Board of the Integrated Care Board

29 July 2022

Date: 29 July 2022
Time: 10:00 to 12:30
Venue: Central Beds. Council, Priory House, Chicksands, Shefford, Beds. SG17 5TQ
Meeting: Board of the Integrated Care Board in Public

Agenda

No.	Agenda Item	Lead	Purpose
Opening Actions – 10.00 – 10.25			
1.	Welcome, Introductions and Apologies	Chair	-
2.	Relevant Persons Disclosure of Interests ▪ Register of Interests	Chair	Decision or Approval
3.	Approval of Minutes and Matters Arising		Decision or Approval
4.	Review of Action Tracker - Board Appointments Update - Update of 100 Day Plan	Chief Executive	Decision or Approval
5.	Chair's Report (*verbal)*	Chair	Discussion
6.	Chief Executive's Report (*verbal)*	Chief Executive	Discussion
7.	Resident's Story To discuss and agree an approach to hearing residents' stories at future Board meetings *(verbal)*	Chair	Discussion
Strategy – 10.25 – 11.50			
8.	Integrated Care Strategy	Interim Chief Transformation Officer	Discussion
9.	Next Steps for Integrating Primary Care: Fuller Stocktake	Chief Executive	Decision or Approval
10.	Milton Keynes (MK) Together Health and Care Partnership – MK "Deal"	Chief Executive, Milton Keynes Council	Decision or Approval
11.	Commissioner Review of Percutaneous Coronary Intervention	Chief Medical Officer	Decision or Approval

No.	Agenda Item	Lead	Purpose
12.	Strategic Risk Management Integrated Care Board - Board Assurance Framework	Chief Executive	Information
13.	People Board Update	Chief People Officer	Information
Operational – 11.50 – 12.10			
14.	Quality and Performance Statement	Chief Nursing Director	Discussion
15.	Integrated Care Board Finance Plan 2022/23	Chief Finance Officer	Decision or Approval
16.	Committee Reports a) Health and Care Partnership meeting 4th July 2022 draft minutes	Chair, Health & Care Partnership	Information
17.	Questions from the Public (*verbal)*	Chair	Discussion
Governance – 12.10 – 12.20			
18.	Committee Membership	Head of Governance	
19.	Integrated Care Board Forward Planner *(verbal)*	Chair	Discussion
20.	Communications from the meeting to all partner organisations (*verbal)*	Chair	Discussion
21.	Committee Effectiveness - What key decisions did we make or what key outcomes did we arrive at today? - Were any new risks identified that require capturing on the risk register / Board Assurance Framework? - Was the quality of the papers sufficient to allow you to discharge your duties and the expectations of each paper? - What worked well / did you enjoy from today's meeting? - What didn't work as well as expected or raised concerns with you? - Was the time allowed / taken on each agenda item sufficient? - Anything else you wish to raise as a result of today's meeting?	Chair and all Board members	Discussion
Closing Actions – 12.20 – 12.30			

No.	Agenda Item	Lead	Purpose
22.	Any Other Business	Chair	-
23.	Date and time of next meeting: ▪ 30th September 2022 *Time to be confirmed*	Chair	-

Resolution to exclude members of the press and public

The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
2. Relevant Persons Disclosure of Interests

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary

What is a conflict of interest?

A conflict of interest occurs where your ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest you hold. Conflicts of interest are inevitable, and it is how we manage them that matters.

Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing).

Further opportunities to make declarations include on application, on appointment, at meetings, when prompted to do so by the organisation or, on change of role.

What are the rules on Gifts and Hospitality?

- Never accept cash of any amount.
- You may accept promotional aids worth less than £6, even from suppliers / contractors.
- Gifts under £50 may be accepted, but not from suppliers / contractors (unless a promotional aid under £6).
- Gifts over £50 must be treated with caution and only accepted on behalf of an organisation, not an individual.
- Meals / refreshments under £75 may be accepted, except if they go beyond what the organisation might offer but offers from a supplier / contractor need particular caution and Executive Director approval.
- Offers of foreign travel and accommodation - offers of hospitality, including offers of foreign travel, that go beyond what the organisation might offer should be politely declined.

Recommendation/s

Members are asked to:

- Review the Register of Interests [Appendix A] and confirm their entry is accurate and up to date.

All in attendance are asked to:

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

What are the members being asked to do?

Decision or Approval	Information	Discussion
☒	☐	☐

Report Author	Governance Team
Senior Responsible Owner	Chair of the meeting
Key Risks and Issues https://blmk.insight4grc.com/Risk	There are none identified. Please confirm your risk/s have been recorded in the organisation's risk management centre ☐
The following individuals were consulted and involved in the development of this report:	Governance Team
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	Not Applicable
How will / does this work help to address inequalities?	Not Applicable
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	Not Applicable
What are the available options?	To maintain accurate entries on the Register of Interests including Gifts & Hospitality
Date to which the information this report is based on was accurate	18.07.22

Next steps	The Register of Conflicts of Interest would need to be updated for any new Conflict of Interest. Should an individual declare a Conflict of Interest relating to items on the agenda, the minutes must include: 1. Individual declaring the interest. 2. At what point the interest was declared. 3. The nature of the interest (see below). 4. The Chair's decision and resulting action taken (i.e., will be required to leave the meeting for the item, can stay for the item but not involved in decision making, etc.) 5. If applicable, the point during the meeting at which any individuals retired from and returned to the meeting to be captured under the relevant agenda item: - Start of item: xx left the meeting as agreed under item 2. - End of item: xx returned to the meeting.
Appendices	Appendix A – Register of Interests

Type	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a decision.
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a nonfinancial personal interest in a commissioning decision.

ICB Register of Conflicts of Interest - Members & Participants - 18.7.22

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Alsop	Richard	Interim Chief Transformation Officer	Yes	Y				I am a non-shareholding director of FACT Solutions UK Ltd, which provides professional services, including PR, communications and marketing services to public and private sector clients. The company has a contract in Northamptonshire to provide mental health awareness programmes for children and young people. My partner is the 100% shareholding director of FACT Solutions UK Ltd	2014	Ongoing		21/06/2022
Alsop	Richard	Interim Chief Transformation Officer	Yes			Y		I am a Non-Executive Director (Board Safeguarding Lead) for the Northamptonshire Football Association	2021	Ongoing		21/06/2022
Blakeman	Andrew	Non Executive Member, Chair Audit & Risk Assurance Committee	No	N	N	N	N	Director, STRYDE International Ltd, a subsidiary of BP plc, Chertsey Rd, Sunbury-on-Thames, TW16 7BP, and previous directorships within the BP Group	01/01/1996	Ongoing	This is not a conflict of interest and requires no mitigation. However, most COI registers require all directorships of private companies to be declared.	15/06/2022
Borrett	Alison	Non Executive Member	No									21/06/2022
Bracey	Michael	Chief Executive, Milton Keynes Council	No									11/05/2022
Carter	David	Chief Executive, Bedfordshire Hospitals Foundation Trust	Yes		Y			Chief Executive of Bedfordshire Hospitals NHS Foundation Trust	08/05/2017	Ongoing		18/05/2022
Carter	David	Chief Executive, Bedfordshire Hospitals Foundation Trust	Yes				Y	Wife employed by NHS England Eastern Region	2019	ongoing		18/05/2022
Cartwright	Sally	Public Health Representative, Luton	No									22/06/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes	Y				Bedford Borough Council, Commissioner of Public Health and Social Care Functions	05/10/2021	Ongoing		27/05/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes		Y			East of England Local Government Association - Chief Executive lead on health inequalities	01/12/2021	Ongoing		27/05/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Church	Laura	Chief Executive, Bedford Borough Council	Yes				Y	Ian Turner (husband) provides consultancy services to businesses providing weighing and measuring equipment to the NHS	05/10/2021	Ongoing		27/05/2022
Coiffait	Marcel	Chief Executive, Central Bedfordshire Council	Yes	Y				I am the Chief Executive of Central Bedfordshire Council which is an may be commissioned to work on behalf of the ICB	01/11/2020	Ongoing		27/05/2022
Cox	Felicity	Chief Executive	Yes		Y			I am a registered pharmacist with the GPC (General Pharmaceutical Council) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Davies	Geraint	Interim Chief of System Assurance & Corporate Services	No									28/06/2022
Graves	Stuart Ross	Exec Director CNWL	No									20/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Interim Chair, University of Birmingham	Apr-22	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Vice Chair NHS Employers Policy Board	2021	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Trustee of NHS Conferation	2021	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Council Member - National Association of Primary Care	2020	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Keele University - Lecturer	2016	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Advisor to Alphasights, MM3 Global Research, Silverlight and Stepcare	2018	Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair, CRN Thames Valley & South Midlands Partnership Group Meeting		Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Member, Oxford AHSN		Ongoing		16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse, Samantha Jones, is the Permanent Secretary and COO for No 10 Downing Street	Mar-22	Ongoing		16/05/2022
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes	No									27/06/2022
Kufeji	Omotayo	GP, Primary Services Partner Member	Yes		Y			Director of Clinical Transformation, BLMK CCG	04/08/2020	03/08/2022		11/05/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Kufeji	Omotayo	GP, Primary Services Partner Member	Yes		Y			The Bridge PCN Clnical Director	01/04/2021	31/03/2023		11/05/2022
Makarem	Rima	Chair	Yes		Y			Chair of Sue Ryder (non remunerated)	01/05/2021	Ongoing		17/06/2022
Makarem	Rima	Chair	Yes	Y				Chair of Queen Square Enterprises Ltd (remunerated)	01/11/2020	Ongoing		17/06/2022
Makarem	Rima	Chair	Yes	Y				Lay Member of General Pharmaceutical Council	Apr-19	Ongoing		17/06/2022
Murray	Anne	Interim Chief Nursing Officer	No									22/06/2022
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	No									15/06/2022
Porter	Robin	Chief Executive, Luton Borough Council	No									17/05/2022
Poulain	Nicky	Chief Primary Care Officer	No									30/06/2022
Roberts	Martha	Interim Chief People Officer	No									04/07/2022
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing		20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharcy, son & sisters	28/03/2014	Ongoing		20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, 62 Calverton Rd, Luton LU3 2SZ, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing		20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing		20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing		20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis PCN, Luton	06/02/2020	Ongoing		20/05/2022
Stock	Tracey						Y	Member of the East London Foundation Trust (ELFT) Council of Governors	15/12/2021	01/05/2023		05/07/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	No									22/06/2022
Westcott	Dean	Chief Financial Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/21 on joining CCG	Ongoing	Email 15/6/22 - "Should there be any Mental Health links with West Essex (unlikely)I would of course withdraw from any discussions/decision making	14/06/2022
Westcott	Dean	Chief Financial Officer	Yes		Y			Chair of Board of Trustees - Association of Chartered Certified Accountants Pension Scheme	01/06/2021 on joining CCG	Ongoing	Email 15/6/22 - "The Acca interest is completely outside of the NHS and will finish at the year end in any event"	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes				Y	Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2010	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			Stonedean, Practice - Former Partners and current sessional GP	01/06/2007	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				GMC (General Medical Council – Associate – Assessor medical performance	2012	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				AKESO (coaching network) – coach – Executive and Performance Coach	01/02/2020	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHSE – Appraiser (Summative & Formative discussions)	2010	Ongoing	To be addressed as required	14/06/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				I am a Non-Executive Director and Deputy Chair of Northamptonshire Healthcare NHS Foundation Trust, St Mary's Hospital, London Road, Kettering NN15 7PW. NHFT provide prison health services to Yarlswood Immigration Removal Centre and Bedford Prison in BLMK. These services are not commissioned by BLMK ICB.	Nov-18	Ongoing	Will be declared as relevant in meetings and will not be involved in any commissioning or procurement decisions related to NHFT	14/07/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				I am Chair of Trustees for Arts for Health MK a registered charity that is responsible for the art collection at MK University Hospital NHS Trust and provides art on prescription for MK residents. Address MK University Hospital, Standing Way, Eaglestone, Milton Keynes MK6 5LD	2010	30/09/2022	Will be declared as relevant in meetings and will not be involved in any funding or other decisions where Arts for Health MK may be a beneficiary. Standing down from role by 30/09/22.	14/07/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in MK and Northamptonshire. Address: Fairfields Primary School, Apollo Avenues, Fairfields, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.	14/07/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				I am a Director of Netherby Network Limited which is a consultancy company that has provided services to MK CCG in the past. It does not currently provide any services for health or care clients. Address: 69 Midland Road, Olney, MK46 4BP	Mar-14	Ongoing	No actions required as the company is not trading.	14/07/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes				Y	Daughter, Eilis Humberstone, registered on the CNWL staff bank	11/07/2022	Ongoing	No further action required. My daughter holds a temporary admin role for summer 2022	14/07/2022

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
3. Approval of Minutes and Matters Arising

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
The purpose of this paper is to review the Draft Minutes from the meeting held on 1 July 2022 with a view to their approval.
Recommendation/s
The members are asked to review the Draft Minutes with a view to their **approval**.

<table>
<tr><th colspan="6">What are the members being asked to do?</th></tr>
<tr><td colspan="2">Decision or Approval
☒</td><td colspan="2">Information
☐</td><td colspan="2">Discussion
☐</td></tr>
<tr><td colspan="3">Report Author</td><td colspan="3">Corporate Secretariat</td></tr>
<tr><td colspan="3">Senior Responsible Owner</td><td colspan="3">Chair of the meeting</td></tr>
<tr><td colspan="3">Key Risks and Issues
https://blmk.insight4grc.com/Risk</td><td colspan="3">There are none identified

Please confirm your risk/s have been recorded in the organisation's risk management centre ☐</td></tr>
<tr><td colspan="3">The following individuals were consulted and involved in the development of this report:</td><td colspan="3">Maria Wogan, Chief of System Assurance & Corporate Services
Felicity Cox, Chief Executive
Rima Makarem, Chair</td></tr>
<tr><td colspan="3">How will / does this work help to address the Green Plan Commitments?
Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)</td><td colspan="3">-</td></tr>
<tr><td colspan="3">How will / does this work help to address inequalities?</td><td colspan="3">-</td></tr>
<tr><td colspan="3">Are there any financial implications or other resourcing implications? Please outline sources and applications of funds</td><td colspan="3">There are none.</td></tr>
<tr><td colspan="3">What are the available options?</td><td colspan="3">To approve the minutes or to make amendments to them for finalisation.</td></tr>
<tr><td colspan="3">Date to which the information this report is based on was accurate</td><td colspan="3">15 July 2022</td></tr>
<tr><td colspan="3">Next steps</td><td colspan="3">For minutes to be approved.</td></tr>
<tr><td colspan="3">Appendices</td><td colspan="3">Appendix A – Draft Minutes</td></tr>
</table>

Date: 1 July 2022

Time: 9.00 – 09.45 hrs

Venue: Virtual meeting held via MS Teams

Minutes of the: Board of the Integrated Care Board (ICB)

Members:		
Andrew Blakeman	Non-Executive Member	AnBl
Alison Borrett	Non-Executive Member	AlBo
Michael Bracey	Partner Member, Local Authorities	MB
Laura Church	Partner Member, Local Authorities	LC
Marcel Coiffait	Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive	FC
Ross Graves	Partner Member, NHS Trusts and Foundation Trusts	RG
Joe Harrison	Partner Member, NHS Trusts and Foundation Trusts	JH
Dr Omotayo Kufeji	Partner Member, Primary Medical Services	OK
Dr Rima Makarem (Chair)	Chair	RM
Anne Murray	Interim Chief Nursing Director	AM
Shirley Pointer	Non-Executive Member	SP
Robin Porter	Partner Member, Local Authorities	RP
Mahesh Shah	Partner Member, Primary Medical Services	MS
Dean Westcott	Chief Finance Officer	DW
Dr Sarah Whiteman	Chief Medical Director	SW
Participants:		
Richard Alsop	Interim Chief Transformation Officer	RA
Nicky Poulain	Chief Primary Care Officer	NP
Martha Roberts	Interim Chief People Officer	MR
Maxine Taffetani	Chief Executive Officer, Healthwatch, Milton Keynes – representing all local Healthwatch within BLMK	MT
Maria Wogan	Chief of System Assurance & Corporate Services	MW

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In attendance:		
Kim Atkin	Committee, Governance & Compliance Officer (Minutes)	KA
Paul Calaminus	Deputising for David Carter, Partner Member, NHS Trusts and Foundation Trusts	PC
Sarah Feal	Head of Governance	SF
Gaynor Flynn	Governance & Compliance Manager	GF

Apologies:		
David Carter	Partner Member, NHS Trusts and Foundation Trusts	DC
Sally Cartwright	Interim Director of Public Health, Luton	SC
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Cllr Tracey Stock	Chair, Bedfordshire, Luton and Milton Keynes Health and Care Partnership	TS

DRAFT

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed all present to this first meeting of the Board of the Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) held in Public. All members, participants and attendees introduced themselves. Apologies were **noted** above. It was **noted** that Paul Calaminus, Chief Executive, East London Foundation Trust, was attending as Deputy for David Carter, Partner Member NHS Trusts and Foundation Trusts. It was **confirmed** that the meeting was quorate.	
2.	**Declarations of Interest – Register of Members' Interests** Members reviewed the Register of Interests and **confirmed** that their entry is accurate and up to date.	

It was **noted** that the register will be updated to include all of the Board members and participants in time for the next Board meeting, including those participant declarations that have already been received.

It was **noted** that attendees were asked to confirm that any offers of gift or hospitality received in the last 28 days have been registered with the Governance & Compliance Team via blmkccg.corporatesec@nhs.net

No conflict of interests were declared in relation to matters on the agenda.

3. **Matters Arising**

There were none.

4. **Confirmation of Board Appointments**

The Board **noted** the appointments that have been made to the Board as follows

Name	ICB Board Member Type	Start of Term	End of Term
Independent Chair			
Dr Rima Makarem	Independent Chair	01/07/2022	30/06/2025
Independent Non-Executive Members			
Andrew Blakeman	Independent Non-Executive Member	01/07/2022	30/06/2025
Shirley Pointer	Independent Non-Executive Member	01/07/2022	30/06/2025
Alison Borrett	Independent Non-Executive Member	01/07/2022	30/06/2025
4th NEM to be appointed (interviews 6th July)	Independent Non-Executive Member	t.b.c	t.b.c
Executive Directors (statutory roles)			
Felicity Cox	Chief Executive Officer	01/07/2022	N/A
Dean Westcott	Chief Finance Officer	01/07/2022	N/A
Dr Sarah Whiteman	Chief Medical Director	01/07/2022	N/A
Sarah Stanley	Chief Nursing Director	12/09/2022	N/A
Anne Murray	Interim Chief Nursing Director	01/07/2022	11/09/2022
BLMK NHS Trusts/Foundation Trusts Partner Members			
David Carter – Chief Executive, Bedfordshire Hospitals NHS Foundation Trust	BLMK NHS Trusts/FTs Partner Member	01/07/2022	30/06/2025
Ross Graves – Executive Director, Central and North West London Foundation Trust	BLMK NHS Trusts/FTs Partner Member	01/07/2022	30/06/2025
Joe Harrison – Chief Executive, Milton Keynes University Hospital NHS Foundation Trust	BLMK NHS Trusts/FTs Partner Member	01/07/2022	30/06/2025

BLMK Primary Medical Services Providers Partner Members			
Omotayo Kufeji	BLMK Primary Medical Services Providers Partner Member	01/07/2022	30/06/2025
Mahesh Shah	BLMK Primary Medical Services Providers Partner Member	01/07/2022	30/06/2025
Vacancy – GP	BLMK Primary Medical Services Providers Partner Member		
BLMK Local Authorities Partner Members			
Michael Bracey – Chief Executive, Milton Keynes Council	BLMK Local Authorities Partner Member	01/07/2022	30/06/2025
Laura Church – Chief Executive, Bedford Borough Council	BLMK Local Authorities Partner Member	01/07/2022	30/06/2025
Marcel Coiffait, Chief Executive, Central Bedfordshire Council	BLMK Local Authorities Partner Member	01/07/2022	30/06/2025
Robin Porter - Chief Executive, Luton Council	BLMK Local Authorities Partner Member	01/07/2022	30/06/2025
Participants (non-voting members)			
Up to two members to be confirmed in July/August 2022	Associate Non-Executive Directors	To be advised	To be advised
Councillor Tracey Stock	Chair of Bedfordshire, Luton and Milton Keynes Health & Care Partnership	01/07/2022	30/06/2025
Vicky Head, Director of Public Health Bedford Borough Council, Central Bedfordshire Council and Milton Keynes Council	Director of Public Health	01/07/2022	30/06/2025
Sally Cartwright, Director of Public Health, Luton Council	Director of Public Health	01/07/2022	30/06/2025
Maxine Taffetani – Chief Executive Officer, Milton Keynes Healthwatch	Healthwatch	01/07/2022	30/06/2025
Nicky Poulain	Chief Primary Care Officer	01/07/2022	N/A
Richard Alsop	Interim Chief Transformation Officer	01/07/2022	To be advised
To be confirmed	Chief Transformation Officer	To be advised	N/A
Maria Wogan	Chief of System Assurance and Corporate Services	01/07/2022	N/A
To be advised – appointment offered 29/06/22	Chief People Officer	To be advised	N/A
Martha Roberts	Interim Chief People Officer	01/07/2022	To be advised

The Board further **noted** that there are two Board Member vacancies:

PMS Partner Member (GP) – to be recruited after summer break; and
Non-Executive Member – interviews are taking place on 6 July.

It was **noted** that appointments to Participant Members are underway as follows:

Associate Non-Executive Members x 2
Chief Transformation Officer – appointment offered

COSACS

	Chief People Officer – appointment offered Cover arrangements are in place for all executive roles and progress with the remaining appointments will be reported at the next Board meeting.	
5.	**Integrated Care Board Constitution** It was confirmed that Board members and system partner organisations had contributed to the development of the ICB Constitution and that it has been approved by NHS England. It was noted that as the Board was considered to be large in size, there would be a requirement to review the Board composition by March next year. The Board **noted** the Integrated Care Board Constitution.	
6.	**Integrated Care Board Governance Handbook** This document, which is based on NHS England's guidance for Integrated Care Boards, has been developed as a system through the ICS Establishment Steering Group over a number of months, and there has been input from all partners in the system. The handbook will evolve over time and it would be reviewed and updated at the Board of the ICB over the next nine months as ways of working as a system develop. Initial meetings of the various Committees have been set up for July and August, which will give an opportunity for each Committee to review their Terms of Reference (ToRs). There will be engagement with Partner Board Members outside of the meeting to agree partner membership of committees as described in Appendix B and an update will be reported to the Board on 29 July. OK queried why some Committees had a very small number of members and it was confirmed that this was due to the fact that the Committees concerned (Remuneration Committee and Audit & Risk Assurance Committee) only comprise non-executive members which limits who can be appointed as members. It was stated that the Terms of Reference for Bedford Borough Executive Delivery Group will be added to the document, as they were not available at the time of publishing. The Board **agreed** the following: (a) To **establish** the seven Committees of the Board of the Integrated Care Board as described in the Governance Handbook; Audit and Risk Assurance; Quality and Performance; Remuneration; Bedfordshire Care Alliance; Finance and Investment;	COSACS

Primary Care Commissioning and Assurance; and
Working with People and Communities.

