning Disabilities £'000**
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	24,332	15,916	1,048	687	1,330	5,351
Total Funding	**24,332**	**15,916**	**1,048**	**687**	**1,330**	**5,351**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Luton Borough Council	7,403	7,403	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	16,928	8,513	1,048	687	1,330	5,351
Total Expenditure	**24,332**	**15,916**	**1,048**	**687**	**1,330**	**5,351**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	-	-	-	-	-	-
Total Overspend / (Underspend)	**-**	**-**	**-**	**-**	**-**	**-**

21. Pooled Budgets (cont)

01 July 2022 - 31 March 2023

Bedford Borough Locality Arrangement	Total £'000	Better Care Fund £'000	Hospital Discharge Fund £'000	Community Equipment £'000	Childrens Services £'000	Learning Disabilities £'000
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	11,023	9,519	902	603	-	-
Total Funding	**11,023**	**9,519**	**902**	**603**	**-**	**-**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Bedford Borough Council	5,292	5,292	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	5,679	4,227	902	550	-	-
Total Expenditure	**10,971**	**9,519**	**902**	**550**	**-**	**-**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	(52)	-	-	(52)	-	-
Total Overspend / (Underspend)	**(52)**	**-**	**-**	**(52)**	**-**	**-**

Central Bedfordshire Locality Arrangement	Total £'000	Better Care Fund £'000	Hospital Discharge Fund £'000	Community Equipment £'000	Childrens Services £'000	Learning Disabilities £'000
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	17,547	15,102	1,519	926	-	-
Total Funding	**17,547**	**15,102**	**1,519**	**926**	**-**	**-**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Central Bedfordshire Council	6,114	6,114	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	11,353	8,988	1,519	846	-	-
Total Expenditure	**17,467**	**15,102**	**1,519**	**846**	**-**	**-**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	(81)	-	-	(81)	-	-
Total Overspend / (Underspend)	**(81)**	**-**	**-**	**(81)**	**-**	**-**

Luton Borough Locality Arrangement	Total £'000	Better Care Fund £'000	Hospital Discharge Fund £'000	Community Equipment £'000	Childrens Services £'000	Learning Disabilities £'000
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	19,199	12,274	1,895	589	809	3,632
Total Funding	**19,199**	**12,274**	**1,895**	**589**	**809**	**3,632**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Luton Borough Council	5,928	5,928	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	13,271	6,346	1,895	589	809	3,632
Total Expenditure	**19,199**	**12,274**	**1,895**	**589**	**809**	**3,632**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	-	-	-	-	-	-
Total Overspend / (Underspend)	**-**	**-**	**-**	**-**	**-**	**-**

21. Pooled Budgets (cont)

Milton Keynes Locality Arrangement	Total £'000	2023-24 Better Care Fund £'000	Discharge Fund £'000	Community Equipment £'000	Childrens Services £'000	Learning Disabilities £'000
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	23,389	19,641	1,327	830	-	1,592
Total Funding	**23,389**	**19,641**	**1,327**	**830**	**-**	**1,592**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Milton Keynes Council	7,901	7,901	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	15,596	11,739	1,327	963	-	1,567
Total Expenditure	**23,497**	**19,641**	**2,192**	**1,865**	**-**	**30,621**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	108	-	-	133	-	(25)
Total Overspend / (Underspend)	**108**	**-**	**-**	**133**	**-**	**(25)**

01 July 2022 - 31 March 2023

Milton Keynes Locality Arrangement	Total £'000	Better Care Fund £'000	Hospital Discharge Fund £'000	Community Equipment £'000	Childrens Services £'000	Learning Disabilities £'000
ICB Contribution as per Section 75 Agreement						
Bedfordshire, Luton & Milton Keynes ICB	17,095	13,941	1,395	593	-	1,165
Total Funding	**17,095**	**13,941**	**1,395**	**593**	**-**	**1,165**
Expenditure incurred by each commissioning organisation in relation to the ICB contribution						
Milton Keynes Council	5,571	5,571	-	-	-	-
Bedfordshire, Luton & Milton Keynes ICB	11,279	8,370	1,395	445	-	1,068
Total Expenditure	**16,850**	**13,941**	**1,395**	**445**	**-**	**1,068**
Net Overspend / (Underspend)						
Bedfordshire, Luton & Milton Keynes ICB	(245)	-	-	(148)	-	(97)
Total Overspend / (Underspend)	**(245)**	**-**	**-**	**(148)**	**-**	**(97)**

22. Related party transactions

Details of related party transactions with individuals are as follows:

Individual ICB Board members, having significant influence over the management of the ICB, are considered to be related parties. Details of transactions between the ICB and ICB Board members are detailed in the Remuneration Report within the Annual Report.

Entities controlled by the ICB Board members, or a close family member, are also considered to be a related party as defined by IAS 24. There were no entities that fell within this definition in 2023/24.

Under IAS 24 entities in the same group as the Department of Health are considered to be related parties.