(b) To **appoint** the Chairs of those Board Committees and agree their associated Terms of Reference including **appointing the memberships** of those Committees, as described in the Governance Handbook and detailed in Appendix B and set out below:

Audit & Risk Assurance Committee
Chair: Andrew Blakeman

Voting Members:
Shirley Pointer
Alison Borrett

Quality & Performance Committee
Chair: Andrew Blakeman
Voting Members:
Chief Nursing Director
Chief Medical Director
Chief of System Assurance and Corporate Services
Chief People Officer
One Primary Medical Services (PMS) Partner Member who is a Health Care Professional (Deputy Chair)
One member from the BLMK Health and Care Senate

Finance and Investment Committee
Chair: Rima Makarem
Voting Members:
One Non-Executive Member
Chief Finance Officer
Chief Medical Director
Chief Nursing Director
Chief People Officer
Chief Transformation Officer
Chief Primary Care Officer

Primary Care Commissioning and Assurance Committee
Chair: Alison Borrett
Voting Members:
Chief Executive Officer
Chief Primary Care Officer
Chief Finance Officer
Chief Nursing Director
Chief Medical Director
At least two clinical representatives of PMS (either PMS Board Partner Members or Clinical Leads (one of whom to be Deputy Chair)

Working with People and Communities Committee
Chair: Alison Borrett
Voting Members:
Chief of System Assurance and Corporate Services

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One NHS Trust ICB Partner Member
One Local Authority ICB Partner Member
One PMS ICB Partner Member

Remuneration Committee
Chair: Shirley Pointer
Voting Members:
Rima Makarem
Alison Borrett

Bedford Care Alliance Committee
Chair: Shirley Pointer
Voting Members:
Chief Executive (or Deputy)
David Carter, BHT CEO
Matthew Winn, CCS CEO
Paul Calaminus, ELFT CEO
Kate Walker, BBC Officer
Julie Ogley, CBC Officer
Mark Fowler, LBC Officer
PCN Rep x 3 (or nominated deputies)

(c) To approve The Standing Financial Instructions as described in the Governance Handbook;

(d) To approve The Scheme of Reservation and Delegation as described in the Governance Handbook;

(e) To approve The Functions & Decisions map as described in the Governance Handbook;

(f) To **appoint** the ICB Chair and ICB CEO as the ICB 'founder' members of the Integrated Care Partnership Joint Committee and **agree** the Joint Committee's Terms of Reference as described in the Governance Handbook;

(g) To **appoint** to the designated Board-level roles on the Board of ICB as described in the Scheme of Reservation and Delegation of Powers, as summarised in Appendix B and as updated at the meeting and set out below:

- Conflicts of Interest Guardian – Andrew Blakeman, Non-Executive Member & Chair of Audit & Risk Assurance Committee;
- Wellbeing Guardian – Shirley Pointer, Non-Executive Member;
- Freedom to Speak Up Guardian – Alison Borrett, Non-Executive Member;
- Caldicott Guardian – Chief Medical Director
- Senior Information Risk Owner – Geraint Davies (will transition to the Chief Finance Officer during 2022/23);
- Lead Director for Children and Young People, Local Maternity and Neonatal System, Special Educational Needs and Disabilities, and

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	Safeguarding – Chief Nursing Director (interim lead – Anne Murray until Sarah Stanley takes up her post on 12 September 2022); - Lead Director for Learning Disabilities and Autism – including Transforming Care, and Down's Syndrome – Chief Nursing Director (interim lead – Anne Murray until Sarah Stanley takes up her post on 12 September 2022) – handing over to Chief Transformation Officer when they take up their post in October 2022; and - Accountable Emergency Officer – Geraint Davies – will transition to the Chief of Staff during 2022/23.	
7.	**Integrated Care Board Policies** Three key policies were presented which had been developed with system partners and required Board approval. The Board **approved** the following: (h) Conflicts of Interest Management & Standards of Business Conduct Policy; (i) Risk Management Framework; (j) Working with People & Communities Policy. A suite of policies transitioning from the Clinical Commissioning Group (CCG) to the ICB were presented for adoption, these included operational policies and evidence based intervention clinical policies. The Board **adopted** the following as listed in the paper: - Operational Policies; and - Evidence Based Intervention Clinical Policies.	
8.	**100 Day Plan** The Chief Executive introduced the 100 day plan for the Integrated Care Board, which is a summary, for internal use, of timelines and key actions for the ICB, which will enable us to operate effectively and inform forthcoming Board decisions. A public version of examples of integrated system working is being prepared which will detail the work that partners across the system are doing over the next three months. There was a general discussion on the Plan, and the following was stated: • Place-based reporting will start within the 60 days. JH sought confirmation as to when clarity about what activities would be delivered at system or place would be achieved. It was noted that the MK Deal was due to be reported on 29 July which would clarify place / system arrangements in MK and that work on delegation and subsidiarity would continue during this year of transition;	

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	• The People Plan is in development and will be taken to the People Board before coming to the Board of the ICB for approval. An update will be provided to the Board in July; • The Fuller stocktake recommendations is on the agenda for the meeting on 29 July; • The co-production training mentioned in the Plan is for ICB staff. It was agreed that the ICB lead for this work will liaise with Maxine Taffetani to discuss the approach. • It was felt that this could give the impression of a fresh start, when in fact the ICB is building on work already undertaken. It was agreed that the public document will try to explain that this is building on our existing work as an integrated care system and how it can make a difference to the lives of residents; • There is good collaboration across the system between mental health providers and should be some actions and milestones around mental health collaborative approach included in the 100 day plan. The members **noted** that the ICB 100 Day Plan would be shared with all ICB staff.	Michelle Summers Ross Graves / COSACS
9.	**Questions from the Public** There were none.	
10.	**Any Other Business** There was none. The Chair thanked Board members for their support in getting the ICB established, and Maria Wogan's team who have worked tirelessly on the transition.	
11.	**Date and Time of Next Meeting:** The next meeting will be held on Friday 29 July 2022 from 10 – 1.30 at Priory House, Central Bedfordshire Council, Chicksands, Shefford, Beds SG17 5TQ. It was noted that the timing has been amended since the meeting pack was shared. The meeting ended at 09.45.	

Approval of Minutes:		
Name	Role	Date
Rima Makarem	Chair	8/7/22

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Report of the Board of the Integrated Care Board
4. Review of Action Tracker
Date of Meeting: 29 July 2022

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
The purpose of this paper is to review the Action Tracker by updating actions with progress and to agree closure of proposed completed actions.
Recommendation/s
The members are asked to **review** the Action Tracker by updating actions with progress and to **agree** closure of proposed completed actions.

What are the members being asked to do?		
Decision or Approval	Information	Discussion

☒	☐	☐

Report Author	Corporate Secretariat
Senior Responsible Owner	Chair of the meeting please do not insert name unless approval has been given by them to submit this report
Key Risks and Issues https://blmk.insight4grc.com/Risk	There are none identified Please confirm your risk/s have been recorded in the organisation's risk management centre ☐
The following individuals were consulted and involved in the development of this report:	Director of System Assurance & Corporate Services
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	-
How will / does this work help to address inequalities?	-
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	There are none.
What are the available options?	To close, update or amend actions listed on the Actions Tracker.
Date to which the information this report is based on was accurate	18 July 2022
Next steps	
Appendices	Appendix A – Actions Log Appendix B – Chair and Chief Executive Pledges Appendix C – 100 Day Plan

Meeting of the *Board of the Integrated Care Board* - Action Tracker

APPENDIX A

Key

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

Items to be moved to "closed actions" once closed

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG (Add date action is agreed closed)
1	01/07/2022	Participant Member Appointments	To update on recruitment of the 4th Non-Executive Member, 2 x Associate Members, Chief Transformation Officer and Chief People Oficer	Maria Wogan		29/07/2022	4th Non-Executive Member has been offered and accepted the role 1 Associate NEM has been appointed. Both are going through pre employment checks. The Chief Transformation Officer appointment is awaiting final sign-off from NHSE. Martha Roberts has been appointed as the Chief People Officer. Any further progress on appointments will be reported at the Board meeting.	**COMPLETE: Propose closure at next meeting**
2	01/07/2022	Agree Partner Membership of Committees	To engage with Partner Board Members to agree partner membership of committees, update to board on 29 July	Maria Wogan		29/07/2022	This is covered in the agenda item on Committee membership	**COMPLETE: Propose closure at next meeting**
3	01/07/2022	100 Day Plan - external comms	To ensure that the public version of the 100 Day Plan will explain that this is building on our existing work as an integrated care system and how it can make a difference to the lives of residents.	Michelle Summers		29/07/2022	We have developed a document that describes how we have been working together as an integrated care system, rather than a 100 day plan. It is available on our website together with the pledges that our Chair and Chief Executive have made. See Appendix B.	**COMPLETE: Propose closure at next meeting**

APPENDIX B - Pledges from the Chair and Chief Executive Officer

Rima Makarem, Independent Chair of the Integrated Care Board

Felicity Cox, Chief Executive of the Integrated Care Board

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

100 DAY PLAN

DAY 1 1st July 2022

- ✓ ICB board meeting & formal sign-off of governance documents by ICB
- ✓ Issue Welcome Pack to residents, stakeholders & staff
- ✓ Launch public pledge campaign
- ✓ Staff briefing welcoming all staff into the ICB
- ✓ Festival of Learning commences
- ✓ Launch of ICB website and staff intranet
- ✓ ICB onboarding induction for all staff commences

30 DAYS 30th July 2022

- ICB board to sign off MK Deal
- ICB directorates to hold in-person meetings
- ICB co-locates with Central Bedfordshire Council at Priory House and Bedford Borough Council at Borough Hall
- Co-production training for ICB staff rolled out
- Start of engagement on strategy development

60 DAYS 29th August 2022

- Health & care strategic leaders appointed
- Share interim findings from Denny Review of inequalities
- ICB assurance reporting for Environmental Sustainability starts
- Performance reporting at Place starts for all areas
- Outcomes development session for system quality group
- ICB staff appraisals – new competencies

90 DAYS 28th September 2022

- Launch integrated planning process to develop 5 year Joint Forward Plan
- Support development of alliance and Place longer-term plans, to ensure alignment with emerging Integrated Care Strategy
- ICB Senior Leadership Group quarterly development session
- All ICB Committees have met and workplans agreed
- People Plan published

100 DAYS 8th October 2022

- System reflection event & Festival of Learning successes shared
- Publish themes from pledges
- Engagement on population health ambitions
- Launch system efficiency and transformation programme
- Agreement of plan for progressing the delegation of ICB activities/resources to Place
- Initial plan & approach confirmed for development of BLMK Mental Health Collaborative

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
8. Integrated Care Strategy

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
The Integrated Care System Design Framework includes an expectation that all integrated care systems will develop a single system strategy and undertake integrated and dynamic planning. This paper sets out requirements for the development of an integrated care strategy and integrated care (or 'joint forward') plan and our ask of Integrated Care Board to support development.
Recommendation/s
The Board is asked to consider and determine the following:

1. We expect national guidance to be broad and permissive. Each Integrated Care Board can consider how broadly they can develop an integrated a Joint Forward Plan building from Place and responding to the Integrated Strategic Plan. It will have to include a focus on services delivered by NHS organisations, but in order to properly reflect our place focus we would want to include relevant local authority services, and some from other partners and the voluntary services if practical at this timescale. **The Board is asked to recommend** the breadth of approach they think is right for Bedfordshire, Luton and Milton Keynes Integrated Care Board at this time
2. In light of the decision above, it is recommended that **the Board agrees** that a task and finish group will be established to oversee the development of the Joint Forward Plan – comprising members from across the system planning architecture – membership to also reflect the decision about the breadth of the approach
3. All partners are requested to identify existing local strategies and plans beyond the Health and Wellbeing Board Strategies which should form the basis of our integrated care strategy by 8 August 2022
4. All partners are requested to identify relevant boards to discuss the development of the Health and Care Partnership strategy and set the foundation for the system Joint Forward Plan by 8 August 2022.

What are the members being asked to do? mark one box only

Decision or Approval	Information	Discussion
☐	☐	☒

Report Author	Hilary Tovey
Senior Responsible Owner	Nicola Kay
Key Risks and Issues https://blmk.insight4grc.com/Risk	• There is a risk that we fail to effectively engage and reach consensus with system partners on our shared ambition and plan, and that the final strategy and plan therefore fail to reflect the views and needs of partners and our population. • Timelines and resource to deliver the strategy and joint forward plan are limited • National guidance on required content of the strategy and plan has not yet been published. • Risk of planning fatigue – system colleagues have fed into Long Term Plan strategy, place plans, alliance plans, operational plans. These risk/s have been recorded in the organisation's risk management centre
The following individuals were consulted and involved in the development of this report:	Plans to develop our approach to developing the strategy and joint forward plan have been developed with input from Bedfordshire Luton & Milton Keynes System Strategy Group, Performance and Delivery Group, CCG Operating Group, Integrated Care Board Transitional Interim Leadership Team and Bedfordshire, Luton and Milton Keynes Health and Care Partnership members at meetings in May and July 2022
How will / does this work help to address the Green Plan Commitments?	Green plan commitments will be included within our system strategy and joint forward plan.
How will / does this work help to address inequalities?	Tackling inequalities will be a cornerstone of our system strategy and our routes to reducing inequalities will be addressed as part of the joint forward plan.
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	There will be financial and resourcing implications associated with the strategy and five year plan. The implications for the Integrated Care Board will be considered as part of a multi-year planning process. There will also be some small costs

	associated with the development of the strategy and plan, which will be funded out of the Integrated Care Board recurrent allocation.
What are the available options?	N/A
Date to which the information this report is based on was accurate	19/07/22
Next steps	To continue development of the system strategy and joint forward plan and implement the actions outlined in this paper.
Appendices	Appendix 1: Report of insight on population health, people and communities and existing local strategies

Developing the Bedfordshire, Luton and Milton Keynes Integrated Care Strategy and Joint Forward Plan

1. Background

It is a requirement in the Health and Care Act 2022 that all systems develop a system strategy, accompanied by a five year delivery plan.

This paper sets out how Bedfordshire, Luton and Milton Keynes Integrated Care System plans to develop our system strategy and forward plan and the role of ICB partners in supporting this.

2. The Integrated Care Strategy

The Bedfordshire, Luton and Milton Keynes system strategy will be owned by the Bedfordshire, Luton and Milton Keynes Health and Care Partnership (our name for the Integrated Care Partnership), developed with partners over the summer, and published in December 2022. This will describe how the health and care needs of the local population are to be met over the next 10-20 years.

Development of this strategy will be co-ordinated by the Integrated Care Board strategy and planning team on behalf of the Health and Care Partnership. The approach to strategy development as described in this paper was discussed that the Health and Care Partnership meeting on 4th July 2022.

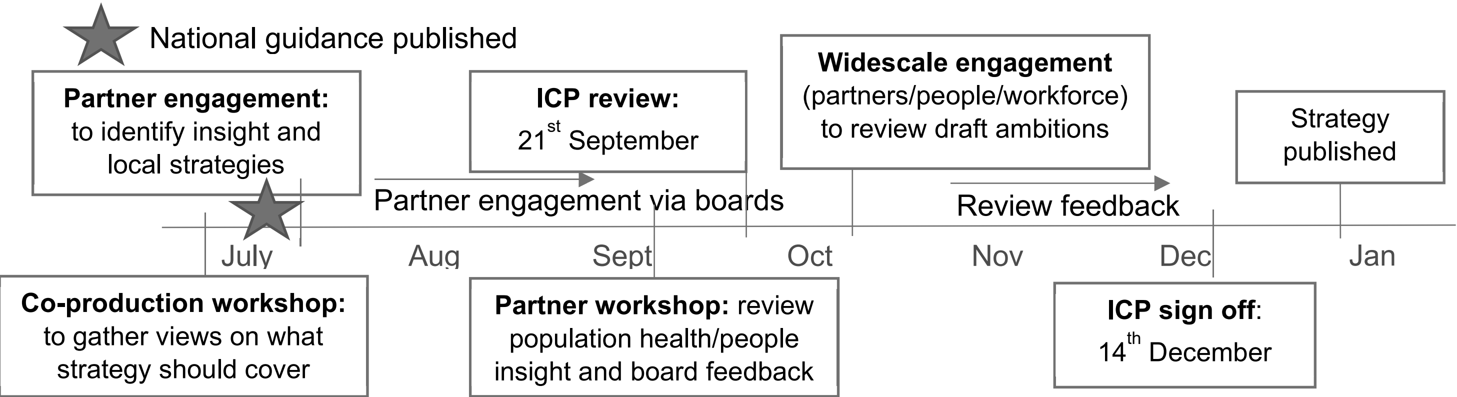
The strategy will build on existing strategies at place and our existing system ambitions developed in response to the NHS Long Term Plan.

It is expected that the strategy will:

- Set out our ambition for what we want to achieve for our population's health.
- Focus on our purpose as an Integrated Care System: improving health outcomes, supporting sustainability and reducing inequalities across communities in Bedfordshire Luton and Milton Keynes, drawing on our vision, aim and mission.
- Reflect the views and needs of our people and communities, drawing on what we know about our population health and assets across Bedfordshire Luton and Milton Keynes.
- Draw on our established system priorities and build on and support the delivery of, place plans, health and wellbeing strategies and Joint Strategic Needs Assessments.
- Define our ambition for how we will work as a system, to provide the basis for our five-year Integrated Care Plan, and this will mean in practice for our partners and local people.

A review of our population health, existing insight from people and communities and local strategies has already been undertaken. They key themes from this insight are set out in Appendix 1. Work to fill gaps in our knowledge is underway. Partner engagement will continue over the summer and widescale engagement with partners and communities on the draft strategy is planned from early October.

Timeline for strategy development:



ICB members are asked to identify and share:

- Existing local strategies and plans that should form the basis of our integrated care strategy and insight from people and communities and our system workforce.
- Relevant boards that can help to shape discussions on system ambition and the setting the outcome measures that we want to be accountable for as a system.

3. The Integrated Care (or 'joint forward') Plan

The Health and Care Act 2022 requires Integrated Care Boards and their partner NHS trusts and foundation trusts to prepare a plan setting out how they propose to exercise their functions over the next five years.

National guidance to support the development of this 'joint forward plan' is expected to be published later in the summer. This will set out the principles and legislative framework associated with the Joint Forward Plan. We expect national guidance to be broad and permissive. Each Integrated Care Board can consider how broadly they can develop an integrated a Joint Forward Plan building from Place and responding to the Integrated Strategic Plan. It will have to include a focus on services delivered by NHS organisations, but in order to properly reflect our place focus would want to include relevant local authority services, and some from other partners and the voluntary services if practical at this timescale. The Board is asked to recommend the breadth of approach they think is right for Bedfordshire, Luton and Milton Keynes Integrated Care Board at this time.

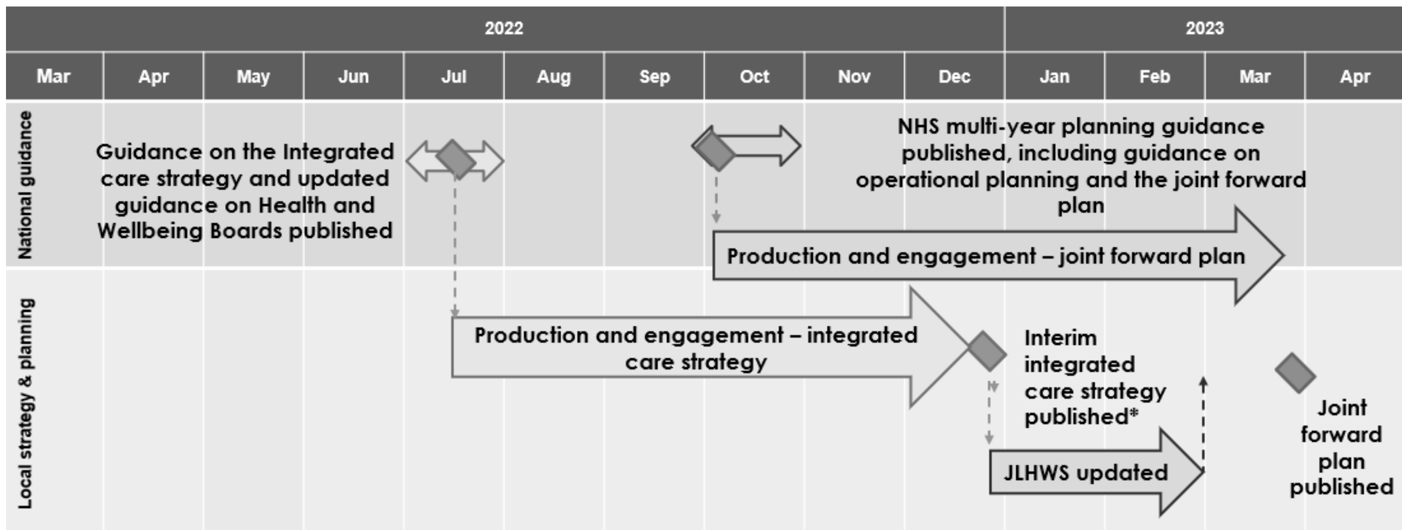
It is expected that this plan will set out in detail how the Integrated Care Board and partner trusts will deliver our system ambitions over the next five years. It is expected to be substance and delivery focused and include clear trajectories and milestones and address system organisation and development. It will describe how we intend to:

1. Deliver on the integrated care strategy and other local strategies
2. Deliver NHS specific ambitions, including the long-term plan and planning guidance priorities
3. Organise and develop the system to deliver on these ambitions

The five-year plan will form the basis of Bedfordshire Luton and Milton Keynes' future operational plans. These will be developed as part of a multi-year planning return, with the first two year operational plan due for delivery by December 2022. The joint forward plan will complement and align with place plans, providing a comprehensive system plan for delivery of the strategy.

In addition to national guidance on the content of the Joint Forward Plan, we are also expecting a refreshed NHS Long Term Plan and national operational planning guidance for 2023-2025 to be published in September 2022.

NHSEI have identified the following timeline for development of the Joint Forward Plan and multi-year NHS operational plans:



We aim to develop the five-year plan in an integrated way, drawing on learning from previous operational planning cycles.

To this end, we have identified four competencies for integrated planning which we are aiming to develop and define across the system. These comprise a defined and agreed approach to:

- Decision making: to allow collaborative and objective decision making
- Planning architecture: with clear system governance and accountability
- Skills and experience: building the capability for multi-year planning, and
- Tools and forecasting: ensuring that information is available and accessible for all users

To ensure we are building these capabilities in a coherent and collaborative manner, it is suggested that we establish a task and finish group. This will draw expertise from existing Integrated Care Board member organisations, to agree on our approach to developing and delivering our joint forward plan. It is expected that this will meet for the first time in September 2022.

4. Recommendations

The Board is asked to consider and determine the following:

1. We expect national guidance to be broad and permissive. Each Integrated Care Board can consider how broadly they can develop an integrated a Joint Forward Plan building from Place and responding to the Integrated Strategic Plan. It will have to include a focus on services delivered by NHS organisations, but in order to properly reflect our place focus we would want to include relevant local authority services, and some from other partners and the voluntary services if practical at this timescale. **The Board is asked to recommend** the breadth of approach they think is right for Bedfordshire, Luton and Milton Keynes ICB at this time
2. In light of the decision above, it is recommended that **the Board agrees** that a task and finish group will be established to oversee the development of the Joint Forward Plan – comprising members from across the system planning architecture – membership to also reflect the decision about the breadth of the approach
3. All partners are requested to identify existing local strategies and plans beyond the Health and Wellbeing Board Strategies which should form the basis of our integrated care strategy by 8 August 2022
4. All partners are requested to identify relevant boards to discuss the development of the Health and Care Partnership strategy and set the foundation for the system Joint Forward Plan by 8 August 2022.

Appendix 1: Integrated Care Strategy

Report of insight on population health, people and communities and existing local strategies

This report summarises the findings from:

1. a review of insight from people and communities,
2. a review of existing local strategies, and
3. analyses of population health data to inform the development of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership strategy.

This report includes headline themes from these reviews and analysis – more detail on each of these exercises is available.

1. Insight from people and communities

Key themes from a review of existing insight:

- **Appointments, accessibility and waiting times:** including inequalities in access, the need for multiple appointments, and support during appointments
- **Information and communication:** both between services and with individuals, particularly for children and young people and people with specific language needs or those who are not digitally adept
- **Integrated working:** with a call for more joined up services, including with schools and across primary and secondary care, and a holistic look at an individual's health and care needs
- **Training:** to ensure all staff have good mental health awareness and communicate with compassion
- **Personalised care, closer to home:** people want more services to be available locally, and built around their needs
- **Health inequalities and inclusive services:** ensuring everyone has good information about services and those focus on the needs of specific communities and people, including those with disabilities and language needs

In addition to the above, of note was that:

- People are particularly keen to see improvements in **communication with and access to GP services**
- There is more work to be done to improve **A&E services**, making the process clearer and more appropriate for people with **mental health conditions**
- **Children and young people** especially feel they are not being listened to and need more information and signposting
- People want to be able to access more **prevention services**
- The pandemic has highlighted **social isolation and loneliness** as significant issues for some communities

Reports included in this review:

Long Term Plan engagement from 2019 (57 pages)
Talk, Listen, Change (TLC) COVID-19 co-developing solutions to tackling health inequalities in Luton
Mount Vernon Cancer Centre: Patient and Public Involvement
Desktop review on primary care access
The Denny Literature Review

The Denny Literature Review presentation
Mental Health Forum Report 2021	Healthwatch Bedford Borough
Mental Health Service in Luton	Healthwatch Luton
Seen and Heard Report Dec 2021 Healthwatch Bedford Borough and Central Bedfordshire
Voice of the people report 2021 - Bedford Borough Healthwatch
Perceptions of Health Inequalities in Milton Keynes May 2022 – Milton Keynes Healthwatch
Milton Keynes Radiotherapy Service reprovision – Patient Survey Report May 2022 (NHS England and NHS Improvement East of England)
“Listen to us “June 2020 – young people’s experiences of health and social care (Healthwatch Milton Keynes)
“Behind closed doors” Covid-19 survey report 2020 (Healthwatch Bedford Borough)
“It’s been quite lonely” Rethink service users talk about their experiences of the pandemic March 2021 (Healthwatch Milton Keynes)
Hospital at Home discharge to assess review July 2021 (Healthwatch Central Bedfordshire)
“How are you doing?” Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic; Being Digitally Excluded (Healthwatch Luton)
“I am different, not less” Experiences of CAMHS and mental health support for children and young people with Special Educational Needs and Disabilities (SEND) in Milton Keynes (Healthwatch Milton Keynes)
BLMK Cervical screening barriers survey June - July 2021 (BLMK ICS and BLMK CCG)

2. Insight from local strategies

A review of local strategies identified several common ambitions and priorities comprising commitments to:

- **Co-ordinated, personalised and safer** care, across of health and care services, with support in the right place to help to choose the service that is right for them
- A focus on **individual and family wellbeing**, with better information and support to help people stay well, self manage and maintain independence within their own communities
- A focus on **prevention, supporting healthy lifestyles and proactive care**, and reducing the number of people who are seen in an emergency
- Developing **healthy and sustainable places**, promoting access to green spaces, public transport and active lifestyles
- Creating a **positive, supportive and inclusive culture** across health and care for residents and staff
- **Addressing inequalities**, and tackling the social determinants of health including poverty, housing quality access to education and employment

These key themes were underpinned by:

- A focus on excellence and quality improvement
- Simple and effective processes
- Better use of technology and being data-led
- Recruitment and retention of a high quality, valued, workforce
- The importance of managing mental as well as physical health
- Better integration and partnership – with a focus on working with partner organisations
- Co-production and collective decision making
- Innovation and investment in the future
- A commitment to Improved value for money

Local strategies included in this review:

Joint strategic needs assessments	Luton (incl. updated overview of health and social care needs 2022) Milton Keynes (2016/17 Adults and 20/21 Children's) Central Bedfordshire (2016/17) Bedford Borough (2019)
Health & Wellbeing plans	Luton, Milton Keynes, Central Bedfordshire, Bedford Borough
Place Plans	MK Deal, BCA priorities, Luton, Bedford Borough and Central Bedfordshire place plans
Partner organisation strategies	Bedfordshire Hospitals NHS Foundation Trust – Annual Report Milton Keynes University Hospitals – The MK Way East London Foundation Trust South Central Ambulance Service East of England Ambulance NHS Trust Central and North West London NHS Foundation Trust Cambridgeshire Community Services

3. Insight from population and health data

Following a review of population and population health data, the following indicators have been identified as areas where there are:

- opportunities to improve health where BLMK performs below the England average,
- significant differences in population or population health measures which may drive inequalities or impact our ability to improve population health, or
- opportunities build on success in building health services or behaviours that are likely to have a positive impact on population health.

This analysis focuses on comparing each of the places to each other and to England.

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

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

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

Place	Male	Female
Bedford	62.3	59.3
Central Bedfordshire	67.9	66.3
Luton	59.2	60.0
Milton Keynes	62.1	65.2
England	63.1	63.9

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

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

Children and Young People

- Smoking status at time of delivery is significantly higher in Milton Keynes (12.1%) compared to England (9.6%); levels are similar in all other places.
- Low birth weight babies are significantly higher in Luton (9%) compared to England (6.9%) while very low birth weight babies are significantly higher in Milton Keynes (1.4%) compared to England (1%)
- Breastfeeding initiation and at 6-8 weeks is significantly better in all four places compared to England
- A and E attendances in children under 18 are significantly lower in all four places compared to England
- Emergency admissions for falls in 0-4 year olds are significantly higher in Bedford (509.4 per 100,000) and Central Bedfordshire (547.5 per 100,000) compared to England (428.6 per 100,000
- Hospital admissions due to unintentional and deliberate injuries in children aged 0-14 years is significantly higher in Central Bedfordshire (83.8 per 10,000) compared to England (75.7 per 10,000) and significantly lower in Milton Keynes (60.6 per 10,000)
- Uptake of all child vaccinations is significantly lower in Luton
- Uptake of HPV vaccine in 12-13 and 13-14 year olds is significantly lower in all places besides females aged 12-13 in Bedford and Central Bedfordshire
- Uptake of Hib MenC and PCV boosters at 2 years is also significantly lower in Luton
- Prevalence of overweight, obesity and severe obesity in reception year children is similar or lower than England in all four places
- Prevalence of overweight, obesity and severe obesity in year 6 children is significantly higher than England in Luton and significantly lower in Central Bedfordshire
- The percentage of children of school age with SEN is significantly higher in Bedford (15.1%) and Luton (15%) and significantly lower in Central Bedfordshire (13.9%) and Milton Keynes (14%) compared to England (14.4%)
- Children in care percentage is similar or significantly lower than England in all four places compared to England
- Children aged 16-17 not in education, employment or training is significantly lower in all four places compared to England
- Percentage of children aged 5-16 years who are physically active is significantly lower in Luton (36.8%) and significantly higher in Central Bedfordshire (52%) compared to England (44.6%)
- Children in low income families is significantly higher in Luton (19.7%) and significantly lower in all other places compared to England (17%)

Adults

- Percentage of adults aged 19+ years who are physically active is significantly lower in Luton (56.8%) compared to England (65.9%)
- Bowel cancer screening coverage is significantly lower in Luton (56.6%) and Milton Keynes (64.4%) and significantly higher in Central Bedfordshire (68.2%) compared to England (65.2%)
- Breast screening is significantly lower in Bedford (58.4%) and significantly higher in the other three places compared to England (64.1%)
- Cervical cancer screening coverage is significantly lower in Luton (57.1%) and Milton Keynes (66.9%) and significantly higher in Central Bedfordshire (75.5%) compared to England (68%)
- Diagnosis rate of all STI is significantly lower in Central Bedfordshire (314 per 100,000) and Milton Keynes (488 per 100,000) compared to England (562 per 100,000)

- Chlamydia detection rates are significantly lower in Bedford (1853 per 100,0000), Central Bedfordshire (1158 per 100,000) and Luton (1643 per 100,000) compared to the national target (>2300)
- Chlamydia diagnosis rate is significantly higher in Bedford (345 per 100,000), Luton (313 per 100,000) and Milton Keynes (326 per 100,000) and significantly lower in Central Bedfordshire (183 per 100,000) compared to England (286 per 100,000)
- Social isolation among cares aged 18+ and users of social care aged 18+ is significantly higher in Central Bedfordshire with only (28.5%) having as much social contact as they would like, compared to (32.5%) in England
- Social isolation among cares aged 65+ and users of social care aged 18+ is significantly higher in Central Bedfordshire with only (29.1%) having as much social contact as they would like, compared to (34.5%) in England

Wider determinants of Health

- Utilisation of outdoor space for health reasons is similar in all four places compared to England
- Air pollution (fine particulate matter) is slightly higher than England in all four places
- The number of households in temporary accommodation is significantly higher in Luton (15.5%) and Milton Keynes (9.7%) and significantly lower in Central Bedfordshire (1.2%) compared to England (4%)
- Households in fuel poverty is significantly higher in Luton (19.7) and similar or lower in all other places compared to England (17%)

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
9. Report of the 'Next steps for integrating Primary Care: Fuller Stocktake'

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☐	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☐
Other ☐ (please advise):			

Executive summary
The 'Next Steps for Integrating Primary Care: Fuller Stocktake report'[i] was published by NHS England in May 2022 and is a key enabler to achieve the ambition of our system in Bedfordshire, Luton and Milton Keynes, to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community. A link to the full report is provided in the end notes The Fuller report, outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. Its focus is on managing the overall demands on primary care and providing continuity of care to the groups of patients described in the Core 20+5.[ii]

It provides practical steps that integrated care system (ICS) and national leaders should take to create this shift through locally driven change. The actions for Integrated Care System require a system-wide approach to workforce, estates and data; and building more resilience within general practice.

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

The attached report outlines the key points that the Integrated Care Board needs to consider for both the key enablers and effects on different partners of the Integrated Care System. It proposes how we how we take forward the implementation of the Fuller Review through developing our local approaches to the Fuller Review; key enablers we need to consider and change in realising the vision.

Recommendation/s

The Board is asked to

1. **Note** the report and the Fuller Review
2. **Consider** the implications of the Fuller Review and **approve** the proposed approach to implementation.
3. **Advise** on how the Board would like to be kept up to date on progress with implementation.

What are the members being asked to do? mark one box only

Decision or Approval	Information	Discussion
☒	☐	☐

Report Author	Nicky Poulain and Felicity Cox
Senior Responsible Owner	Nicky Poulain
Key Risks and Issues https://blmk.insight4grc.com/Risk	These will be identified through implementation. Please confirm your risk/s have been recorded in the organisation's risk management centre ☐
The following individuals were consulted and involved in the development of this report:	Engagement with the four place based boards is underway
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.
How will / does this work help to address inequalities?	Focus is to provide continuity of care for those in Core20plus5
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	These will be identified during the development of the local implementation plans

What are the available options?	These will be identified during the development of the local implementation plans
Date to which the information this report is based on was accurate	19 July 2022
Next steps	Developing the BLMK implementation plan.
Appendices	None

[i] NHS England » Next steps for integrating primary care: Fuller Stocktake report
[ii] NHS England » Core20PLUS5 – An approach to reducing health inequalities

Report on the 'Next steps for integrating Primary Care: Fuller Stocktake': - Implementing the Fuller Review in Bedfordshire, Luton and Milton Keynes

29 July 2022

1. Background

Amanda Pritchard, Chief Executive Officer NHS England, asked Dr Claire Fuller, Chief Executive Officer Surrey Heartlands Integrated Care System and GP, on 10 November 2021, to provide specific and practical advice to all Integrated Care Systems, as they assume new statutory form, on how they can accelerate implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan in their own geographies.

The stocktake considered:

- How Integrated Care Systems can drive more integrated primary, community and social care services at a local level.
- Practical advice on how services should develop, with next steps towards that vision

It additionally considered how to kick-start Integrated Care System development relating to primary care capabilities and ability to deliver service improvements, learning from all Integrated Care Systems and wider stakeholders.

Scope

In scope

- ✓ A short, **action-focused report**, **sponsored by Integrated Care System leaders** and developed through **widespread engagement** across primary care
- ✓ Documenting **best practice**, including showcasing good models of integrated pathways and services that **already exist**
- ✓ Initiation of a **development process for Integrated Care Systems** in relation to their primary care capabilities and ability to deliver service improvements
- ✓ Bringing together recommendations on areas of **national policy or guidance** that come up through engagement on the Stocktake but require further work, aligning with planned content on primary care in Secretary of State's Reform White Paper in July.
- ✓ Alongside this scope, an external piece of work was commissioned to the **King's Fund on levers for change in primary care.**

Out of scope

- ❑ Changes to primary **legislation and regulations**
- ❑ Changes to national Primary Care **contracts**
- ❑ Recommendations on the future of the **GP partnership model**
- ❑ Changes to **Carr Hill formula.**

2. Report summary

The vision for the future of primary care

2.1. Integrated neighbourhood teams

Systems should support primary care to build on the primary care network (PCN) structure by coming together with other health and care providers within a local community to develop integrated neighbourhood teams at the 30,000-50,000 population level. This will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.

This means putting in place the appropriate infrastructure and support needed to build these multi-disciplinary teams, so they can proactively tailor care to meet the needs of particular communities and individuals in their local population, with a particular focus on the most deprived 20 per cent of their population (Core20PLUS5).

2.2. Streamlined access

To improve access, primary care should be supported to offer streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team and given the flexibility to adapt their service to local need. Data and digital technology should be optimised by systems to connect existing fragmented and siloed urgent same-day services, empowering primary care to build an access model for their community that gives patients with different needs access to the service that is right for them. This will also create resilience around GP practices by connecting patients to the practitioner who meets their need, rather than increasing GP referrals to additional services, increasing practices' capacity to deliver continuity of care.

Personalised care for those who need it. People should be able to access more proactive, personalised support from a named clinician working as part of a multi-professional team. To achieve this, development of neighbourhood teams providing joined-up holistic care to people who would most benefit from continuity of care in general practice (such as those with long-term conditions) should be supported and delivered in partnership with system partners and primary care.

This model of care should offer greater shared decision-making with patients and carers and maximise the role of non-medical care staff, such as social prescribers, so people get the care they need as close to home as possible.

2.3. Helping people to stay well for longer

There should be a more ambitious and joined-up approach to prevention for the whole of health and care with a focus on the communities that need it most. System partners should work collectively across neighbourhood and place to share expertise to understand what factors lead to poor health and wellbeing and agree how to work together proactively to tackle these.

This means building on what primary care is already doing well to improve local community health: working with communities, effective use of data, and relationships with local authorities while harnessing the wider primary care team including community pharmacy, dentistry, optometry and audiology, as well as non-clinical roles.

2.4. Creating the environment for change

The report also includes steps that can be taken to create the right environment for change:
Locally driven change

- Local decision-making should be maximised to enable the delivery of improved support at a local level. NHS England and NHS Improvement (NHSEI) should consider what investment could be devolved to ICSs as part of the implementation of the wider recommendations.
- NHSEI should also consider combining and simplifying central programme and transformation budgets for primary care.

2.5. Creating the capacity

Workforce

- Workforce capacity remains a huge pressure on primary care. There must be a continued focus on recruiting and retaining GPs and the wider primary care workforce, alongside optimising current capacity with a long-term, system-wide workforce strategy that includes primary care.
- The report welcomed progress made in recruitment through the Additional Roles Reimbursement Scheme (ARRS). However, it recognised there needs to be improvements in supervision, development and career progression. Systems and national leaders also need to support PCNs to deliver the ARRS offer post-2024.
- More work is also required to make primary care more attractive to staff by addressing work-life balance, parity with other NHS career paths, and making a portfolio career more accessible. Training and education to encourage career development should be rolled out across primary care, from clinical to managerial and reception roles.

Estates

- Estates that are not fit for purpose can impact how well providers can collaborate. Therefore, there needs to be greater weighting of capital investment to primary care estates, informed by a detailed review of physical space within systems to build a one public estate approach.
- NHSEI and the Department of Health and Social Care should consider what flexibilities and permissions should be afforded to systems to build estates capability.

Data and digital

- Shared data and digital capabilities can play a big part in joining up services and help the whole health and care system to deliver care informed by local knowledge.
- A shared patient record, interoperability and system-level data analysis capabilities are essential to planning and delivering service in a coherent way.
- Integrated Care Systems should develop coherent plans to data sharing and cross-system IT infrastructure, supported by NHSEI.

2.6. Building sustainability

Infrastructure

- To ensure the right environment for improvement, there needs to be stability in general practice across all parts of the country. This can be achieved by:
    - utilising at-scale providers, such as GP federations, to enable general practice to work with other providers
    - providing support where there are gaps in provision or services which are deemed inadequate by the Care Quality Commission.
    - back-office support such as human resources, finance and organisation development to be delivered by at-scale providers such as GP federations or NHS trusts.
- At a national level, there should be consideration of the contractual and funding levers needed to create the right environment for integration and improving local health outcomes.
- At a system level, there needs to be accountability for delivery of integrated primary care reflected in the Integrated Care System accountability framework. This should include tailored support to practices to improve and, where appropriate, actively commission new providers of integrated list-based primary care that includes a focus on quality improvement.

2.7. Leadership and representation

- The report outlines the importance of primary care leadership and representation across the whole system. It states that investing in leadership at Primary Care Network, place and system level will be the difference between success and failure in integrating primary care.
- Integrated Care Systems will want to ensure that primary care leadership across all four pillars is embedded across systems – this might be through the creation of, and continued engagement with, a primary care forum or network.
- Integrated Care Systems will also want to ensure integrated neighbourhood teams are linked to – and represented on – all place-based boards.

3. Commentary

In recognising the wider determinates of health including education, employment, and housing, the report highlights how primary care take a more active role in creating healthy communities and reducing the incidence of ill health by working with communities. By more effective use of our health and care data including local authority and neighbourhood level 'population health profiles' and developing closer working relationships with our local authorities, primary care, community and social care, acute, mental health and voluntary sector and care providers of vulnerable groups including residential and nursing homes.

Primary care is the gateway into the health and care system and using learning from Covid, there is a greater focus on addressing health inequalities to meet the needs of our underserved and marginalised cohorts of people who require a different service to traditional offers. The future Primary Care offer needs to be developed around the needs of these communities.

The report highlights that continuity of care is precious (it's what's unique for Primary Care) and will be protected, but, this 'continuity of care' is only crucial for some cohorts of patients, because not all the patients on a GP list want it or value it. There is a distinction between patients who are infrequent users of the service who just want timely access to great quality care by a competent and caring health or care professional.

Figure One: Fuller Review - Three Functions of Primary Care

The three functions of primary care

A step-change in our ambitions on Preventative Care

- **Supporting lifestyle change** via a combination of national and local programmes providing advice and support to improve diet, fitness and wellbeing, e.g. health coaches and capitalising on evidence-based health apps, and the NHS app. This should involve the extended primary care team, harnessing the growing role of community pharmacy and dentistry in prevention, VCS, and working at scale on prevention with LA Public Health colleagues.
- A scaled approach **to delivering population-level interventions**, including screening and health checks, and adult vaccinations, building on the community engagement that characterised the Covid-19 vaccination programme.

A scaled and streamlined model to deliver Urgent and Episodic Care

- Single, 24/7 point of **coordination for urgent and episodic care**, making best use of PCN and place-based MDTs, and building on CAS model. Incorporating NHS 111, community pharmacy, urgent community and mental health crisis response, GP out of hours, and potentially dentistry and other PC services
- Flexibility to offer **virtual or face to face options in line with patient preference and need**. Delivered at a **scale** that makes sense for local systems, as part of a wider integrated urgent and emergency care system, enabled by risk stratification of patients and shared care records.

A person-centred, team-based approach to Chronic Disease Management and Complex Care

- **Secondary prevention**, driven by proactive management of chronic disease, to prevent deterioration in health and prolong healthy life expectancy, through regular review of disease registers. Enabling and supporting people to manage their own long-term conditions, in line with latest evidence, through the use of patient-held record systems, peer coaching, remote monitoring and group clinics.
- **Named clinician as care coordinator** working alongside patients and families to ensure timely access to holistic care and minimize time spent in hospital. Co-ordination of multi-disciplinary teams/ 'teams of teams', including from acute, community and social care providers, working across place to support case management of more complex patients (medical/social/psychological).

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4. Bedfordshire, Luton and Milton Keynes Current Position

We have some of the building blocks in place to develop further our local version. An example of work within Long Term Condition management is underway already and demonstrates some of the Fuller Principles, as described in relation to diabetes below:

> In response to clinical leaders identifying a population cohort at risk of poor outcomes from complications of diabetes as they were typically subject to multiple referrals, to different services and professionals following a routine general practice review appointment.
>
> A new model of care was introduced via weekly multi-disciplinary team meetings. This enabled individual patients at high risk to be proactively identified using data and helping to address inequalities. The multi-disciplinary meeting now includes professionals from primary care, integrated community diabetes services (community services) and the specialist diabetologist from secondary care which provides coordinated and personalised care planning and management for the patient and ultimately reduces duplication and fragmented working for the professionals providing care – ensuring responsibility is taken by the right professional and ultimately delivering the right care, in the right place at the right time. Future development is planned to fully integrate health and wellbeing services.

We, however, have areas that we need to consider and address which we propose to build our next steps around.

As an Integrated Care Board we have a number of Primary Care Networks that do not geographically wrap around our residents and their neighbourhoods. We also need an Integrated Care System-wide Estates Strategy which will support the development of Fuller Neighbourhood teams (FNT) and digital infrastructure which links all urgent care together. In addition, this will form an opportunity to broaden our links with wider partners in education, housing, the fire and police services and the voluntary sector.

5. Proposed Next Steps

It is proposed to utilise our four established Place Boards to work with our communities and enable the development of neighbourhood teams that will make a positive difference to the lives of our residents.

The Chief Primary Care Officer is meeting with professional and organisational leaders to develop our response within the context laid out to answer some key questions.

Core Questions

- If a Fuller Neighbourhood Team (FNT) brings together a range of professionals and volunteers from local authorities, local groups, local voluntary sector and all parts of the NHS (acute community and mental health) around a group of local people, do our current Primary Care Network configurations in Bedfordshire, Luton and Milton Keynes support us in implementing the Fuller recommendations?
- How can place level working be successful in bringing together teams on admissions avoidance, discharge and flow and will urgent community response teams, virtual wards and community mental health crisis teams effectively work without alignment to Primary Care Networks?
- How does each organisation propose to staff a Fuller Neighbourhood Team? Should staff members be aligned to neighbourhood teams with commitments reflected in job plans, along with members of community and mental health teams?
- Develop our vision for Fuller Neighbourhood Teams to have blended generalist and specialist workforce drawn from all sectors including secondary care consultants, relevant to their neighbourhood needs for example, geriatricians, respiratory consultants, paediatricians, and psychiatrists?
- How do our current IT systems and the Bedfordshire, Luton and Milton Keynes digital strategy support this integrated approach? What changes might be necessary?
- How does the future workforce strategy embed the primary care workforce as an integral part of system thinking, planning and delivery?
- How do we support current place boards to link neighbourhoods, through place to sub-system and system? How do we proactively identify and target individuals who can benefit from interventions in neighbourhoods, committing to delivering neighbourhood teams first for Core20PLUS5 populations?
- What does this mean for the role of other primary care practitioners and what support is needed?

- As we develop a system wide estates plan to support neighbourhood place teams with co-location within neighbourhoods, what might be the additional asks we have of Department of Health and Social Care?

6. Recommendations for the Board

The Board is asked to:

1. **Note** the report and the Fuller Review
2. **Consider** the implications of the Fuller Review and **approve** the proposed approach to implementation.
3. **Advise** on how the Board would like to be kept up to date on progress with implementation.

Nicky Poulain
Felicity Cox
July 2022

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
10. Milton Keynes (MK) Together Health and Care Partnership – MK 'deal'

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

Executive summary
This paper updates on the good progress that has been made in Milton Keynes towards establishing an effective place-based partnership and it sets out an ambitious work programme and proposes a way to take this forward for the board to consider.
Recommendation/s
The members are asked to **agree** the following recommendations: o That the Integrated Care Board recognise and endorse the new place-based partnership structures that have been put in place in Milton Keynes.

- That the Integrated Care Board tasks the Integrated Care Board executive team to work out what roles and responsibilities can be delegated to the Milton Keynes place-based partnership, in line with the improvement areas identified and bring back details for consideration by the Integrated Care Board at its next meeting on 30 September 2022.