NHS Bedfordshire, Luton and Milton Keynes ICB had a number of material transactions with other NHS and other government bodies. Materiality in this context is considered to be over £10m and transactions have been prepared on an accruals basis.

Bedford Unitary Authority

Bedfordshire Hospitals NHS Foundation Trust

Buckinghamshire Healthcare NHS Trust

Cambridge University Hospitals NHS Foundation Trust

Cambridgeshire Community Services NHS Trust

Central & North West London NHS Foundation Trust

Central Bedfordshire Unitary Authority

East & North Hertfordshire NHS Trust

East London NHS Foundation Trust

East of England Ambulance Service NHS Trust

Luton Borough Council

Milton Keynes Council

Milton Keynes University Hospital NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust

23. Events after the end of the reporting period

"From the 1 April 2024, BLMK ICB have been delegated responsibility for commissioning, contracting and paying for 59 services that were deemed to be suitable and ready for greater ICB leadership - the remaining, predominantly highly specialised, services will continue to be commissioned by NHS England in 2024/25. The impact of primary pharmacy, optometry and dentistry delegation has no impact on the 2023/24 financial statements or the going concern status of the ICB.

There are no adjusting events after the reporting period which will have a material effect on the financial statements of NHS Bedfordshire, Luton and Milton Keynes ICB."

24. Third party assets

The ICB had £nil third party assets in the period from 1 April 2023 to 31 March 2024.

25. Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).

NHS Integrated Care Board performance against those duties was as follows:

	2023-24 Target	**2023-24 Performance**	01 July 2022 - 31 March 2023 Target	01 July 2022 - 31 March 2023 Performance
Expenditure not to exceed income	2,139,189	2,139,044	1,408,125	1,407,857
Capital resource use does not exceed the amount specified in Directions	-	-	785	785
Revenue resource use does not exceed the amount specified in Directions	2,114,781	2,114,636	1,405,980	1,405,712
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	20,721	19,053	16,354	14,916

26. Losses and special payments

26.1. 2Losses

There have not been any losses in the period from 1 April 2023 to 31 March 2024.

26.2. Special payments

	Total Number of Cases 2023-24 Number	**Total Value of Cases 2023-24 £'000**	Total Number of Cases 01 July 2022 - 31 March 2023 Number	Total Value of Cases 01 July 2022 - 31 March 2023 £'000
Compensation payments	-	-	1	83
Ex Gratia Payments	-	-	1	3
Total	**-**	**-**	**2**	**86**

27. Accountability – Staff

Employee Benefits 2023-24	Admin			Programme			Total		2023-24
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	10,715	460	**11,175**	10,454	1,583	**12,037**	21,169	2,044	**23,213**
Social security costs	1,093	-	**1,093**	1,170	-	**1,170**	2,263	-	**2,263**
Employer contributions to the NHS Pension Scheme	2,576	-	**2,576**	1,368	-	**1,368**	3,945	-	**3,945**
Other pension costs	3	-	**3**	14	-	**14**	17	-	**17**
Apprenticeship Levy	88	-	**88**	-	-	**-**	88	-	**88**
Termination benefits	238	-	**238**	2	-	**2**	240	-	**240**
Gross employee benefits expenditure	**14,713**	**460**	**15,173**	**13,008**	**1,583**	**14,591**	**27,721**	**2,044**	**29,765**
Less recoveries in respect of employee benefits (note 4.1.2)	(231)	-	**(231)**	(721)	-	**(721)**	(951)	-	**(951)**
Total - Net admin employee benefits including capitalised costs	**14,482**	**460**	**14,943**	**12,287**	**1,583**	**13,871**	**26,770**	**2,044**	**28,813**
Net employee benefits excluding capitalised costs	**14,482**	**460**	**14,943**	**12,287**	**1,583**	**13,871**	**26,770**	**2,044**	**28,813**

Employee Benefits 01 July 2022 – 31 March 2023	Admin			Programme			Total		01 July 2022 - 31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	8,491	618	**9,109**	6,876	1,568	**8,444**	15,368	2,186	**17,553**
Social security costs	1,055	-	**1,055**	787	-	**787**	1,842	-	**1,842**
Employer contributions to the NHS Pension Scheme	1,712	-	**1,712**	866	-	**866**	2,579	-	**2,579**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	65	-	**65**	-	-	**-**	65	-	**65**
Termination benefits	43	-	**43**	-	-	**-**	43	-	**43**
Gross employee benefits expenditure	**11,366**	**618**	**11,983**	**8,529**	**1,568**	**10,097**	**19,895**	**2,186**	**22,080**
Less recoveries in respect of employee benefits (note 4.1.2)	(11)	-	**(11)**	(283)	-	**(283)**	(294)	-	**(294)**
Total - Net admin employee benefits including capitalised costs	**11,355**	**618**	**11,973**	**8,246**	**1,568**	**9,814**	**19,601**	**2,186**	**21,787**
Net employee benefits excluding capitalised costs	**11,355**	**618**	**11,973**	**8,246**	**1,568**	**9,814**	**19,601**	**2,186**	**21,787**