What are the members being asked to do? mark one box only

Decision or Approval	Information	Discussion
☒	☐	☐

Report Author	David Stout, Development Director, Milton Keynes Health & Care Partnership
Senior Responsible Owner	Michael Bracey, Chief Executive, Milton Keynes Council
Key Risks and Issues https://blmk.insight4grc.com/Risk	Key risks - Delay in agreeing the MK 'deal' leads to loss of commitment to place based working
The following individuals were consulted and involved in the development of this report:	Milton Keynes Joint Leadership Team ICB - Felicity Cox & Maria Wogan
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	Not directly applicable
How will / does this work help to address inequalities?	The proposed priorities for improvement will all address inequalities in Milton Kynes
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	Detailed financial implications to be assessed and agreed at the ICB Board meeting on 30 September 2022 – see section 8 of the report
What are the available options?	Main options are: 1. To commit to finalising the Milton Keynes 'deal' by 30 September 2022 2. To delay the finalisation of the Milton Keynes 'deal' 3. To develop an alternative approach to place based working in Milton Keynes 4. To not progress place based working in Milton Keynes at this time
Date to which the information this report is based on was accurate	19 July 2022
Next steps	Set out in section 10 of the report
Appendices	Appendix 1 – Alignment of initial MK 'deal' priorities with ICS priorities Appendix 2 – Draft Analysis of Integrated Care Board functions which could be delegated to place as included within the Bedfordshire Luton and Milton Keynes Integrated Care System Target Operating Model presented to the Integrated Care System Establishment Steering Group on 25 February 2022

Milton Keynes (MK) Together Health and Care Partnership – MK 'deal'

1. Introduction

1.1 As part of the development of the Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS) there is very strong support and encouragement for place-based work. This reason for this is neatly summed up in 'Developing place-based partnerships' (Kings Fund, 2021):

> *Most of the heavy lifting involved in integrating care and improving population health will happen more locally in the places where people live, work and access services, meaning place-based partnerships within ICSs will play a key role in driving forward change.*

1.2 Colleagues in Milton Keynes (MK) have been working hard to develop their thinking around what form a place-based partnership should take and how it can make a positive difference to improving population health. Progress has been very good, and in a relatively short period of time a new structure has been established and the partners have reached agreement on some areas which they would like to focus on.

2. Recommendations

1.1 That the ICB recognise and endorse the new place-based partnership structures that have been put in place in MK.

1.2 That the ICB tasks the ICB executive team to work out what roles and responsibilities can be delegated to the MK place-based partnership, in line with the improvement areas identified and bring back details for consideration by the ICB at its next meeting on 30 September 2022.

3. The new Milton Keynes Health and Care Partnership

3.1 On 23 February 2022 the MK Health and Wellbeing Board agreed to reshape the partnership. As a formal committee of Milton Keynes Council, changes to the name and terms of reference were referred to Annual Council on 18 May 2022 where they were approved. From this point forward the MK Health and Wellbeing Board has been renamed the MK Health and Care Partnership. The MK Health and Care Partnership will continue to meet the statutory duties for Health and Wellbeing Boards as set out in the Health and Social Care Act 2012.

3.2 The new terms of reference for the MK Health and Care Partnership reflect the development of the ICS and aim to better align the local partnership with the role the BLMK Integrated Health and Care Partnership now has to shape long terms plans and strategy. They also reflect the role of MK place in working and sharing at system level and the commitment to building the MK Health and Care Partnership.

3.3 The MK Health and Care Partnership is chaired by the Leader of MK Council. It was agreed at its first meeting on 1 June 2022 that Rima Makarem, Chair of BLMK ICB, will be the vice chair of the MK Health and Care Partnership.

3.4 New membership places for the statutory Director of Children's Services (DCS) and a representative from the South-Central Ambulance Service have also been added to the MK Health

and Care Partnership terms of reference. Representation from Primary Care was boosted with two places for representatives from the seven local Primary Care Networks (PCN). Healthwatch and the voluntary and community sector representation will continue to provide a voice for residents and a way for our large and diverse community sector to engage.

3.5 Reporting to the MK Health and Care Partnership, a new operational leadership team has been formed. The purpose of this team is to oversee the delivery and improvement of any services of functions or responsibilities delegated to Milton Keynes by the BLMK ICB, either informally or formally through a Section 75 agreement (Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This operational leadership team is called the Joint Leadership Team (JLT) and initially comprises of the largest local NHS partners - Milton Keynes University Hospital NHS Foundation Trust, Central and North West London NHS Foundation Trust and the seven Primary Care Networks and Milton Keynes Council.

4 Developing a Milton Keynes ‘deal’

4.1 Colleagues in Milton Keynes have used the concept of a ‘deal’ to progress their thinking on what agreement could be reached between the ICB and the local place-based partnership. Any ‘deal’ would need to give the local place-based partnership the remit and resources to bring about positive change and improvement in relation to specifically agreed areas – as well as the responsibility and accountability for transformation, and ultimately improving population health outcomes.

4.2 The initial idea of developing a ‘deal’ was endorsed at the ICS Partnership Board meeting on 9 February 2022 and at the MK Health and Wellbeing Board on 23 February 2022. Since then, work has taken place to work out some structure around how a ‘deal’ could be framed.

What is a ‘deal’?

It would be a formal agreement between the MK Health and Care Partnership and the BLMK ICB with three parts:

- It formalises the commitment of the main local NHS partners in MK and the MK Council to work more closely together (including forming and sustaining a Joint Leadership Team).

- It focuses on areas which the local area wants to improve, as endorsed by the MK Health and Care Partnership and fully in line with the BLMK Health & Care Partnership’s strategic priorities and informed by both evidence of population health needs and a pragmatic assessment that the areas are ones where progress can be made.

- It sets out the remit and resources that the ICB agrees to delegate to the local partners (both formal and informal) to both help with the delivery of the specifically agreed improvement areas and to the general effective running of the local health and care system.

4.3 The objective of the ‘deal’ is to drive improvements in population health and improvements in the quality and efficiency of the health and care services provided to local people through the development of stronger local partnerships. The MK ‘deal’ aims to provide the foundation for both the local delivery of the strategic objectives of the BLMK integrated population health strategy and the opportunity for BLMK ICS to become a national leader in the establishment of inclusive and impactful place-based working.

4.4 Following work by the local partners, the MK Health and Care Partnership agreed four initial improvement areas at its meeting on 1 June 2022 (see papers for further details on how these were developed). None of these proposed priorities are new, but we believe there are genuine opportunities to drive improvement through working together differently. They all will help to deliver the agreed ICS priorities (see Appendix 1). These priorities are summarised below.

5 Avoiding unnecessary hospital stays

5.1 We want to avoid unnecessary hospital admissions for patients who could be better managed outside of hospital and ensure that people leave the acute hospital environment in a timelier manner when their health and care needs can be met elsewhere. By achieving this more consistently, we want to reduce physical deconditioning and psychological institutionalisation leading to improved patient outcomes and lower levels of long-term dependency. We will also want to be able to divert acute hospital resources to the provision of planned care for which demand outstrips capacity, and where local independent sector provision is very limited. We want to establish a functionally integrated 'team without walls.'

5.2 As part of the MK 'deal' it is proposed that the MK Health and Care Partnership takes on responsibility for the planning and delivery of the development of the virtual ward service in MK. We have submitted an expression of interest in the national Discharge Integration Frontrunner programme. If successful, this will be incorporated into the MK Deal programme.

6. Children and young people's mental health

6.1 There is high demand for specialist mental health support and treatment for young people. The system is not currently meeting this demand in a timely manner and there are issues with capacity. We are particularly concerned about how we meet the needs of at-risk groups such as looked after children and children with complex needs. This is important because early appropriate support makes life better for young people and families and prevents further pressure across a range of services.

6.2 We want to develop a consistent, effective, system-wide approach to prevention and early help. This will include a sufficient and appropriate range of interventions available that is transparent to young people, families and professionals. We want to ensure that we make best use of resources for at risk groups and young people with complex needs. We recognise that improvement has been made working on a sub-regional and regional basis and want to complement that.

7. Tackling obesity

7.1 There are high and increasing numbers of children and adults with excess weight. This can have negative, long-term health and wellbeing consequences, including diabetes, heart disease, musculoskeletal problems, cancer and depression.

7.2 While there are many factors leading to this growth in levels of obesity, many of which are not able to influence at local level, we believe there is action we can take locally to drive improvement. We aim to:

- Help more people who have obesity/overweight access weight loss support, particularly those at higher risk due to socio-economic circumstances and physical and mental health conditions that make it harder to maintain a healthy weight.
- Improve access to healthy food at home, at school, at work and while using health and care services and increase opportunities to be active.
- Provide early support to families to prevent unhealthy weight gain early in life, including in the first 1000 days.
- Shape the environment in Milton Keynes to make it easier for people to maintain a healthy weight.

8. Managing complex needs

8.1 Planning, assessment, commissioning and case management of people of all ages who have complex needs being done too late or not as well as we would like. This can push up the financial cost of care and support and lead to poor outcomes including:

- A breakdown in care arrangements.
- A loss of continuity in care for people placed out of area who need to access NHS-funded services (a particular problem if placements breakdown).
- For some people multiple placements that impacts on the person's emotional wellbeing.

8.2 We aim to develop a well-resourced, professional, and consistently applied local pro-active model of assessment, planning and case management. We will simplify the processes and procedures that have built up over time. We aim to develop an integrated approach to our most complex people to prevent the need for out of area specialist/crisis provision.

9. Resources

9.1 Whilst expertise and some capacity to drive improvement sits within the MK partner organisations, we will need the ICB to delegate resources to the local place-based partnership to support the accelerated delivery of the transformation and improvement.

9.2 The level of resource required to support delivery clearly needs to be affordable to the system and proportionate to the level of responsibility which is being taken on by the MK Health and Care Partnership on behalf of the ICB. Therefore, this will need to be agreed between the ICB Executive Team and the place-based partnership alongside the agreement of the specific responsibilities being taken on and the MK Health and Care Partnership's and ICB's responsibilities in relation to ICB workforce resources assigned to the work.

9.3 However, to give some idea of potential scale, the initial thinking is that a small improvement action team of between five to ten full-time roles might be needed to coordinate and take forward the work across all four areas. If supported, this team (whatever its agreed scale) would remain as employees of the ICB, seconded to the place-based partnership (MK Council has agreed to be the host organisation providing line management, although the other NHS partners would be able to do this if seen as more appropriate by the ICB executive team). If secondment was not possible then fixed term appointments could be considered, but this is not the preferred option by the place-based partnership.

9.4 While initially focusing on the four priority areas, the improvement action team would form a strong base for supporting the MK Health and Care Partnership to take on further responsibilities over time, assuming good progress is made. The core improvement action team would draw on and co-ordinate input from existing improvement capacity within the MK Health and Care partner organisations to maximise impact and better use of collective resource.

10 Reporting and accountability

10.1 Operational oversight of delivery of the agreed responsibilities taken on through the MK 'deal' by the MK Health and Care Partnership will be undertaken by the MK Joint Leadership Team (JLT). The JLT is accountable to the MK Health and Care Partnership Board. The chair of the ICB and ICP is the vice chair of the MK Health and Care Partnership Board.

10.2 It is recognised that the ICB will retain some accountability for any responsibilities delegated to the MK Health and Care Partnership on its behalf and will of course be committed to monitoring improvement in MK. Therefore, regular reports on progress will be provided to the ICB so it can exercise appropriate oversight and provide support and challenge as we use our best endeavours to develop this new way of working. Statutory guidance/regulations on the delegation of ICB functions are expected to be published in July which will also inform this work.

11 Next Steps

11.1 Assuming that the ICB agrees the recommendations in this report, the next steps are to finalise the details for inclusion in the 'deal' for sign off at the ICB board meeting on 30 September 2022.

11.2 To achieve this the ICB executive team working with colleagues in the MK Health and Care Partnership will both need to commit to:

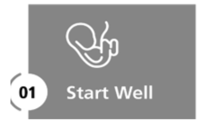
- Agreeing the specific responsibilities which will be taken on by the MK Health and Care Partnership on behalf of the ICB in 2022/23 for each of the proposed improvement areas (noting that not all four may be able to be progressed initially).

- Agreeing the level of resource which will be made available for to support delivery of each of these improvement areas and for overall co-ordination.

11.3 To help to frame agreement on the specific responsibilities, the analysis of how ICB functions could be delegated to place produced in February 2022 by a working group of the BLMK Clinical Commissioning Group and partners in MK (see Appendix Two) is a useful reference document.

End of report

Appendix 1 – Alignment of initial MK ‘deal’ priorities with ICS priorities



02 Live Well

Children’s mental health: building a consistent, effective, MK-wide approach to prevention and early help, alongside interventions for young people and their families, with a focus on those in at-risk groups and with complex needs.

Reducing unnecessary hospital stays: with a focus on improving discharge for people medically able to go home, especially those placed out of area; redoubling efforts to avoid admission for people with frailty markers; reducing long term care home placements, and the number of people who are discharged into bed based services without rehabilitation, ensuring that community services are focused on helping people to regain their independence and stay in their own homes.

Tackling obesity: to support the high numbers of adults and children with excess weight, and those at higher risk due for socio-economic or physical/mental health reasons; improving access to healthy food and opportunities to be active, with focused support for families, and changes to the MK built environment to make it easier for people to maintain a healthy weight.

Support for people with complex needs: developing a well resourced, integrated, proactive, all-age local model of planning, assessment and case management, with simplified processes and procedures, and eliminating the need for out of area provision specialist/ crisis provision for people with the most complex needs.

Each priority will focus on addressing **inequalities** and keeping people healthy to support **growth** and sustainability.

Appendix 2 – Analysis of ICB functions and potential delegation to place in MK Reported to the ICS Establishment Steering Group on 25 February 2022 (amended with current agreed BLMK terminology)

Introduction

This paper sets out an analysis of the functions of the Integrated Care Board (ICB) which could be delegated to the proposed Milton Keynes Health & Care Partnership as developed by a Working Group of the Milton Keynes (MK) Health & Care Alliance.

Principles

The ICB is expected to adopt the principle of subsidiarity with decisions taken as close to local communities as possible. Activities should be undertaken at scale where there are demonstrable benefits in doing things once, or where co-ordination adds value.

From the MK perspective, priority has been given to functions where there is flexibility in decision-making so that delegation adds value.

Relationship between ICB and MK Health & Care Partnership

The ICB has an important range of strategic functions and duties set out in the table below. While some of these functions can be delegated, accountability for the functions cannot. Therefore the ICB retains an important assurance role for any functions that are delegated to MK Health & Care Partnership.

In addition the ICB will provide expertise to support local decision making and delivery at the MK Health & Care Partnership. Through delivery of this expertise, the ICB will add value by promoting excellence (positive variation) as well as addressing areas requiring improvement (unwarranted variation). Where this support is provided by the ICB to support delivery of functions which have been delegated to the MK Health & Care Partnership, this support will be directed to support agreed MK priorities.

Where a function is delegated to MK Health & Care Partnership, the ICB will agree with the MK Health & Care Partnership the management capacity (in people or funding) and any other resources which will be made available to support delivery of the function.

All partners within the MK Health & Care Partnership are member organisations of the ICB and Partner Board members will participate in decision-making for functions retained by the ICB.

The analysis

The analysis sets out the potential for delegation of functions. The timetable for achieving this level of delegation would need to be agreed and may need to be achieved in stages. The intention would be for the focus for initial delegation of functions which support the delivery of the priorities for the MK Health & Care Partnership and where there are opportunities for added value from closer working between local partners within MK.

KEY FUNCTIONS TO BE DELIVERED BY INTEGRATED CARE BOARD	OPTIONS FOR DELEGATION OF FUNCTIONS TO MK HEALTH & CARE PARTNERSHIP a. Denotes potential function to retain at Integrated Care Board level b. Denotes potential function to delegate to proposed MK Health & Care Partnership
Strategic Commissioning & Transformation Proposing the overarching vision, mission, strategy and priorities for the system to improve population health outcomes to the ICP for approval. Translating the ICP priorities to strategic plans to meet the healthcare needs of the population and leading delivery of BLMK-wide transformation. Taking a Population Health Management approach to commissioning, procuring and contracting to improve outcomes for the population by developing care alliances and places to integrate, and provide health and care services. Working with local authorities and VCSE to put proactive personalised care in place for people. Working with partners to agree appropriate levels for the delegation of budgets and associated commissioning responsibilities. Commissioning and contracting for any additional areas of responsibility delegated to the ICB by NHSEI. Establishing joint working arrangements with partners that embed collaboration as the basis for plan delivery and ensures the NHS plays a full part in economic development and environmental sustainability.	**Commissioning/Transformation** a. *Functions to be retained at ICB level* • Setting of standards for outcomes and quality of care to be achieved across BLMK based on national, regional and local requirements • Agreement of strategic plan for BLMK to deliver the Integrated Care Partnership population health strategy • Allocation of resources to MK Health & Care Partnership for delivery of those standards and priorities. • Assurance that agreed standards are being met/agreement of mitigation plans where there are shortfalls • Leading transformation programmes and commissioning of new pathways, services and/or ways of working for *specialist services* which need to be planned at scale across a larger population than MK or services where it is agreed by partners that there is a benefit of doing the work once at scale b. *Functions to be delegated to MK Health & Care Partnership* • Agreement of priorities for MK to improve health and wellbeing of the population using data to identify outcome/quality/cost/ performance outliers to enable prioritisation of transformation activity. • Leading Health & Care Partnership-based transformation programmes to deliver both ICP & ICB-set priorities and locally designed changes • Commissioning of new pathways, services and/or ways of working for all services within MK (other than specialist services see above) to best meet local needs within allocated resources **Contracting/Reporting** a. *Functions to be retained at ICB level* • Development of new contracting arrangements where appropriate to enable development of collaborative services to target population needs • Provision of specialist contracting and procurement expertise to support implementation of local contracting decisions as required • Oversight of contracts delegated to MK • Acting as the legal body holding contracts for MK services as required • Administration of reporting requirements to NHSE as required b. *Functions to be delegated to MK Health & Care Partnership* • Delivery of services against contract requirements including management of activity flows, outcomes, quality standards and finance relating to MK. • Reporting contract performance for delegated services to the ICB • Contract management for delegated contracts for services within MK including decision-making regarding agreeing contracts with third party providers delivering services within MK

Quality & Safeguarding Setting the ambition and priorities for the quality of care and safeguarding across the system. Taking clinical responsibility for system wide quality and quality improvement, identifying trends and co-ordinating health actions, including responding to safeguarding risks, led by the Statutory Chief Nursing Officer.	**Safeguarding** a. *Functions to be retained at ICB level* • ICB's statutory duty for safeguarding across BLMK • Oversight of MK safeguarding arrangements and assurance that required standards are being met • Participation and provision of support to MK safeguarding management through the *MK Together* board and infrastructure b. *Functions to be delegated to MK Health & Care Partnership* • Delivery of all safeguarding responsibilities for MK through the *MK Together* Board and infrastructure **Quality** a. *Functions to be retained at ICB level* • Setting of standards for quality of care to be achieved across BLMK based on national, regional and local requirements • Share learning and best practice from outside and within BLMK • Quality assurance in relation to delivery within MK of ICB-set standards and agreeing quality improvement priorities with MK – as far as possible to achieved through participation in MK quality assurance processes rather than duplicating them b. *Functions to be delegated to MK Health & Care Partnership* • Establishment of appropriate mechanisms (learning from the *MK Together* approach) to assess, scrutinise, and drive the quality of services provided in MK, identifying trends where action is required • Local quality assurance including monitoring of complaints relating to place based providers • Setting quality improvement priorities for MK in discussion with ICB
Health & Care Professional leadership Supporting the development of multi-professional clinical and care leadership in PCNs and across the system. Leading the development of system clinical priorities, providing clinical and care professional leadership of whole system clinical and care programmes and reducing unwarranted variation and health inequalities in our population. Leadership of clinical and care professional education, research & development and system clinical governance. Responsible Officer function for revalidation. [Note: this is intended to be delegated to ICBs but will not be in place for 1/7/22].	**Health & Care Professional leadership** a. *Functions to be retained at ICB level* • Providing system-wide health & care leadership for whole system transformation programmes to support reducing unwarranted variation and health inequalities across BLMK • Performing the Revalidation Officer function for primary care within BLMK • Leadership and delivery of health and care professional education, research & development, leadership development and clinical governance to supplement local MK arrangements where best delivered at scale larger than MK b. *Functions to be delegated to MK Health & Care Partnership* • Providing health & care leadership for MK transformation programmes to support reducing unwarranted variation and health inequalities MK • Leadership and delivery of health and care professional education, research & development, leadership development and clinical governance within MK .

Population Health Management Working with partners to make the best use of local resources and assets to address the full range of factors that contribute to health outcomes and embedding a prevention and population health approach throughout the system that reduces health inequalities. Embedding a co-production approach at population scale to ensure that PHM underpins all that the ICB does including defining commissioning outcomes	***Population Health Management*** a. *Functions to be retained at ICB level* • Use of population health management approach in development and agreement of the BLMK Health & Care Partnership's population health strategy and the ICB's outcome based contracts (or equivalent) with proposed MK Health & Care Partnership • Provision of expert support to MK Health & Care Partnership where agreed best delivered at scale to support delivery of MK population health management priorities • Agreeing BLMK-wide priorities for tackling inequalities b. *Functions to be delegated to MK Health & Care Partnership* • Adoption of population health management approach in local prioritisation and decision-making • Reporting on performance in achieving population health outcomes • Setting local priorities and action plans to address inequalities
Digital, Data and Analytics Leading system-wide action on data and digital, working with partners across the system on transformation and delivering data, digital systems and analysis to connect health and care services to put the citizen at the centre of their care, to enable PHM decision making, improve patient outcomes and deliver against the 'What Good Looks Like' framework	***Digital, Data and Analytics*** a. *Functions to be retained at ICB level* • Agreement of BLMK system digital strategy and co-ordination of the ICB's access to capital funding across BLMK for digital transformation • Provision of expert support to MK Health & Care Partnership where agreed best provided at scale to support implementation of MK priority digital transformation projects • Provision of expert support to MK Health & Care Partnership where agreed best delivered at scale to support delivery of MK data and analytic priorities b. *Functions to be delegated to MK Health & Care Partnership* • Delivery of centrally funded MK digital transformation projects and alignment of those with digital programmes in MK funded through other local routes • Local data analysis and interpretation to support delivery of MK transformation priorities and effective performance
Working with People and Communities Developing and delivering the working with People and Communities Strategy, supporting co-production at system and individual level. Agreeing and delivering system communications & engagement priorities and plans (including stakeholder management) and measuring impact and success. Fulfilling ICB statutory duties in relation to engagement and consultation. Support co-	***Communications and engagement*** a. *Functions to be retained at ICB level* • Agreement of system approach to working with people and communities, communications & engagement and co-production priorities and plans • Delivery of at scale cross BLMK communications & engagement and co-production activity where applicable, including delivery of statutory consultation functions for BLMK-wide service change • Provision of expert support to MK Health & Care Partnership where agreed best delivered at scale to support statutory consultation requirements within MK • Assurance of the ICB's statutory duty for consultation b. *Functions to be delegated to MK Health & Care Partnership*

production at system and individual level.	• Agreement of MK communication & engagement priorities and plans, including embedding co-production in all ways of working • Delivery of local MK communication & engagement activity and co-production activity, including delivery of statutory consultation function for service change in MK
Primary Care Transformation Commission and contract manage primary care services (inc. vaccination programmes and community pharmacy, optometry & dentistry as delegated by NHSEI). Provide developmental support to PCNs as the foundations of out of hospital care to support prevention and improve population outcomes, facilitating the implementation of population health management and coordinating system-wide transformation projects for expanding primary care capacity and building sustainable primary care, in line with ICB strategy. Support PCNs to take their full role in place-based improvements. Investing in PCN management support, data and digital capabilities, workforce development and estates.	***Primary Care Transformation*** a. *Functions to be retained at ICB level* • Commissioning and management of national primary care contracts as delegated by NHSEI • Provision of expert primary care clinical advice for services which continue to be commissioned at BLMK level • Commissioning and transformation of integrated urgent primary care services (111, CAS and GP OOH) • Provision of expert commissioning support to MK Health & Care Partnership where agreed best done at scale to support commissioning and management of locally agreed Primary Care contracts including medical, dental, ophthalmic and community pharmacy • Supporting primary care transformation and the development of the network of PCNs across BLMK b. *Functions to be delegated to MK Health & Care Partnership* • Commissioning and management of local GP contracts where there is discretion for local decision-making outside the national GP contract • Support for place based development which includes PCNs within MK • Provision of expert primary care clinical advice for services where commissioning is delegated to MK Health & Care Partnership • Support medicines optimisation within MK • Commissioning and management of primary care led prevention programmes to address inequalities
Performance & Delivery Co-ordinating system performance management and improvement against outcomes-based contracts, developing population health change monitoring indicators and coordinating emergency preparedness as a category 1 responder. This includes the performance of the full range of primary care services (PMS, community pharmacy, optometry and dentistry and delegated specialised services). Supporting the implementation of changes required to achieve	***Performance & Delivery*** a. *Functions to be retained at ICB level* • Emergency preparedness category 1 response • Reporting of BLMK wide performance in line with regional and national requirements • Assurance of performance for functions delegated to MK Health & Care Partnership (where possible delivered through participation in MK quality assurance processes rather than duplicating them) • Delivery and performance tracking for any ICB functions/priorities for improvement which are not delegated to MK Health & Care Partnership (and equivalent arrangements in other parts of BLMK) • Provision of expert support to MK Health & Care Partnership to support the performance function where agreed best delivered at scale • Establishment and management of BLMK governance arrangements

improvement in outcomes. Using joined-up data and digital to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes. Establishing governance arrangements to support collective accountability and self-regulation and providing assurance to regulators.	• Identification of material risks that impact the achievement of ICS strategic objectives and management of the risks through implementing and monitoring mitigations • Act as an independent 'arbiter' of any disputes relating to delegated functions where the dispute cannot be resolved by the MK Health & Care Partnership • Agree a disputes resolution mechanism for any disputes between the ICB and MK Health & Care Partnership b. *Functions to be delegated to MK Health & Care Partnership* • Co-ordination of MK emergency preparedness response • Delivery of MK performance in line with system, regional and national requirements and collaborative working to address any areas where performance improvement is required • Delivery and performance tracking of functions and priorities for improvement delegated to MK Health & Care Partnership and reporting to ICB as required • Establishment and management of MK governance arrangements to ensure effective assurance for the MK Health & Care Partnership • Identification of material risks that impact the achievement of the MK Health & Care Partnership strategic objectives and management of the risks through implementing and monitoring mechanisms • MK Health & Care Partnership to establish governance arrangements and decision-making processes to resolve disagreements at local level • Agree a disputes resolution mechanism for any disputes between the ICB and MK Health & Care Partnership
Finance Making strategic decisions about how to use financial allocations and system estate across the system and at place to deliver improved outcomes for our population based on research of finance models that drive population health improvements, a strong evidence base and population health management analysis. Ensuring strong financial system governance and accountability. Managing system finance delivery with partners including management of system capital and revenue allocations and delivery of system efficiencies. Driving joint work on estates, procurement, supply chain and commercial strategies,	***Finance*** a. *Functions to be retained at ICB level* • Agreement of the System's financial principles and financial framework • Agreement of the approach for use of financial allocations (revenue and capital) across BLMK including allocations to MK Health & Care Partnership in line with agreed delegation • Management of system financial delivery including agreement to the approach for financial risk management across BLMK system • Management of financial delivery for all functions not delegated to MK Health & Care Partnership (and equivalent arrangements in other parts of BLMK) to ensure most effective use of financial and other resources • Assurance of financial delivery for functions delegated to MK Health & Care Partnership (where possible delivered through participation in MK financial assurance processes rather than duplicating them) • Provision of expert financial, estates, procurement, supply chain and commercial support to MK Health & Care Partnership where agreed best delivered at scale to support delivery of agreed MK priorities b. *Functions to be delegated to MK Health & Care Partnership*

supporting the most effective use of financial and other resources throughout the public sector.	• Management of financial allocations within MK for functions delegated to MK Health & Care Partnership to support delivery of the agreed priorities • Management of financial delivery for all functions delegated to MK Health & Care Partnership to ensure most effective use of financial and other resources • Management of estates, procurement, supply chain and commercial functions as delegated by ICB to MK Health & Care Partnership
People & OD Leading system implementation of the NHS People Plan and People Promise – building key partnerships at system level with the NHS, local authorities and the VCSE to develop and support 'one workforce' including mutual aid and realising cross system talent, all workforce development and retention. Facilitating system-wide, place-based and ICB organisational development programmes	***People & OD*** a. *Functions to be retained at ICB level* • Agreement of any BLMK-wide priorities and development of at scale partnerships • Development and delivery of the BLMK People Plan and of any other at scale workforce and people strategies • Delivery of OD programmes for the ICB and ICP • Delivery of expert People and OD support to MK Health & Care Partnership where agreed best delivered at scale to support delivery of agreed MK People & OD priorities b. *Functions to be delegated to MK Health & Care Partnership* • Delivery of local workforce and other people strategies, contributing to system-wide work as appropriate • Delivery of OD programmes to support development of partnership arrangements within MK

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
11. Commissioner Review of Percutaneous Coronary Intervention (PCI) Services

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☒	Governance and Compliance ☐

Executive summary
Percutaneous Coronary Intervention (PCI) is a minimally invasive procedure to open blocked arteries in the heart. It consists of a traditional 'Angioplasty' (using a balloon to stretch open a narrowed or blocked artery) coupled with a stent inserted into the artery. PCI services are needed by some of the most unwell patients and is often time critical. Following a proposal by Milton Keynes University Hospital (MKUH) to develop local PCI services, Felicity Cox, requested a commissioner review of PCI provision. This was agreed by David Carter and Joe Harrison. The review encompassed a variety of quantitate and qualitative methods, using performance data compared with national standards, activity and finance data and interviews (using the Consultation Institute) with patients, General Practitioners (GPs) and community providers. Commissioners also met with both Trusts on several occasions.

PCI is currently only offered at Luton and Bedford hospitals, with many Milton Keynes residents needing to travel out of area to receive both elective and emergency PCI services.

Patients were positive about the treatment, irrespective of the provider. However, Milton Keynes patients expressed anxiety and frustration about transfers to other Trusts and when being discharged. GPs agreed with the patient view but also expressed concern about rehab pathways and discharge advice sometimes being complicated. Community providers agreed with the view about rehab pathways.

Following a review of all the feedback and data, three options were developed:

- Option 1 – Maintain current pathways in both Trusts and out of area – we know this is not offering an ideal pathway;
- Option 2 – Oxford University Hospital (OUH) providing a Satellite model at Milton Keynes University Hospital. This was the proposed model from Milton Keynes University Hospital. Bedford and Luton & Dunstable Hospitals integrate their services; and
- Option 3 – Bedfordshire Hospital Foundation (BHFT) providing a Satellite model at Milton Keynes University Hospital. Bedford and Luton & Dunstable Hospitals integrate their services.

Option 2 was the preferred option with PCIs performed each morning 5 days per week at Milton Keynes University Hospital, with the last case finishing by 2pm. This allows for a 6-hour monitoring period post procedure with the ability to return patients to the theatre if necessary. No immediate changes were expected in the Bedfordshire Hospital Foundation Trust model. The benefits are:

- Minimises patient journey times and improving experience/outcomes;
- Reduces length of stay for acutely unwell patients, and conveyancing to other Trusts minimised;
- For some patients, it avoids an angiography only episode (as is current provision at Milton Keynes University Hospital) enabling a diagnostic and treatment modalities under one procedure. This mirrors the current Bedfordshire provision and minimises the multiple invasive procedures risk;
- Supports the retention and development of the workforce; and
- Releases ambulance capacity.

This view was supported by the independent Interventional Cardiologist and Deloittes who were supporting the system in the early part of the review process. British Cardiovascular Intervention Society (BCIS) also undertook a Peer Review of the Milton Keynes University Hospital/Oxford University Hospital proposal in April and concluded there were no concerns about model.

It's recognised the Milton Keynes University Hospital proposal does not fully meet Getting It Right First Time (GIRFT)/BCIS standards as there isn't 24 hours a day, 7 days per week on site PCI cover. It was felt sufficient safeguards were in place to ensure patients remains safe immediately after surgery with access to on-call provision from OUH after 8pm. This is similar provision to that in Bedford and Luton Hospital. BCIS did not raise any concerns about this on-call model which was clearly articulated in their plan.

The Commissioners acknowledge Bedford Hospital Foundation Trust requested Primary PCI (PPCI - this is the more urgent PCI procedure for patents suffering heart attacks) be reviewed prior to PCI. The commissioners viewed the immediate PCI improvements as the priority with equity of access, reduced length of stay, minimised travel time, released ambulance capacity and a reduction in the need for multiple invasive procedures all improvements that can be made without any delay. It was felt the PPCI pathway development would require longer term co-design and engagement to fully demonstrate a positive quality, operational, financial and workforce impact. It had a risk of non-delivery and competes with the multitude of other recovery pressures; and therefore, seen as a future ambition.

On 14 July, the PCI Review was presented to the Bedfordshire, Luton and Milton Keynes Health & Care Senate. A summary of the outputs are below and where necessary changes have been made to the final report:

- Add the context of a commissioning review undertaken in response to a proposed new service to be provided by Oxford University Hospital at Milton Keynes University Hospital to be made explicit;
- Make the language easier to understand with all acronyms spelt out in full at least once and explained;
- Clear articulation of financial implications and timescales to be included (if known);
- The main driver for Milton Keynes University Hospital proposal was poor patient experience, particularly relating to longer lengths of stay (6 vs 2 days) associated with transfer of non-elective patients to Bedfordshire Hospital Foundation Trust or Oxford University Hospital;
- Some concerns around de-stabilisation of Bedfordshire Hospital Foundation Trust services on Bedford and Luton sites, although both have a current workload that is less than national recommendations and some form of reconfiguration in Bedfordshire may occur following their Clinical Strategy Review;
- Workforce issues were discussed. Milton Keynes University Hospital expressed the view that the proposal would likely result in additional expertise and capacity coming into the Integrated Care System, footprint rather than significant flux between units. Agreed that going forward and generically, workforce issues should be considered alongside proposals for change;
- The issue of whether Bedfordshire, Luton and Milton Keynes needs a Primary Percutaneous Cardiology (PPCI) Service (for people presenting with acute heart attacks) has not been addressed, although nobody in the meeting was aware of any specific concerns around current arrangements with the various tertiary centres, with whom the hospitals currently link (Milton Keynes to Oxford, Bedford to Papworth and Luton & Dunstable to Harefield). A real or perceived problem with the status quo was a pre-requisite for such a development rather than an assumption that BLMK as a geography should provide a PPCI service. A PPCI review had been mooted as a future phase of this workstream and considering other pressures such as the need to reduce elective backlog.
- Some concerns suggested regarding the lack of input from GIRFT leads, although the low likelihood of significance in the context of the evidence included (which referenced the 2021 GIRFT national report) and positive BCIS report was noted.

Recommendation/s

The Board are asked to review the content of the paper and approve the following recommendation/s:

- To support Option 2 (Oxford University Hospital (OUH) providing a Satellite model at Milton Keynes University Hospital (MKUH). Bedford and Luton & Dunstable Hospitals integrate their services).

A set of broader recommendations have been developed to ensure the mobilisation of a new PCI service is safe and accountable measures have been considered.

For Milton Keynes University Hospital:

- A MKUH/OUH mobilisation plan setting out clinical governance routes, the management and mitigation of clinical risks, workforce planning and finance modelling.
- A memorandum of understanding between OUH and MKH that guarantees continuity of service, being clear of roles and responsibilities.
- There was no ambition by the Trust to develop a 24 hours a day, 7 days per week PPCI service. Should this ambition develop once OUH satellite is established, then BLMK Integrated Care Board (ICB) commissioning leads to be informed.
- Trust report to the Integrated Care Board any incidents relating to a lack of on-site cover for PCI provision.
- MKUH update the system within 6 months of mobilisation of any opportunities to improve PCI patient care across the system

For Bedfordshire Hospital Foundation Trust:

- Progress the Clinical Strategy Review of which the PCI services across Luton and Bedford should be part of;
- Workforce resilience and recruitment should be considered addressing some of the vacancies;
- If BHFT ambition is to develop PPCI services, the Trust formally articulate their plan enabling commissioners to comment and refine accordingly; and
- Trust report to the Integrated Care Board any incidents relating to a lack of on-site cover for PCI provision.

For Bedfordshire, Luton and Milton Keynes Integrated Care System/ Integrated Care Board:

- Once PCI quality standards are being met and there is workforce capacity/resilience, any signalled intent to provide a 24 hours per day, 7 days per week PPCI service, is reviewed in a balanced, considered and strategic approach;
- Develop Cardiac Rehab pathways;
- Considerable public engagement will need to be undertaken to ensure that there is broad understanding of the new, and locally improved service. That new pathways are followed, and the local population are made aware that work has been undertaken to enhance a service locally, that was previously provided outside of the area; and
- Patient experience of the new and improved service will also need to be undertaken to ensure that the service is working as it has been designed to.

What are the members being asked to do? mark one box only

Decision or Approval	Information	Discussion
☒	☐	☐

Report Author	Michael Ramsden - Associate Director for Planned and Specialist Care Sarah Florey – Senior Commissioning Manager
Senior Responsible Owner	Richard Alsop – Interim Chief Transformation Officer
Key Risks and Issues https://blmk.insight4grc.com/Risk	There are risks around non-delivery of the new service and the absence of 24 hours a day, seven days a week Consultant cover. These risks only materialise once the decision is made to proceed with the preferred option. If supported, they will be added to the organisation’s risk management centre
The following individuals were consulted and involved in the development of this report:	In process of undertaking this Commissioners Review, Bedfordshire Luton and Milton Keynes Integrated Care Board engaged with and received contributions from the following stakeholders: • Deloitte (external/independent) • Dr Witherow - Interventional Cardiologist from Dorset County Hospital (external/independent expert) • The Consultation Institute • Representatives from Clinical, Operational and Executive Leadership at Bedfordshire Hospitals Foundation Trust, Milton Keynes University Hospital and Oxford University Hospital. • BLMK Commissioned Cardiology Service Providers at Whaddon Health Care

	• BCIS (British Cardiovascular Intervention Society)
How will / does this work help to address the Green Plan Commitments? https://blmkhealthandcarepartnership.org/our-publications/plans/	Reduced conveyancing for MKUH patients for non-elective pathways Care closer to home for elective patients (PCI to be undertaken at Milton Keynes University Hospital that was previously undertaken at Oxford University Hospital)
How will / does this work help to address inequalities?	Levelling up of PCI access for the Milton Keynes University Hospital population providing a similar service for that already in place for Bedfordshire population.
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	£242k net movement from BHFT to Oxford University Hospital. This has been agreed with finance leads
What are the available options?	Option 1 – Maintain current pathways in both Trusts and out of area – we know this is not offering an ideal pathway Option 2 – Oxford University Hospital (OUH) providing a Satellite model at Milton Keynes University Hospital (MKUH). This was the proposed model from MKUH. Bedford and Luton & Dunstable Hospitals integrate their services. Option 3 – Bedfordshire Hospital Foundation (BHFT) providing a Satellite model at Milton Keynes University Hospital. Bedford and Luton & Dunstable Hospitals integrate their services.
Date to which the information this report is based on was accurate	15/07/2022
Next steps	Throughout this review patients have been complimentary about the PCI services across Bedfordshire Luton and Milton Keynes but have voiced less tolerance of the need to travel to other providers and longs waits to be transferred for care. This feedback has been at the forefront of the commissioner's view and ultimately led to the recommendation to develop local services for the Milton Keynes population. To ensure the recommendations to develop PCI services are in the best interests of our communities, we will also be liaising with the Overview and Scrutiny Committees so that we can discuss our approach and feed their views into future plans.
Appendices	Nil

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
12. Strategic Risk Management – Integrated Care Board (ICB) Board Assurance Framework

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary

This paper sets our proposed approach to developing the management of strategic risks for the Integrated Care Board and Integrated Care System for the Board's information and assurance in advance of further discussion at the Board meeting in September. The Board Assurance Framework will provide the structure and process for the Board to focus on those risks that might compromise the achievement of the Integrated Care Board's strategic priorities.

Our proposed approach to risk management needs to be developed together with partners including place based boards and the Bedfordshire Care Alliance to enable:

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

This paper sets out the initial management actions that have been taken since the establishment of the Integrated Care Board and the proposed next steps, to provide assurance to the Board that risks are being managed using existing systems and that work is underway to further develop our approach.

Since 1st July 2022, the following activities in relation to risk management have been or are in the process of being completed:

- Integrated Care Board's Risk Management Framework approved by Board on 1st July;
- Integrated Care Board Executive Directors have reviewed and refreshed the risks transferring from the Clinical Commissioning Group's Board Assurance Framework to the Integrated Care Board's Board Assurance Framework;
- Audit and Risk Assurance Committee held an initial discussion about: (a) the role of the committee is providing assurance to the Board about the Integrated Care Board's risk management system and processes and (b) work underway and additional work required to establish the Integrated Care Board organisational and system Board Assurance Framework; and
- System Oversight and Assurance Group meeting on 25 July – discussion of most significant system risks and mitigation plans

An initial view of the most significant system risks will be presented to the Board at its meeting on 29 July following input from partners via the System Oversight and Assurance Group meeting on 25 July.

Key next steps are:

- Proposal on approach to strategic risk management to Audit and Risk Assurance Committee on 2 September;
- Development discussions with partners on system risk management via existing forums and with risk leads - August-September;
- Paper to Board 30th September including approach and updated Board Assurance Framework; and
- Board development session 4th November (external expert facilitation to be provided).

Recommendation/s

The Board is asked to:

1. **Note** the report and the work underway to further develop system strategic risk management processes and the assurance that system and organisational are being managed via existing processes; and
2. **Note** the current risks recorded on the Integrated Care Board's Board Assurance Framework as presented at the meeting

What are the members being asked to do? mark one box only

Decision or Approval	Information	Discussion
☐	☒	☐

Report Author	Ola Hill, Deputy Head of Organisational Resilience
Senior Responsible Owner	Maria Wogan, Chief of System Assurance and Corporate Services
Key Risks and Issues https://blmk.insight4grc.com/Risk	This paper is wholly concerned with risk Please confirm your risk/s have been recorded in the organisation's risk management centre ☐ YES

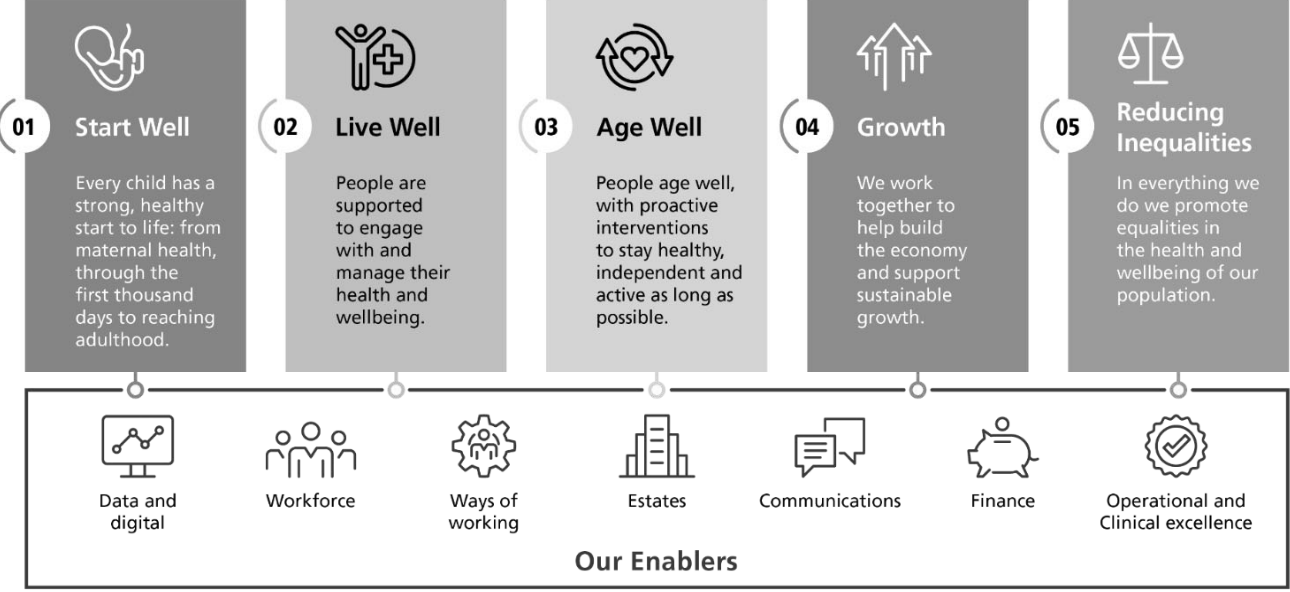
The following individuals were consulted and involved in the development of this report:	Audit and Risk Assurance Committee Integrated Care Board Transitional Leadership Team which includes the Programme Directors for Milton Keynes and Bedfordshire Care Alliance System Oversight and Assurance Group – discussion of strategic risks on 25 July
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (Integrated Care Board.nhs.uk)	Growth is a strategic objective of the Integrated Care Board and the Integrated Care Board's Board Assurance Framework contain strategic risks to the delivery of the Integrated Care Board's strategic priorities
How will / does this work help to address inequalities?	Reducing Inequalities is a strategic objective of the Integrated Care Board and the Integrated Care Board's Board Assurance Framework will contain strategic risks to the delivery of the Integrated Care Board's strategic priorities
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	None
What are the available options?	None
Date to which the information this report is based on was accurate	20/07/22
Next steps	To further develop of the Board Assurance Framework with partners to validate the risks identified as system risks To further develop the approach to system and organisational risk management Report to Board 30 September 2022
Appendices	A – Board Assurance Framework Summary - to be presented at the Board meeting

Introduction

The core purpose of an Integrated Care System is to:

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

Our agreed vision is: *For everyone in our towns, villages and communities to live a longer, healthier life* and we have agreed five strategic priorities and enabling workstreams to support the achievement of this vision.



Our work on strategic risk management is therefore intrinsically linked to the work to develop the system's integrated care strategy and joint forward plan as discussed in a paper earlier on the Board agenda.

Risk management plays a critical role in helping the Integrated Care Board understand the impacts and manage the risks associated with delivering these strategic priorities.

Bedfordshire, Luton and Milton Keynes Integrated Care Board's vision for risk management is for all decision makers to be fully informed of risk and that risks are effectively managed in the achievement of our objectives. Risk management benefits the Integrated Care Board, our stakeholders and the local population by enabling new ideas to be explored and potential risks to be managed to minimise their impact.

Strategic Risk Management Approach

Our approach will be to utilise the Integrated Care Board's Board Assurance Framework as the key tool to hold the strategic risks as defined by the Integrated Care Board: the major risks that could prevent the Integrated Care Board from fulfilling the objectives in the agreed system strategy.

Our approach also needs to include management of the high and significant risks to the Integrated Care Board a statutory organisation.

The Board Assurance Framework is a tool to support strategic clarity to ensure that the Integrated Care Board's activities contribute towards achievement of the strategic priorities and help ensure that strategic decisions are based on a collective understanding of risks to the Bedfordshire, Luton and Milton Keynes

System. It will provide a structure and process for the Board to focus on those risks that might compromise the achievement of the Integrated Care Board's strategic objectives. The Board Assurance Framework will provide the board with a simplified approach to reporting and prioritisation and drive the Board's cycle of business by ensuring that board agendas focused on strategic risks rather than operational issues.

The interface between organisations is often where significant risks arise due to a lack of clarity regarding responsibility and accountability. Therefore, it is important to clarify the roles of existing committees and groups at different levels in the system in supporting this approach.

The Audit & Risk Assurance Committee's role is to review the establishment and maintenance of an effective system of governance, risk management and internal control that supports the achievement of the Integrated Care Board's objectives, across the whole of the Integrated Care Board's activities. In Part 2 of the Audit & Risk Assurance Committee, to which representatives from Trusts and Local Authorities will be invited as appropriate to the agenda, the committee will review the BAF and will should seek to validate that the significant risks have been correctly identified, as well as seeking assurance that critical controls have been correctly implemented.

The System Oversight and Assurance Group is an executive group comprising Chief Executive Officers of system NHS trusts and local authorities and will have oversight of those risks to the system and will be responsible for stratifying system risks that enable partners to make decisions based on escalation of the most significant areas of concern/risk/under delivery.

The Integrated Care Board Executive Directors and their regular management meetings will have oversight and operational responsibility for those strategic risks and controls owned by the Executive Directors. The Integrated Care Board Executive will evaluate the effectiveness of the management of those strategic risks and controls. The executive will also be responsible for oversight of those high and significant risks to the Integrated Care Board as an organisation.

Identification of System Risks

Initial thinking on how risks pertinent to the system will be identified are as follows. :

- Strategic risks that affect multiple partners within the Integrated Care Board, albeit to varying degrees (**Broad**) – an aggregated risk assessment will be carried out and an appropriate partner will be identified to 'own' the risk. This kind of risk would include risks (such as workforce capacity) that affect multiple partners in the system and therefore are an **aggregate system risk** and risks (such as delays in residents accessing urgent and emergency care services) which emerge as **interaction system risks** between different partners in the system.
- Strategic risks that significantly affect one partner so as to compromise the achievement of one or more of the strategic priorities for the whole system (**Deep**)

The process for identifying and escalating strategic risks from partner organisations or from place, will need to be co-designed with partners to ensure its effectiveness and as it embeds, it will be iterated to make sure it remains effective and efficient.

From this initial work and the feedback from the Audit and Risk Assurance Committee in July, one of the key points to address is to agree the most appropriate way to manage and record Integrated Care Board 'organisational' risks as well as 'system' risks. A proposed approach will be developed during August in the light of the risks identified in July and this will be discussed at the next Audit and Risk Assurance Committee on 2nd September.

Current Strategic Risks and Next Steps

The strategic risks from Clinical Commissioning Group were drafted to transition to the Integrated Care Board and as such, these transferred over on 1st July. These, in addition to those raised at System Oversight and Assurance Group on 25th July, represent the first iteration of the Integrated Care Board's Board Assurance Framework which will be presented at the Board meeting on 29 July.

Further development of these risks with partners needs to take place to validate these as system risks, within the first six months of the establishment of the Integrated Care Board.

A Board Development session is currently scheduled in November which will be externally facilitated to further develop and understand risk management in the new Integrated Care System context.

Recommendations

1. **Note** the report and the work underway and planned to further develop system and organisational risk management processes and the assurance that system and organisational are being managed via existing processes
2. **Note** the current risks recorded on the Integrated Care Board's Board Assurance Framework as presented at the meeting

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
13. People Board Update

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☒	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

Executive summary
The establishment of the Integrated Care system as a statutory body in July 2022 has broadened the responsibilities of the system in relation to the development of the people profession and the management and mitigation of workforce risks across the system. This paper summarises the current work of the People Board and its work streams and highlights the changes being made to enable the Board to better deliver on the ICS's strategic priorities, Integrated Care Board People Responsibilities, The People Promise and Bedfordshire, Luton and Milton Keynes People Plan. These changes can be summarised as:

• Appointment of Martha Roberts as substantive Chief People Office (CPO) who will Chair the Board from September • New terms of reference with revised membership to better engage system transformation leaders • Development of a new People Plan for September • Development of a long term People Strategy alongside the ICS's Strategy for December
Recommendation/s
The members are asked to **note** the following recommendation/s: 1. Current work and changes being made to People Board and key dates
What are the members being asked to do?

Decision or Approval	Information	Discussion
☐	☒	☐

Report Author	Martha Roberts (Chief People Officer) & John Syson (Interim Director of Workforce)
Senior Responsible Owner	Anita Pisani (Deputy Chief Executive, CCS)
Key Risks and Issues https://blmk.insight4grc.com/Risk	• Capacity within the system to deliver expanded remit of People Board • Engagement with People Board from all system partners • Alignment nationally mandated asks with system priorities • Workforce risks including: Demographic challenges of aging workforce, vacancies, turnover Please confirm your risk/s have been recorded in the organisation's risk management centre ☐ Risks currently recorded on People Board risk register
The following individuals were consulted and involved in the development of this report:	Anita Pisani. Deputy Chief Executive, CCS
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	The People Board is responsible for the delivery of the workforce elements of the Integrated Care System's green commitments under the Integrated Care System Green Plan. Changes in the workforce around recruitment, new ways of working and employee engagement all affect the Integrated Care system's Green Plan
How will / does this work help to address inequalities?	The People Board is responsible for the development and implementation of the Integrated Care system People Plan. Ensuring sufficient, skilled and engaged workforce is essential if the Integrated Care system is to achieve its strategic priorities, including reducing health inequalities. Reducing inequalities within the workforce and the

	positive impact work can have on improving population health outcomes are also priorities for the People Board.
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	Not specifically in this paper
What are the available options?	N/A
Date to which the information this report is based on was accurate	15 July 2022
Next steps	People Board and People Plan development will continue over the summer with a People Plan ratified in September 2022
Appendices	A: Extract from BLMK ICS People Board Workforce Dashboard B: People Board 'Bitesize' update C: Terms of reference (draft to be agreed by People Board July 2022)

1. Introduction

The establishment of the Integrated Care system as a statutory body in July 2022 has broadened the responsibilities of the system in relation to the development of the people profession and the management and mitigation of workforce risks across the system.

The People Board is evolving to better meet these new requirements.

2. Purpose

The purpose of the People Board is to:

- To develop on behalf of the Board of the Integrated Care Board, the People strategy connected to the Integrated Care Board's five strategic priorities.
- To ensure the ten Integrated Care system People Responsibilities are met.
- To ensure the ICB contributes to the economic wellbeing of the population and the residents of Bedfordshire, Luton and Milton Keynes.
- To assure the Board of the Integrated Care Board of progress in respect of the above.

3. Membership and Governance

The People Board is an Executive Committee of the Bedfordshire Luton and Milton Keynes Integrated Care System reporting to the Board of the Integrated Care Board. The People Board meets six times a year. It is chaired by the Chief People Officer who will report to the Board of the Integrated Care Board as a standing agenda item.

The People Board will be agreeing revised terms of reference in July 2022. This includes revised membership ensuring representation from the people profession across all system organisations as well expanded representation from professional and transformation leads.

4. Work Streams

5. The People Board currently has five sub groups managing delivery of work:

- Workforce, Retention, Recruitment and Modelling
- Leadership and Organisation Development
- Education Partnership and Anchor Institutions
- Primary Care
- Health and Wellbeing and Equality, Diversity and Inclusion

These work streams have a Senior Responsible Officer from a system partner organisation and report into the People Board. Examples of current work can be found in appendix B.

The People Board also takes account of its contribution to the Integrated Care system's commitments, for example the Integrated Care system Green Plan where new ways of working and awareness raising through the inclusion of sustainability in organisational inductions were discussed at the July board.

6. Priorities for 22/23

The Integrated Care Board has a number of responsibilities relating to people. These are outlined in a number of documents but can be summarised as:

- 5 Integrated Care system strategic priorities
- 10 Integrated Care Board people responsibilities
- 4 People Plan priorities

- 8 key themes identified in 'The Future of Human Resources and Organisational Development' report

The People Board have been working with system organisations to determine the priorities and guiding principles, culminating in a facilitated session with Innovate for Action on 17 May 2022.

Priorities:

- Development of an integrated workforce planning approach linked to Integrated Care system strategic plan utilising accurate and timely workforce data
- Support the development of new roles, joint roles across health and social care and apprenticeships at scale, leveraging anchor institution status
- Effectively use temporary staffing resources, ensuring best value and maximum impact for the system
- Developing the organisational development capacity across the system to make sure the changes required by integrated care delivery are embedded successfully

Guiding Principles:

- The system is all organisations, not just the NHS
- Equality, inclusion and the reduction of inequalities needs to run through all our work
- Ensuring People Board actions help to deliver the Integrated Care system's strategic priorities
- Subsidiarity: doing things as close to those affected as possible and at scale when it delivers benefits
- One workforce: implementing solutions that focus on outcomes for staff and residents and not organisations

7. Workforce Challenges

Bedfordshire, Luton and Milton Keynes Integrated Care system, in common with systems across England, face a number of workforce challenges. The key ones to be addressed in 22/23 are outlined below (additional data on the workforce challenges can be found in appendix A):

- **Vacancies:** An issue in all services. Particular challenge in mental health and community services, social and primary care and many specialties within acute Trusts such as midwifery
- **Demographics**: Including an aging GP, nursing and consultant workforce
- **Transformation of Services:** Integrated Planning will mean changes to how services are provided which will have significant workforce impacts
- **Retaining and developing talent:** The system does not retain enough of the people who study in Bedfordshire, Luton and Milton Keynes or join a system organisation. Our leadership does not reflect the population we serve.
- **Sustainable workforce supply:** Currently not enough of our populations choose health and care careers causing a reliance on temporary staffing solutions which is not sustainable.
- **Contributing to the economic and social development of Bedfordshire Luton and Milton Keynes:** The Integrated Care system also needs to fulfil its role as an anchor institution in promoting the economic and social health of Bedfordshire, Luton and Milton Keynes.
- **Working as a system:** Developing behaviours and structures that enable the system to work effectively as a system will be essential to meeting the challenges outlined here

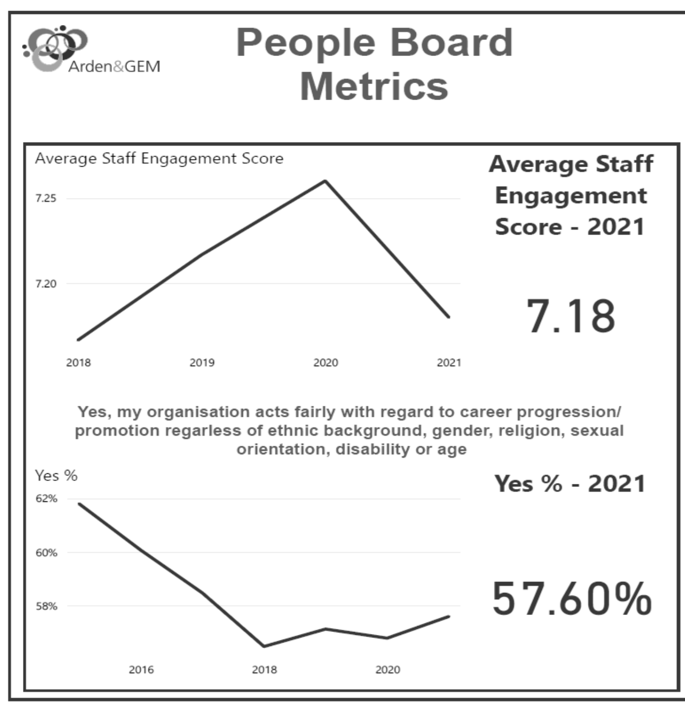
8. Key Dates

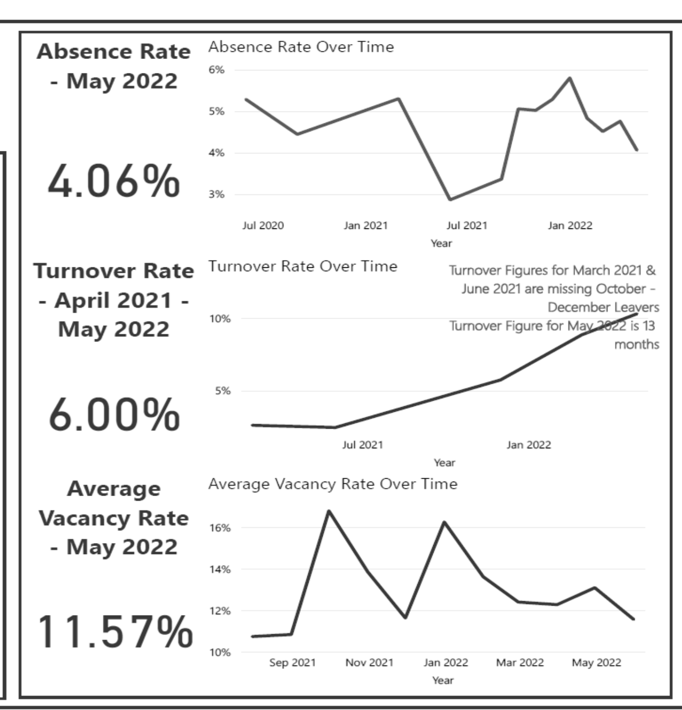
- Approval of the Integrated Care system People Plan – September 2022
- First People Board Meeting under new terms of reference – September 2022
- Approval of the Integrated Care system People Strategy – December 2022
- Development of an integrated workforce planning approach

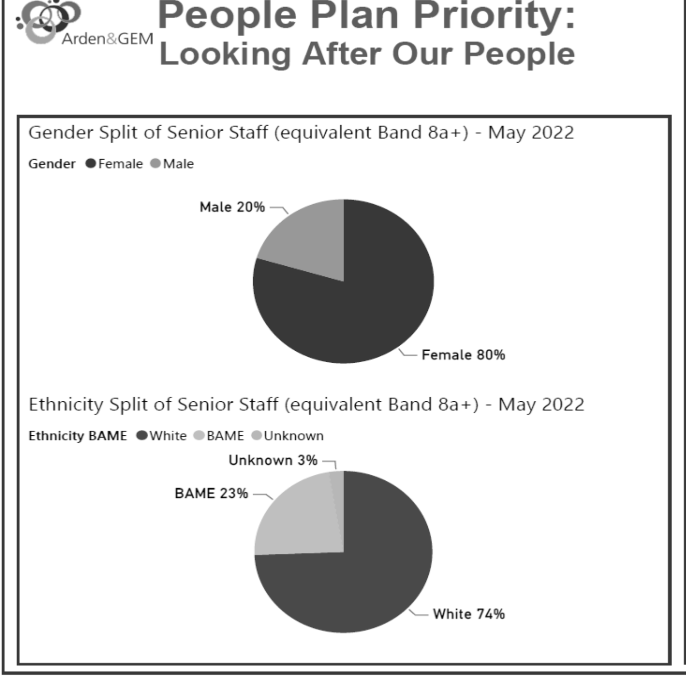
Board of the ICB: Report of the People Board

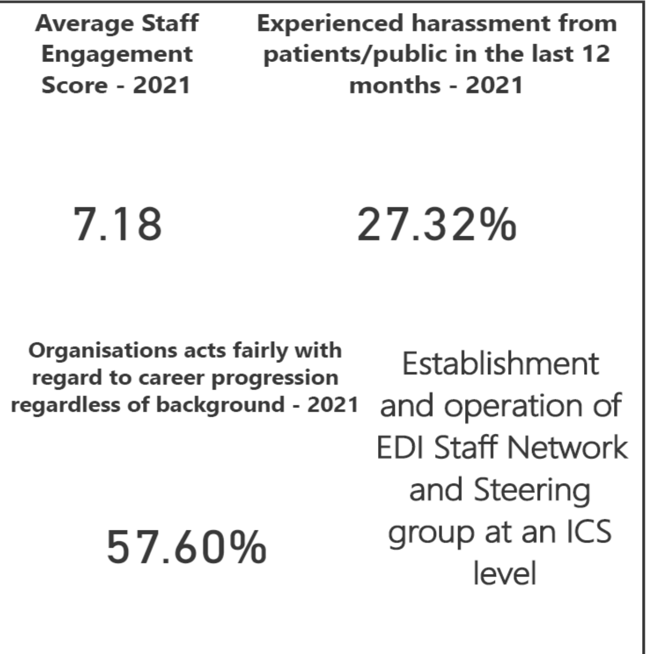
Supporting Documents

Appendix A: Extracts from People Board dashboard









Appendix B: People Board ‘Bitesize’ July 2022

Appendix C: People Board Proposed Terms of Reference July 2022

BLMK Workforce Bitesize

Activities and Impact: July 2022

People Board

July 2022 marks the first People Board after the establishment of the ICS as a statutory board in July 2022. 22/23 will be a year of transition for the ICS and for People Board and in preparation for this the Board considered revised terms of reference, a new draft of the People Plan and received feedback from the facilitated session held in May 2022 with Innovate for Action. This session provided important insight into the alignment of the work of the Board to the ICS's strategic priorities and how the Board may evolve over the course of the year.

From September 2022 the Board will be Chaired by the ICS's new Chief People Officer (CPO) Martha Roberts. The Board and system would like to thank Anita Pisani, Deputy CEO, CCS for her work as Chair in recent years.

Workforce Modelling, Supply & Transformation

Exec Lead: Danielle.Petch@mkuh.nhs.uk

Key achievements:
National 50k Nurse programme: Programmes continues to outperform targets for total nurse growth in system at 2.9%.
International Nurse Recruitment is the main supply pathway for Nursing growth for BLMK with a steady growth above HEE Trajectory. If additional funding given by NHSEI a further 30WTE to the planned 223 WTE in 2022. 55% of planned staff have arrived in the Trusts. Challenge with OSCE availability, escalation process with NMC in place.
IR Nurses Career Coaching: Career Coaching Lead started in April with 1st System IR Nurses Forum held in June. Partnership working with H&WE to bid for funding to implement digital resource app.
HCSW Ongoing recruitment and retention initiatives in place
Impact (for staff & residents): Improving workforce supply for NHS organisations as a result of initiatives and pilots.
Next Steps: Legacy roles (Midwifery and AHP due to start in coming weeks, Nursing is out to readvertisement). Engagement with partners of Phase one of Reservist. model

Education & Training

Exec Lead: Kate.Howard4@nhs.net

Key achievements:
Personalised Care: Date of 29th November set for multi-disciplinary Personalised Care half day Conference
ASC Deep Dive and Staff Surveys: Regional data and survey results published, providing insights in adult social care workforce views
Youth Attraction: WDA/BLMK ICS & Bedfordshire Academy attended the Luton Employability Day, hosted by Reach Society & Chiltern Learning Trust. The event attracted around 150 young people.
ASC Workforce Learning Charter: Now now live on BLMK Work Learn Live for ASC providers to sign up to. **Next steps**: Drafting engagement plan with commissioning team/education in all local authorities
HCSW Rotational Apprenticeship Pilot: Only Keech, BBC, CBC, CCS have confirmed budget for apprentice wage. **Next Steps**: meeting with apprentice providers. If funding successful, request one Partner to host the pilot coordinator.
Impact (for staff & residents):
Staff awareness of personalised care and its importance to BLMK residents receiving care and support is raised and more person-centred care is planned and delivered.
Insights from ASC staff survey and youth attraction work is used to plan future careers promotion and retention initiatives.
Next Steps: Planning of workshop content. Further review of careers event insights + presentation of them at ICB Staff Briefing.

Workforce Bitesize

Activities and Impact: July 2022

Leadership & Organisational Development: Exec Lead: Anita.Pisani@nhs.net:

Key Achievements:

Leading Beyond Boundaries Cohort 4 launched on 14th June

People Board: Innovate for Action facilitated session on 17th May had significant engagement and produced recommendations for the future development of the board.

Board Development: Our internal OD Lead led a session on 24th June with ICB Board, the feedback/outcomes of which is being included in the tender so we go back out to the market with a robust spec aligned to ICB Board development needs

Impact (for staff & residents): Delivering the LBB programme and increasing the number of Alumni to this programme we grow our leaders capacity to lead across organisational and professional boundaries.

Next Steps: ICB competencies roadshow as part of festival of learning. In September we are launching the Bedfordshire Peer Learning Network

Primary Care Training Hub: Exec Lead: susi.clarke@nhs.net

Key Achievements:

Health & Wellbeing Project for Primary Care Workforce well embedded, running personalised practice-level H&WB & resilience sessions, social clubs, allotment groups and in-house wellness sessions. Excellent engagement with our Optometry, Dental & Community Pharmacy leads

Successful GP Educator & GP Trainee away days (June 22) to support with peer networking, personal development & boosting morale

Survey of all Beds & Luton GP Trainees to understand career ambitions helping to inform GP retention strategy

Roll out of two further CARE Programme cohorts – fully booked

SHINE project – implementation of project to deepen workforce understanding of Shiny Mind App and in turn prescribe the App to patients

Student Summer Placement programme so successful supporting roll out across Cambridge & Peterborough & Norfolk & Waveney

Bedford Borough GPN Lead & Quality Differential Attainment lead appointed to regional role to support role out of Trainee Nursing Associates

Impact (for staff & residents):

Attracting local residents to undertake placements / apprenticeships within BLMK Primary Care

Supporting wellbeing and resilience has direct effect on patient care

Next Steps:

Further support to PCN development – leadership development, organisational development & culture change

Refreshing the PC Workforce strategy to encompass Fuller Review recommendations

Health and Wellbeing, Equality, Diversity & Inclusion

Exec Lead:

This Sub group is currently under development. We are looking for members to attend who have an interest or a role relating to Health and wellbeing and/or E,D&I. Id you are interested please contact emily.carter2@nhs.net

Appendix C

People Board Terms of Reference (from July 2022)

1.0 Constitution

1.1 The People Board is an Executive Group of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care System (ICS) reporting to the Integrated Care Board (ICB) Board.

1.2 These Terms of Reference, set out the membership, the remit, responsibilities and reporting arrangements of the People Board and may only be changed with the approval of the People Board.

2.0 Authority

2.1 The People Board is authorised to:

- Investigate any activity within its Terms of Reference.
- Create sub-groups to take forward specific programmes of work as considered necessary by the Board's members. The Board shall determine the membership and Terms of Reference of any such sub-groups.

3.0 Purpose

3.1 Recommend to the ICB Board, the strategic direction for People in the ICB and agree it's objectives with the Board.

- To develop on behalf of the ICB Board, the People strategy connected to the five strategic priorities.
- To ensure the ICS People Responsibilities are met.
- To ensure the ICB contributes to the economic wellbeing of the population and the residents of BLMK.
- To assure the ICB Board of progress in respect of the above.

4.0 Membership and attendance

4.1 The People Board will be representative of the BLMK health and social care community to ensure diverse input and decision making. Membership will be made up of appropriate representation from the following areas and ensuring representation and membership across all constituent organisations of the ICS, including:

- Chief People Officer (CPO) (chair)
- Senior Responsible Officer of the ICB for People
- Directors of Nursing (DoN) Representation

- AHP Council representation
- HR Directors (HRD) and/or People Lead of system organisations (health and care) X 9 (to nominate a vice chair from this group)
- Primary Care Training Hub
- NHS England System Lead
- ICB Chief Nursing Director
- ICB Chief Medical Director (including Digital agenda)
- Skills for Care Lead
- Representatives from:
    - Higher Education Institutes (HEI)/Further Education (FE)
    - Trade Union Representative x 1
    - Voluntary and Social Enterprise (VCSE) x 1
    - Ambulance Service representative x 2

Attendance by invitation / as required will include:

- ICB Chief Transformation Officer – invitation
- Directors of Finance (DoF),
- Directors of Medical Education (DME)
- Private, Voluntary and Independent (PVI) Sector and patient/public/lay members
- People Board sub-stream group members
- ICS Priority Work stream Leads
- Public Health Leads
- Police and Fire People Leads
- Deanery representative
- Nursing, midwifery and AHP training representatives

<u>Chair and Vice Chair</u>

4.2 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

4.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

Attendees

4.4 Only members of the Board have the right to attend meetings, but the Chair may invite relevant individuals to the meeting as necessary in accordance with the business of the Board.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5.0 Meetings Quoracy and Decisions

5.1 The Board will meet in private.

5.2 The Board will meet at least six times a year. Additional meetings may take place as required.

5.3 The Board may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.4 Members must advise the secretariat if they are unable to attend meetings.

Quorum

5.5 For a meeting to be quorate a minimum of the Chair/Vice Chair and 50% of BLMK ICS organisations are represented.

5.6 If any member of the Board has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.7 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

6.0 Responsibilities of the People Board

6.1 The Board's duties are as follows:

- Strategic workforce leadership across the health and social care system to deliver the ICS' strategic priorities.
- Provide workforce leadership and oversight of system wide strategic workforce challenges and solutions.

- Effective workforce planning and modelling at system level.
- Ensure effective cross-organisational, multi-disciplinary working where required is enabled across the system.
- Support the development and activities of the primary care training hub
- Fostering effective cross-organisational, multi-disciplinary working is enabled across the health and social care system, and incorporates wider stakeholders such as Police, Fire, Education, Housing, and the Voluntary, Community and Social Enterprise sectors.
- Overseeing the delivery of the BLMK ICS People Plan

7.0 Behaviours and Conduct

7.1 Each member of the Board will have a responsibility to work in the interests of the ICS, fully utilising their local and national networks to bring added benefit and focus. Members will support the identification and adoption of best practice.

7.2 In addition Board members will:

- Identify any gaps and risks to the delivery of the Board's remit and highlight these to the board.
- Provide a forum for the sharing and dissemination of national and local best practice
- Identify and bring to the attention of the board matters of national or regional policy or guidance that may impact on the work of the board
- Nominated members of the People Board will chair and lead the sub-stream working groups and work programmes
- All members will lead and participate in the delivery of Board's remit.
- All members will take responsibility for reporting to colleagues within their own organisations and professional groups as well as representing the views of colleagues at the BLMK People Board

7.3 Members of, and those attending the Board will abide by the principals set out in the BLMK ICS Leadership Charter

<u>Equality and Diversity</u>

7.4 Members must demonstrably consider the equality and diversity implications of decisions they make.

7.5 Members of the BLMK People Board will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief

8.0 Accountability and reporting

8.1 The People Board will report monthly to the ICB Board

The People Board will provide reports on activity to the Regional People Board.

8.2 The minutes of the meetings shall be recorded by the secretariat

8.3 The People Board will be supported by several work stream delivery groups which will be accountable to the People Board and chaired by appropriate senior responsible officers (SROs) focussed on the improvement areas to deliver the required system wide benefits.

The 5 core delivery sub-groups are:

- Workforce, Retention, Recruitment and Modelling
- Leadership and Organisation Development
- Education Partnership and Anchor Institutions
- Primary Care
- Health and Wellbeing and ED&I

9.0 Secretariat and Administration

9.1 Secretarial support will be provided by the ICB secretariat

10.0 Review

10.1 The Board will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of approval:

Date of review:

Report of the Board of the Integrated Care Board
14. Quality and Performance Statement
Date of Meeting: 29 July2022

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☒	Ways of working ☒	Estates ☐
Communications ☒	Finance ☐	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
This report and the attachment summarises the key performance and quality issues across the Bedfordshire, Luton and Milton Keynes system and the key actions being taken to address quality and performance challenges. This report is acting as a handover report on the position from the Clinical Commissioning Group to the Integrated Care Board. For future Board reports, the Board's focus will be on system-level quality and performance. In line with the principle of subsidiarity, place based boards and the Bedfordshire Care Alliance will be responsible for quality and performance reporting, monitoring and management at place and alliance level. Over the next few months, we will be working with our NHS and local authority system partners to co-design our approach to assurance and associated quality and performance reports to places, the Bedfordshire Care Alliance, other Board committees and to the Board itself. This will include the use of Statistical Process Control charts in reports to provide the appropriate level of information and analysis to

support the different elements of the system in their work and decision-making. Board members will be invited to support and input to this development work.

Covid-19 Cases – As at 12/7/22 there was an increase of 2,847 cases compared to the previous week, of which 949 were in Central Bedfordshire, 775 in Milton Keynes, 573 in Bedford and 550 in Luton. There has also been an increase in Covid positive inpatients across all 3 main acute providers.

Elective Recovery - At the end of April there were 32 people waiting more than 104 weeks for treatment across BLMK; 498 had been waiting more than 78 weeks and 4,631 had been waiting more than 52 weeks. The most challenged specialty across BLMK is Ophthalmology and in Bedfordshire Trauma & Orthopaedics, and in Milton Keynes ENT. In diagnostics the main challenges are in non-obstetric ultrasound (NOUS) and Magnetic Resource Imaging (MRI) across the board.

Cancer Care – reduction in performance against national standard for 2 Week Waits, the 28 Day Faster Diagnosis Standard and the 62-Day standard.

Emergency Care / Flow – increase in the proportion of Emergency Department attendances that result in an emergency admission. Average bed occupancy in April was 94.6% at Bedfordshire Hospitals Trust and 91% at Milton Keynes Hospital.

Primary Care – There has been an increase in the proportion of face-to-face GP appointments, and we are now higher than the national threshold of 75%.

Adult Mental Health – Improvements in SMI health checks and Dementia Diagnosis rates but both remain below the national standards.

LD Health checks – Improving position for 2021/22

Children, Young People – eating disorders – continue to see an improvement in both routine and urgent cases but neither is meeting the national standard of 95%. Children's Wheelchairs – 57% in Q4 which is a deteriorating position.

Infection Control – C-diff 19 cases in April – 10 at Bedfordshire Hospitals, 4 at Milton Keynes and 5 at providers outside of the BLMK system. 4 cases of MRSA in April – 2 at Bedfordshire Hospitals, 1 at Milton Keynes and 1 at a provider outside of the Bedfordshire, Luton and Milton Keynes system.

Host commissioner close of Lakeside Hospital. Bedfordshire, Luton and Milton Keynes as host commissioner are leading lakeside closure (29 patients with 21 placing commissioners).

SEND – Ofsted and CQC revisit in Central Bedfordshire Council / Bedfordshire, Luton and Milton Keynes Integrated Care Board week commencing 4 July

Ockendon – IEA Immediate and essential actions – oversight and progression

Recommendation/s

The Board is asked to discuss performance in the attached report and to review the key issues and actions to address , performance and associated quality gaps.

What are the members being asked to do?

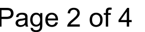
Decision or Approval	Information	Discussion
☐	☒	☒

Report Author	Maria Laffan Deputy Chief Nurse
Senior Responsible Owner	Anne Murray Chief Nurse
Key Risks and Issues https://blmk.insight4grc.com/Risk	Performance against the above areas and associated quality impact is captured in the Quality risk register.

The following individuals were consulted and involved in the development of this report:	Bedfordshire, Luton and Milton Keynes Performance Directorate Performance and Delivery Group
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	N/A
How will / does this work help to address inequalities?	Understanding performance across the system is key to understanding equality impacts on the population
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	N/A
What are the available options?	N/A
Date to which the information this report is based on was accurate	19/07/2022
Next steps	For discussion Work to further develop performance and quality reports for place, Bedfordshire Care Alliance, Committees and Board
Appendices	Bedfordshire, Luton and Milton Keynes Performance Summary

BLMK Place Based Performance Update

Update	Key Issues and actions to address*
Covid-19 Cases – As at 28/6/22 there was an increase of 2081 cases compared to the previous week. There has also been an impact on covid positive inpatients across all 3 providers as at 3/7/22 there were 163 which is a rise of 54 on the same period in previous week. **Elective Recovery** - In M1 the BLMK Elective RTT waiting list has seen a net increase of 520 patients compared to M12. As at 26/6/22 BHFT have seen an increase of 268 compared to previous week and MKUH a reduction of 185. Highest lists in BHFT are Ophthalmology and ENT and Ophthalmology and T&O in MKUH. There is currently 1 104-week wait at MKUH in T&O due to patient choice. There are 317 waits of 78+ weeks at BHFT and 80 at MKUH. For 52+ week waits there has been an increase to 3450 at BHFT and increase to 1637 at MKUH. For diagnostic test waiting list BHFT have seen an increase to 19,277 and MKUH a reduction to 9429. **Cancer Care** – 28-day faster diagnosis standard– reduction in performance across both BHFT and MKUH. 62-day backlog – week ending 26/6/22 BHFT has seen a reduction to 590 and MKUH has seen an increase to 267. 104 days waits – latest position M1, BHFT no movement at 15 and MKUH reduction down to 5. **NHS 111** – Poor performance in average call answering times, long waits for calls backs and assessment. In w/e 03/7/22 48.7% of calls in Bedfordshire & Luton were answered within 60 seconds and 68.9% in Milton Keynes. **Emergency Care / Flow** – high core bed occupancy at all 3 hospitals in BLMK with an average of 55 escalation beds open per day in w/e 03/7/22. Neither Trust is achieving the ambition for 50% of patients with no criteria to reside to be discharged each day, however both are showing improving positions. The ambition for fewer than 15% of beds to be occupied by patients with 21+ day length of stay is not being met at MKUH. As at 4/7/22 there were 33 patients awaiting discharge from community beds in Bedfordshire and 3 in Milton Keynes. **Adult Mental Health** – Increased number of referrals into the 24/7 Crisis Response line in April in Milton Keynes. Dementia diagnosis rate not achieved. **Children, Young People** – In M1 there was an increase in CYP inpatients with 9 against the trajectory of 3. Pressure on acute hospital wards to admit young people	**Elective Recovery** - Trusts are exploring ISP support, efficiencies arising from HVLC programme and opportunities to move diagnostics / lower complexity patients out of a hospital setting. Trusts to continue to monitor long waiters and reduce as quickly as possible. **Cancer Care** – Enhanced PTL tracking in place, pathway reviews, additional capacity and clinics deployed, and key actions in place to improve referral quality from primary care. Challenged pathways include Urology, Lower GI, Lung and Head and Neck generally in the diagnostic phase for histopathology capacity and imaging booking and reporting times. **NHS 111** - call Handling Capacity and CAS staffing across BLMK below commissioned establishment resulting in poor call answering performance and long waits for call backs. GP out of hours staffing in Beds and Luton below commissioned establishment resulting in long wait times for assessment. **Emergency Care / Flow -** The main reason for delayed discharges at both acute Trusts is Pathway 2: awaiting availability of a rehabilitation bed in community hospital or other bedded setting. Final system wide task and finish groups underway to redesign current pathways 0-3. **Adult Mental Health** – Roll out of 24/7 Crisis and Home Treatment offer in Milton Keynes delayed due to operational and financial challenges at CNWL. Discussions with region and CNWL are ongoing to analyse the workforce and funding gap to implement a home crisis offer out of hours. Memory services offered evening and weekend appointments during March and April with a hybrid model of face to face and virtual appointments based on patient choice. The back log has significantly reduced, wait times have reduced and availability of evening/weekend appointments have been well received by patients. **Children, Young People** – Patients reviews are taking place for each inpatient to understand the root cause analysis of these admissions. There is a mitigation plan in place for eating disorders to increase capacity and meet national trajectories by Q4 22/23.



with complex MH presentations continues with a high demand for eating disorder services.	
CEO Group support required - To review key issues and risks and to support and progress system wide initiatives / actions in place.	

BLMK Key Performance Indicators – Latest Position

					BHFT				MKUHFT			
	Indicator	National Threshold	Data Availability	Reporting Period	Local/Agreed Threshold	Latest Position	Previous Position	Variance on previous reported	Local/Agreed Threshold	Latest Position	Previous Position	Variance on previous reported
Elective Waiting Lists	Total Waiting List	Reduction	Weekly	26th June	80632	79,510	79,242	268	34518	32,320	32,505	-185
	>52 week waits	Reduction	Weekly	26th June	2102	3,450	3,438	12	622	1,637	1,605	32
	>78 week waits	0	Weekly	26th June	392	317	318	-1	48	80	94	-14
	>104 week waits	0	Weekly	26th June	0	0	1	-1	0	1	8	-7
	Diagnostics Test Waiting List	Reduction	Weekly	26th June	n/a	19277	18835	442	n/a	9429	9989	-560
Cancer	28 Day Faster Diagnosis	75%	Monthly	Apr-22		67.86%	68.88%	-1.02%		73.11%	75.16%	-2.05%
	62 Day Backlog	Reduction	Weekly	w/e 26th June	365	590	611	-21	212	267	261	6
	104 Day Waits	0	Monthly	Apr-22	0	15	15	0	0	5	10	-5
Trolley waits	12 hour trolley waits	0	Weekly	w/e 3rd July	0	0	1	-1	0	0	0	0
Flow	G&A Bed Occupancy		Weekly	w/e 3rd July	n/a	95.80%	94.88%	0.92%	n/a	95.29%	96.22%	-0.93%
	21+ day LOS	TBC	7-Day Avg.	w/e 12th June	>156	122	143	-21	>156	80	74	6
	% core beds occupied by patients with LoS 21+ Days	15%	7-Day Avg.	w/e 12th June	15%	12.02%	14.07%	-2.05%	15.00%	17.04%	15.94%	1.10%
Criteria To Reside	No. of Patients with no criteria to reside	TBC	7-Day Avg.	w/e 12th June	n/a	243	230	13	n/a	118	122	-4
	% of Patients with no criteria to reside discharged	TBC	7-Day Avg.	w/e 12th June	Of each day's nCTR number, aim to discharge at least 50%	44.79%	38.34%	6.45%	Of each day's nCTR number, aim to discharge at least 50%	46.75%	41.22%	5.53%
Covid-19 Impact	Covid-19 Patients in Beds	n/a	7-Day Avg.	w/e 3rd July	n/a	98	76	22	n/a	45	33	12
	% of Core bed stock occupied by patients with Covid-19	n/a	7-Day Avg.	w/e 3rd July	n/a	9.66%	7.92%	1.74%	n/a	9.61%	6.97%	2.64%
					HUC - Beds/Luton				DHU - Milton Keynes			
NHS 111	% calls answered within 60 seconds	95%	Weekly	w/e 3rd July	n/a	48.7%	54.3%	-5.62%	n/a	68.9%	70.3%	-1.35%
					Bedfordshire				Milton Keynes			
Community Discharge Delays	Total number of patients delayed 28+ days	TBC	Weekly	4th July	n/a	33	40	-7	n/a	3	3	0
					EEAST				SCAS			
Ambulance	Category 1 (mean response times)	7 Minutes	7-Day Avg.	w/e 3rd July	n/a	7:55	8:45	-0:50	n/a	9:21	9:29	-0:08
	Category 2 (mean response times)	18 Minutes	7-Day Avg.	w/e 3rd July	n/a	39:55	37:35	2:20	n/a	39:38	39:18	0:20
	No. of 15 mins Handover delays	0	Weekly	w/e 3rd July	n/a	484	496	-12	n/a	235	254	-19

Covid Impact	Covid-19 Cases (Rate per 100,000)	n/a	Weekly	28th June	Bedford Borough	230.1	135.1	95
					Central Bedfordshire	227.5	166.3	61.2
					Luton	147.1	108.2	38.9
					Milton Keynes	186.5	122.9	63.6

BLMK Key Performance Indicators – M1

Area	BLMK ICB	Threshold	Frequency	Latest Data	Achievement	Trend	YTD	Ranking (EoE Region)	Regional Average (ICB position vs region)
Elective Recovery	RTT - % Patients Waiting 18 Weeks or less	92%	M	Apr-22	58.93%	⇩	●	10	60.63%
	RTT - Number of 52+ Week Waits	n/a	M	Apr-22	4,631	⇩		13	2,880
	RTT - Number of 78+ Week Waits	n/a	M	Apr-22	498	⇩		10	534
	RTT - Number of 104+ Week Waits	n/a	M	Apr-22	32	⇧		6	83
	Diagnostics Tests - 6 Week Waits	≥1%	M	Apr-22	36.24%	⇩	●	8	32.42%
Cancer Care	Cancer -2 Week Waits Standard	93%	M	Apr-22	74.74%	⇩	●	6	66.81%
	Cancer - 28 Day Faster Diagnosis Standard	70%	M	Apr-22	69.56%	⇩	●	3	61.16%
	Cancer - 62 Day GP Referral	85%	M	Apr-22	61.69%	⇩	●	9	62.75%
	Cancer - 104+ day waits	0	M	Apr-22	26	⇧	●		
Urgent Emergency Care	% ED Attendances that result in emergency admission	n/a	M	Apr-22	19.07%	⇧		2	19.49%
Primary Care	Appointments in GP Practice - % Face to Face	75%	M	Apr-22	77.29%	⇧	●		
Adult Mental Health	SMI Healthchecks	60%	Q	Q4 2021/22	43.03%	⇧	●	10	48.49%
	Dementia Diagnosis Rate	66.7%	M	Apr-22	63.56%	⇧	●	6	60.82%
	IAPT Access	2188	M	Mar-22	2450	⇧	●		
	Early Intervention in Psychosis (EIP)	56%	M	Mar-22	77%	⇩	●	9	70.00%
	Inappropriate Out of Area Placements	0	M	Q4 2021/22	490	⇩	●		
Learning Disability & Autism	Learning Disability Healthchecks	75%	M	Mar-22	67%	⇧	●		
Children and Young People (CYP) & Maternity	% of CYP accessing mental health services (12 month rolling)	35%	M	Mar-22	61.35%	⇧	●		
	CYP Eating Disorders - Routine	95%	Q	Q4 2021/22	80.81%	⇧	●	2	63.10%
	CYP Eating Disorders - Urgent	95%	Q	Q4 2021/22	76.92%	⇧	●	2	60.85%
	CYP Perinatal Mental Health Access (12 month rolling)	7.10%	M	Mar-22	7.05%	⇧	●		
Community Services	Children's Wheelchairs - % received in 18 weeks	92%	Q	Q4 2021/22	57%	⇩	●		
Quality & Safety	Serious Incidents	0	M	Apr-22	21	⇧	●		
	Infection Control - C-Difficile	n/a	M	Apr-22	19	⇩		12	11
	Infection Control - MRSA	0	M	Apr-22	4	⇩	●	14	<1

Key Performance Indicators by Place – M1

Area	Indicator	Threshold	Frequency	Latest Data	Bedfordshire Care Alliance	Trend	Bedford	Trend	Central Bedfordshire	Trend	Luton	Trend	Provider - Trust Wide	Trend	Milton Keynes Care Alliance/Milton Keynes Place	Trend	Provider - Trust Wide	Trend
Elective Recovery	RTT - % Patients Waiting 18 Weeks or less	92%	W	15/05/2022	42.77%	⇩	48.88%	⇩	35.82%	⇧	49.37%	⇧	62.84%	⇩	45.08%	⇩	50.45%	⇩
	RTT - Number of 52+ Week Waits		W	15/05/2022	3508	⇧	683	⇧	1581	⇧	1244	⇧	2732	⇩	1152	⇩	1119	⇩
	RTT - Number of 78+ Week Waits		W	15/05/2022	576	⇩	110	⇩	278	⇩	188	⇩	308	⇩	93	⇧	68	⇩
	RTT - Number of 104+ Week Waits		W	15/05/2022	188	⇧	47	⇧	96	⇧	45	⇩	7	⇧	54	⇧	0	⇔
	Diagnostics Tests - 6 Week Waits	≥1%	W	15/05/2022	45.50%		52.31%		41.82%		31.42%		34.79%	⇩	42.39%		38.11%	⇩
Cancer Care	Cancer -2 Week Waits Standard	93%	M	Apr-22									71.02%	⇩			79.88%	⇩
	Cancer - 28 Day Faster Diagnosis Standard	70%	M	Apr-22									67.86%	⇩			73.11%	⇩
	Cancer - 62 Day GP Referral	85%	M	Apr-22									63.08%	⇩			60.18%	⇩
	Cancer - 63+ day backlog		W	05/06/2022									657	⇩			310	⇩
	Cancer - 104+ day waits	0	M	Apr-22									15	⇔			5	⇧
Urgent Emergency Care	Ambulance - Cat 1 Mean Response Times	7 mins	M	Apr-22	00:10:17	⇧							00:10:17	⇧	00:09:24	⇧	00:09:24	⇧
	Ambulance - Cat 2 Mean Response Times	18 mins	M	Apr-22	01:03:50	⇧							01:03:50	⇧	00:34:01	⇧	00:34:01	⇧
	% ED Attendances that result in emergency admission	n/a	M	Apr-22									34.94%	⇧			18.99%	⇧
	Emergency Admissions for under 18s	n/a	M	Apr-22	1199	⇧	194	⇧	444	⇧	561	⇧	1079	⇧	456	⇧	465	⇧
	System Flow - % of people with no criteria to reside who are discharged	50%	W	05/06/2022									38.34%	⇩			41.22%	⇧
	System Flow - Bed Occupancy		M	Apr-22									94.60%	⇩			91%	⇧
Primary Care	NHS 111 Proportion of Calls Abandoned	≥3%	M	Apr-22	7.72%	⇧									5.55%	⇧		
	NHS 111 Average Call Answering Time	≥20 seconds	M	Apr-22	180.0	⇧									107.3	⇧		
	NHS 111 - % of calls recommended to attend ED given a booked ED time	70%	M	Apr-22	36.30%	⇩									55.01%	⇧		
	Appointments in GP Practice - % Face to Face	75%	M	Apr-22	71.66%		68.41%		74.13%		67.73%				75.23%			
Adult Mental Health	SMI Healthchecks	60%	Q	Q4 2021/22	42.55%	⇧									44.41%	⇧		
	Dementia Diagnosis Rate	66.7%	M	Apr-22	62.50%	⇩	63.80%	⇩	57.90%	⇩	69.20%	⇩			66.40%	⇧		
	Early Intervention in Psychosis (EIP)	56%	M	Mar-22									80%	⇧			87%	⇩
	Inappropriate Out of Area Placements	0	M	Mar-22	1	⇩									3	⇩		
Learning Disability & Autism	Learning Disability Healthchecks	75%	M	Mar-22	70%	⇧	79.90%	⇧	56.98%	⇧	73.90%	⇧			60.84%	⇧		
CYP Eating Disorders	CYP Eating Disorders - Routine	95%	Q	Q4 2021/22							76.77%	⇧					72.92%	⇧
	CYP Eating Disorders - Urgent	95%	Q	Q4 2021/22							59.09%	⇧					81.94%	⇧
Infection Control	C-Difficile	n/a	M	Apr-22							10	⇩					4	⇧
	MRSA	0	M	Apr-22							2	⇩					1	⇩

Report of the Board of the Integrated Care Board
Date of Meeting: 29 July 2022
15. Integrated Care Board Finance Plan – 2022/23

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☒	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
This paper sets out the 2022/23 Bedfordshire, Luton and Milton Keynes Integrated Care Board revenue budget and a summary of the Bedfordshire, Luton and Milton Keynes Integrated Care System revenue 2022/23 system financial plan. The plan was developed as a whole system financial plan in line with the proposed duties of the new Integrated Care Board; including system level prioritisation & principles for apportioning funds. An interim full year Integrated Care Board budget was approved by the Clinical Commissioning Group's Governing Body in March 2022; this paper updates the plan to align with the System Operating Plan submitted on 20 June.

The total Integrated Care Board budget for 2022/23 is proposed as £1.76bn. Revenue budgets for 2022/23 have been built up from the 21/22 H2 Operational Plan baseline. The System has prepared a balanced financial plan at both system and organisational level. However, the plan includes utilisation of non-recurrent mitigations and further work is required to deliver a sustainable financial position for 2023/24 and the medium term.		
Recommendation/s		
The Board is asked to: 1. **Note** the key assumptions set out in this paper; 2. **Note** the overall ICS Financial Plan submission; 3. **Approve** the nine-month indicative Integrated Care Board budget as set out in this paper; 4. **Delegate authority** to the Finance & Investment Committee to review the impact on Integrated Care Board budgets following the closedown of the Clinical Commissioning Group.		
What are the members being asked to do? mark one box only		
Decision or Approval ☒	Information ☐	Discussion ☐

Report Author	Deputy Chief Finance Officer
Senior Responsible Owner	Chief Finance Officer
Key Risks and Issues https://Bedfordshire, Luton and Milton Keynes.insight4grc.com/Risk	Failure to deliver both the 2022/23 financial plan of the Integrated Care Board and the Bedfordshire, Luton and Milton Keynes system; key issues: ▪ Elective System Recovery Funding: the system plan is underpinned by full receipt of Elective Recovery Fund income. Quarter 1 has proved challenging for providers and Elective Recovery Fund plans are not currently being delivered. ▪ Inflationary pressures over funding levels. ▪ The impact of the pay settlement for NHS staff not being fully funded. ▪ The delivery of efficiency and productivity plans.
The following individuals were consulted and involved in the development of this report:	Bedfordshire, Luton and Milton Keynes Directors of Finance Group; Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group Governing Body; Bedfordshire, Luton and Milton Keynes Partnership Board; Bedfordshire, Luton and Milton Keynes Chief Executive Group
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BEDFORDSHIRE, LUTON AND MILTON KEYNES) Health (Integrated Care Board.nhs.uk)	The finance plan reflects operational plans that include a focus on delivering the NHS Green Plan
How will / does this work help to address inequalities?	The finance plan reflects operational plans that includes a focus of addressing inequalities.
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	This paper presents the financial position of the Bedfordshire, Luton and Milton Keynes Integrated Care Board and intra system NHS partners.

	Intra system partners are: Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University NHS Foundation Trust.
What are the available options?	N/A
Date to which the information this report is based on was accurate	15 July 2022
Next steps	
Appendices	None

1.0 Introduction

1.1 The purpose of this paper is to confirm approval of the 2022/23 Bedfordshire, Luton and Milton Keynes Integrated Care Board budget which the Integrated Care Board inherits from the Clinical Commissioning Group. The budget was previously approved by the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group. Governing Body.

1.2 The paper sets out the key issues, assumptions and risks. The paper also sets out a summary of the Bedfordshire, Luton and Milton Keynes Integrated Care System 2022/23 system financial plan.

2.0 Background

2.1 The pandemic necessitated simplified finance and contracting arrangements. To support the next phase of service restoration, the financial and contracting frameworks will evolve to enable systems to take the appropriate financial decisions for their populations. The future financial framework continues to support system collaboration and collective responsibility for financial performance, and as such systems will continue to be the key unit for the purposes of allocations and financial planning, with population-based funding allocations reinstated at a system level.

2.2 The Health and Care Bill received Royal Assent in April 2022 and Integrated Care Boards were legally and operationally established on 1 July 2022.

2.3 A system-based approach has been undertaken to develop operational and financial plans for the 2022/23 financial year. A single Bedfordshire, Luton and Milton Keynes system plan was submitted to NHS England on the 20 June 2022 - this showed financial balance.

2.4 Clinical Commissioning Groups remained as statutory organisations between 1 April 2022 to 30 June 2022. Prior to the establishment of the Integrated Care Board, the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group. Governing Body, the Integrated Care System Chief Executive Group and the Bedfordshire, Luton and Milton Keynes Partnership Board received operational and financial planning updates.

2.5 The Integrated Care Board are required to prepare a full set of Clinical Commissioning Group. Quarter 1 Accounts. The full year 2022/23 Integrated Care Board allocation will be reduced by the resources consumed by the Clinical Commissioning Group in the first 3 months of the year. The Clinical Commissioning Group in turn will receive a revised allocation equal to its expenditure incurred for the first 3 months. Therefore, at that the point of the establishment, the Integrated Care Board will receive the remaining funding for the balance of the financial year.

2.6 The Integrated Care Board funding position set out in this paper describes the phasing of Integrated Care Board funding that is consistent with the 20 June system plan. As per above, Integrated Care Board funding position will potentially change depending on Clinical Commissioning Group expenditure in Quarter 1. The Clinical Commissioning Group financial position for Quarter 1 and its impact on Integrated Care Board allocations will be presented to the Finance & Investment Committee in September.

3.0 Funding

3.1 The Covid pandemic necessitated introduction of interim allocations to ensure that there was sufficient resource to respond to the pandemic.

3.2 From 2022/23, the allocations methodology has been reset to move systems back towards a fair share distribution of resource at the levels affordable within the Spending Review settlement.

3.3 Funding envelopes are based on the expectation that each system plans to deliver its recovery and activity requirements and achieve financial balance within this envelope.

3.4 Integrated Care Boards have received the following funding allocations:

Integrated Care Board programme allocations – Integrated Care Board programme allocations are based on annualised system funding envelopes (comprising Clinical Commissioning Group allocation and system top-up components) for the second half ('H2') of 2021/22 (H2 x 2). These have been adjusted to reflect growth, inflation and efficiency requirements plus a 'convergence' adjustment to move Integrated Care Boards towards a fair share funding distribution.

Integrated Care Board delegated (from NHSE) primary medical care allocations

Integrated Care Board other primary care allocation (for agreed delegations) those Integrated Care Boards taking on delegations of other primary care services will receive an additional allocation; budget and commissioning responsibility will be retained by the relevant regional team for those areas not taking on delegations (from 1st April 2023 in Bedfordshire, Luton and Milton Keynes).

Integrated Care Board running cost allocation – Integrated Care Board are asked to maintain Running costs spending on a broadly flat cash basis against the 2021-22 running cost allocation of their former Clinical Commissioning Groups, which means that running costs will fall in real terms. Integrated Care Boards must remain within the 2022/23 running cost allocation as they implement their establishment and new legal framework. There was no allowance in this last year on the current year for any pay awards, or new responsibilities which the Integrated Care Board has received.

Service development funding (SDF) Systems will continue to receive Service Development Funding allocations to support the delivery of the NHS Long Term Plan commitments.

Integrated Care Board Covid allocation – systems will continue to receive an additional non-recurrent allocation to fund the incremental costs of responding to the COVID-19 pandemic; this has been reduced from 2021/22 levels in line with the Spending Review settlement.

Integrated Care Board elective recovery services funding – Integrated Care Boards will receive a non-recurrent allocation to support elective recovery. This additional elective funding has been allocated to commissioners to deliver 104% of 2019/20 levels of value-based activity. Receipt of the funding will be contingent on delivery of certain requirements. Providers will also receive inflows from out of system commissioners, including other Integrated Care Boards and directly commissioned services which are not included in the Bedfordshire, Luton and Milton Keynes system allocation.

Ockenden and Health Inequalities Funding

Additional Inflation funding was announced in May to partially support the impact of excess inflation.

3.5 System financial funding for the full year is set out in the table below:

Allocation	£000s
ICB Recurrent Allocation (confirmed)	
ICB Programme Allocation	1,487,664
Ockenden Funding	1,916
Primary Medical Care Services	-
Delegated Other Primary Care	157,628
Service Development Fund (SDF)	-
Running costs	18,474
ICB Programme Allocation – Additional Funding	16,412
Total ICB recurrent Allocation	**1,682,094**
ICB Non-Recurrent Allocation	
Health Inequalities Funding	3,197
Elective Services Recovery Funding	29,882
COVID Funding	22,144
Service Development Fund (SDF)	24,190
ICB Programme Allocation – Additional Funding	4,017
Total ICB Non-Recurrent Allocation	**83,430**
Total ICB allocation	**1,765,524**

4.0 Key Financial Assumptions

4.1 The system financial strategy aims to provide services in the most effective way within the constraints of its healthcare allocation, running cost allowance and cash limit.

4.2 The Integrated Care Board financial plan has been prepared in accordance with NHS England guidance. The following planning assumptions have been included in the 2022/23 financial plan.

The Mental Health Investment Standard (MHIS) - applies to Integrated Care Boards and continues to be subject to an independent review. For 2022/23, the MHIS requires Integrated Care Boards to increase spend on mental health services by more than Integrated Care Board programme allocation base growth, the Mental Health Investment Standard uplift in 22/23 is 5.59% (including the top up funding).

Acute & Community Services – NHS contracts have been uplifted in line with the nationally published net national tariff uplift, activity growth and a share of the elective recovery funding (where applicable). For in-system Integrated Care System acute providers, a system convergence adjustment has been applied to move systems towards their fair shares.

Continuing Healthcare - the plan included an estimate for historic growth levels in relation to patient numbers and fee rate uplifts. It is possible that final fee rate uplifts will be greater than the assumptions included within the plan – this will result in an additional cost pressure.

Funded Nursing Care (FNC) – uplifted in line with Department of Health & Social Care announcement, 11.5%.

Better Care Fund (BCF) - uplifted in line with Department of Health & Social Care announcement, 5.66%.

Primary Care - assumes that the allocation uplift is sufficient to fund the GP contract settlement. All investment in primary care is to be consistent with the national GP contract framework. The plan assumes the Additional Roles Reimbursement Scheme (ARRS) embedded within the Clinical Commissioning Group delegated primary care allocation is utilised in full.

Prescribing - the plan included an estimate for growth in line with historic trends and cost pressures associated with new technologies and therapeutics.

Hospital Discharge Programme (HDP) – Hospital Discharge Programme funding ceased in March 2022. However, there are enduring costs of Hospital Discharge Programme, elements of which are assumed to be non-recurrently funded in 2022/23.

Running Costs - the plan assumes that the spend will be within the running cost allocation. The Integrated Care Board plan assumes a 2% pay settlement for staff in line with planning guidance. A settlement at higher than 2% will create a cost pressure on the financial plan, unless funded by NHS England.

Whilst the Clinical Commissioning Group historically underspent on running costs budgets, the reduction in the running costs allocation in 2020/21 and subsequent pay uplifts with no increase to the allocation, means there is a recurrent cost pressure, based on the approved staffing structure. Running cost budgets for 2022/23, based on current Clinical Commissioning Group structures, are being discussed with Directors.

Transition Costs - no assumption has been made in relation to the dual running costs of operating Clinical Commissioning Group Governing Bodies and the Integrated Care Board.

Service Development Funding (SDF) - The Bedfordshire, Luton and Milton Keynes Health and Care System will be in receipt of £24.2m of Strategic Development Funding including Primary Care, Mental Health, Ageing Well and Virtual Wards. The Integrated Care Board will also be able to bid for an additional £7.8m of SDF. These significant sums of money will support transformation in Bedfordshire, Luton and Milton Keynes.

5.0 Summary Integrated Care Board Budget

5.1 The Financial Plan of the Clinical Commissioning Group and Integrated Care Board is set out in summary in the table below. The Integrated Care Board is planning a breakeven position, with expenditure budgeted in line with allocation.

5.2 The 2022/23 budget is shown in the table below, alongside the three-month Clinical Commissioning Group. budget and the nine-month Integrated Care Board budget.

		Plan Phasing	
Budgets	**Annual Plan**	**CCG Q1**	**ICB Q2 - Q4**
	£000s	**£000s**	**£000s**
Allocation	**1,765,524**	**426,391**	**1,339,134**
Expenditure			
Acute Services	968,217	234,584	733,633
Mental Health Services	190,649	47,662	142,987
Community Health Services	130,935	32,734	98,201
Continuing Care Services	74,579	18,645	55,934
Prescribing	139,354	34,839	104,516
Primary Care Services	36,976	9,244	27,732
Other Programme Services	48,712	4,658	44,054
Primary Medical Servicess	157,628	39,407	118,221
Total ICB Commissioning Service Expenditure	**1,747,050**	**421,772**	**1,325,278**
Running Costs	18,474	4,619	13,856
Total ICB Expenditure	**1,765,524**	**426,391**	**1,339,134**
Surplus / (Deficit)	-	-	-

5.3 The Integrated Care Board finance plan is underpinned by the full delivery of a £15.4m efficiency programme. The plan is summarised by category below; at plan submission stage £3.2m (21%) remained to be identified.

Efficiency Plans	£000s
Continuing Healthcare - cost per case review	3,100
Mental Health - reducing out of area placements	3,689
Non-NHS Procurement	104
Pathway transformation	23
Primary Care Prescribing	2,473
Running cost review	165
Tranforming community-based primary care	50
Other	851
Subtotal	**10,455**
Other Technical	760
In Development - Low Risk	1,000
To be identified	3,226
Totals	**15,441**

5.4 Efficiencies released from mental health schemes will be reinvested to support the delivery of the Mental Health Investment Standard.

5.5 It should be noted that the Integrated Care Board allocation will be adjusted to reflect the amounts spent by the Clinical Commissioning Group. in the first quarter, so an update post Quarter 1 will be taken to the Integrated Care Board Finance & Investment Committee.

5.6 The underlying financial position of an organisation is a key measure of financial health. The Board should note that while the 2022/23 Integrated Care Board plan is break-even, the underlying financial position inherited from the Clinical Commissioning Group is a circa 1% deficit of allocation. This reflects a blend of enduring pandemic related costs, non-recurrent measures and specific costs arising from excess inflation. The Integrated Care Board and system financial strategy will need to address this issue.

5.7 The Integrated Care Board plan includes the risk totalling £8.8m – with the main risks relating to the impact of inflation across a range of services.

Risks	£000s
ICB transition / double running costs	750
Impact of pay review recommendations at 3%, rather than 2% (as per tariff guidance)	250
Estimated impact of inflation over and above additional funding from NHS England	7,750
Totals	**8,750**

5.8 All risks are assumed to be fully mitigated through the development of the efficiency / transformation pipeline, non-recurrent mitigations, contractual management, slippage on investment, additional controls on recruitment and support to Integrated Care System transitional costs.

6.0 System Income & Expenditure - Financial Plan Summary

6.1 NHS England has allocated £1.76bn to Bedfordshire, Luton and Milton Keynes to commission NHS services for the population of Bedfordshire, Luton and Milton Keynes in the financial year of 2022/23. In-system (intra) acute providers receive operating income from Bedfordshire, Luton and Milton Keynes Integrated Care Board and other commissioners of service including other Integrated Care Boards and NHS England.

6.2 The draft system financial plan submitted in late April showed a £40m deficit to system allocation. The deficit reflected the financial implications of continued Covid prevalence and higher levels of inflation than funded within the system envelope.

6.3 In May additional funding was provided to systems by NHS England to support specific inflationary pressures. For Bedfordshire, Luton and Milton Keynes this is £20.4m, of which £16.4m is recurrent. £15.3m of new funding remains within the system and directly offsets the gap – with some funding flowing to ambulance and other NHS providers.

6.4 In June the Bedfordshire, Luton and Milton Keynes system and individual statutory organisations submitted a breakeven plan for the 2022/23 financial year, with the key bridging movements from the April deficit being:

- Additional NHS England funding, directly offsets inflationary pressures (including funding from other commissioners, NHS England and neighbouring Integrated Care Boards), £15.3m
- Impact of revised inflationary assessments, the impact of new Infection Prevention and Control guidance and review of cost pressures and investments, £7.5m
- Non-recurrent measures and mitigations, £17.3m

6.5 The system plan includes efficiencies of £55.6m. This equates to an average 3.8% of turnover in providers and 4.3% of adjusted spend for the Integrated Care Board. A summary of key planning metrics for the intra system organisations is set out in the table below:

			BLMK Organisation		
Metric	**Currency**	**Annual Plan**	**CCG / ICB**	**BHFT**	**MKFT**
		£000s	**£000s**	**£000s**	**£000s**
Surplus / (Deficit)	£000s	**-**	-	-	-
Efficiency Plans	£000s	**55,641**	15,441	28,151	12,049
Efficiency as a % of OpEx *	%		4.3%	3.9%	3.6%
Efficiency Recurrent	%	**74%**	53%	85%	75%
Efficiency Phasing H1 vs H2	Ratio	**44:56**	47:53	50:50	28:72
Risks	£000s	**24,050**	8,750	6,100	9,200
Mitigations	£000s	**(24,050)**	(8,750)	(6,100)	(9,200)

For the ICB - this is based upon Efficiency as a % of Influenceable Expenditure

6.6 Risks to the delivery of the system break-even position are assessed as:

- Elective System Recovery Funding: provider plans are underpinned by the assumption that elective activity will be delivered at 104% of 2019/20 values and therefore they will be in full receipt of elective recovery fund income. However, it is possible this will not be achieved due to capacity constraints arising from non-elective pressures and heightened covid prevalence. Quarter 1 has proved challenging for providers and Elective Recovery Fund plans are not currently being delivered.
- Inflationary pressures over funding levels. Additional funding has been provided by NHS England based on inflationary pressures at a point in time, but inflation continues to rise and is currently running greater than the assumptions included within plans.
- The impact of the pay settlement for NHS staff not being fully funded.
- The delivery of efficiency and productivity plans.

6.7 All risks are assumed to be fully mitigated through the development of additional efficiency / transformation plans & other non-recurrent mitigations.

6.8 Allocations for future financial years are not expected to be announced until the Autumn. However, the system financial challenges are expected to be significant in future financial years – reflecting:

- Underlying financial pressures, being managing non-recurrently in 2022/23
- Impact of inflation eroding purchasing power
- Reduction in national funding support to Covid related costs as per spending review

- Reduction in the funding to support elective recovery backlogs but an expectation that systems treat 120% of the 2019/20 baseline in 2023/24 (and increase on the 2022/23 requirement from 110% to 120%).
- System convergence efficiency - to move the Bedfordshire, Luton and Milton Keynes to a fair-share of allocation.

7.0 System Capital - Financial Plan summary

7.1 The Spending Review 2021 provided the NHS with a three-year capital settlement covering 2022/23 to 2024/25. The 2021 Spending Review confirmed:

- £4.2bn over the Spending Review 2021 period to make progress on building 40 new hospitals and to upgrade more than 70 hospitals.
- £2.3bn over the Spending Review 2021 period to transform diagnostic services with at least 100 community diagnostic centres (CDCs) across England to permanently increase diagnostic capacity.
- £2.1bn over the SR21 period for innovative use of digital technology so hospitals and other care organisations are as connected and efficient as possible.
- £1.5bn over the SR21 period to support elective recovery, through for example new surgical hubs, increased bed capacity and equipment.

7.2 For 2022/23, the NHS capital allocation is split into 3 categories:

- A System Level Allocation (£4.0 bn) - to cover day to day operational investments which have typically been self-financed by organisations. In 2021/22 this was £3.9bn.
- Nationally allocated funds (£1.1bn) – to cover nationally strategic projects already announced and in development or construction, such as hospital upgrades (‘STP schemes’) and new hospitals. In 2021/22 this was £1.2bn.
- Other national capital investment (£2.7bn) – including national programmes such as elective recovery, diagnostics and national technology funding and the mental health dormitory programme. In 2021/22 this was £1.7bn.

7.3 Systems are responsible for managing their in-year operational Capital Departmental Expenditure Limit expenditure within a Capital Departmental Expenditure Limit envelope. The allocation in 2022/23 is £43.3m (excluding IFRS16 impact). Capital Departmental Expenditure Limit allocation is highly constrained and predominantly covers operational business-as-usual capital needs. The Bedfordshire, Luton and Milton Keynes Capital Departmental Expenditure Limit allocation and plan is shown in the table below.

Capital	Annual Plan	ICB	BHFT	MKFT
	£000s	£000s	£000s	£000s
CDEL	43,341	-	27,436	15,905
Primary Care	1,661	1,661	-	-
Totals	**45,002**	**1,661**	**27,436**	**15,905**

7.4 Managing within the system Capital Departmental Expenditure Limit allocation will be challenging in this financial year, particularly given the erosion in purchasing power arising from higher rates of inflation.

7.5 In addition, £1.7m is available to the Integrated Care Board in 2022/23 to support primary care related schemes with funding administered by the Integrated Care Board on behalf on NHS England (who will capitalise the expenditure).

7.6 Other capital funding is support specific projects. This funding cannot be used for general capital expenditure and is usually subject to a business case process. In Bedfordshire, Luton and Milton Keynes this includes funding to support the redevelopment of the Luton & Dunstable site, Elective Targeted Investment Fund (TIF) capital etc….

8.0 Recommendations

8.1 The Board is asked to:

- Note the key assumptions set out in this paper;
- Note the overall Integrated Care System Financial Plan submission;
- Approve the nine-month indicative Integrated Care Board budget as set out in this paper;
- Delegate authority to the Finance & Investment Committee to review the impact on Integrated Care Board budgets following the closedown of the Clinical Commissioning Group.

Glossary of commonly used terms in Finance reports

Acronym	Name	Description
BHFT	Bedfordshire Hospitals NHS Foundation Trust	
BPPC	Better Practice Payment Policy	The Better Payment Practice Code requires all NHS Organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services – the target for this is 95%
Category M	Category M Drugs	Category M is used to set the reimbursement prices of over 500 medicines. It is the principal price adjustment mechanism to ensure delivery of the retained margin guaranteed as part of the contractual framework with community pharmacies
CES	Community Equipment Scheme	
CNWL	Central and North West London NHS Foundation Trust	Provides Community and Mental Health Services in Milton Keynes.
ELFT	East London NHS Foundation Trust	Provides Community and Mental Health Services in Bedfordshire & Luton.
ERF	Elective Recovery Funds	The ERF is designed to support systems to work collaboratively to restore elective services against the backdrop of unprecedented demands on the service because of Covid. It ensures that the marginal costs of delivering extra activity to tackle a lengthening waiting list can be met.
H1 or H2	Half Year	H1: Covers April-September H2: Covers October-March
HDP	Hospital Discharge Programme	Details the discharge requirements for all NHS trusts, community interest companies, private care providers of acute, community beds and community health services and social care staff in England. The guidance, based on successful discharge to assess principles, aims to ensure that all individuals are discharged from hospital in a safe, appropriate and timely way. Funding was provided by NHS England to support HDP in 2020/21 and 2021/22
IAPT	Improving Access to Psychological Therapies	IAPT programme of talking therapies developed for the treatment of adult anxiety disorders and depression, and better manage their mental health.

ICF	Increasing Capacity Framework	The ICF has been set up by NHSE to provide Commissioners and Trusts with a quick and easy route to contract and sub-contract for acute elective services on standard terms and conditions with Independent Sector (IS) providers appointed to the ICF. The ICF adheres to procurement law and has been designed to reduce the burden of individual end-to-end procurement processes and negotiations.
ICS	Integrated Care System	ICSs are partnerships between the organisations that meet the health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
ISP	Independent Sector Provider	
MH	Mental Health	
MHIS	Mental Health Investment Standard	MHIS is the requirement for CCGs to increase investment in Mental Health services in line with their overall increase in allocation each year.
MKUHFT	Milton Keynes University Hospital NHS Foundation Trust	
LD	Learning Disabilities	
NCA	Non-Contracted Activity	NHS funded services delivered to a patient by a provider which does not hold a contract with Bedfordshire, Luton and Milton Keynes.
NCSO	No Cheaper Stock Drugs	Price concessions granted to the pharmaceutical industry by the Department of Health where there are supply issues.
NHSE/I	NHS England and NHS Improvement	
RTT	Referral to Treatment	
s117	Section 117 of the Mental Health Act (1983)	A package of care designed to put a person back on their feet after a period of compulsory detention under the Mental Health Act and to keep a person well enough to avoid readmission to hospital.
SDF	System Development Funds	Resource allocations for specific programme activities deemed a priority by NHSE/I for 2022/23.
YTD	Year-To-Date	

Report of the Integrated Care Board
Date of Meeting: **29 July 2022**
16. Health and Care Partnership 4 July 2022

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to mark all that apply	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary		
The Health and Care Partnership had its first meeting on 4 July and the Chair will provide a verbal report on the discussions at the meeting. A copy of the minutes from the meeting are attached at Appendix A.		
Recommendation/s		
The members are asked to **note**		
What are the members being asked to do? mark one box only		
Decision or Approval	Information	Discussion

☐	☒	☐

Report Author	Michelle Evans-Riches, Programme Manager Integrated Care System Transition
Senior Responsible Owner	Maria Wogan, Chief
Key Risks and Issues https://blmk.insight4grc.com/Risk	None
The following individuals were consulted and involved in the development of this report:	Chair of the Health and Care Partnership
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board - Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	N/A
How will / does this work help to address inequalities?	N/A
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	N/A
What are the available options?	N/A
Date to which the information this report is based on was accurate	21/07/2022
Next steps	N/A
Appendices	Appendix A: Minutes of the Health and Care Partnership 4 July 2022

Date: 4 July 2022

Time: 10am

Venue: MSTeams

Minutes of the: Health and Care Partnership (ICP) held in public

Members:		
Name	Role	Initial
Councillor Tracey Stock	Chair	TS
Dr Manraj Barhey	Luton PCN Clinical Director	MB
Felicity Cox	ICB CEO	FC
Alison Davis	Milton Keynes University Hospital, Chair	AD
Emma De-Carteret	East of England Ambulance Director of Corporate Affairs and Performance	ED
Mary Elford	Cambridgeshire Community Services, Chair	ME
Javed Hussain	Luton Borough Council, Councillor	JH
Tracy Keech	Healthwatch Milton Keynes, Deputy CEO	TK
Rima Makarem	ICB Chair	RM
Peter Marland	Milton Keynes Council, Leader	PM
Sonal Mehta	VCSE Lead	SM
Mike Murphy	SCAS Executive Director of Strategy & Business Development	MM
Lucy Nicholson	Healthwatch Luton, Chief Executive	LN
Julie Ogley	Central Bedfordshire Council, Director of Social Care, Health and Housing	JO
Dr Navaneetha Rammohan	Milton Keynes PCN Clinical Director	NR
Eileen Taylor	ELFT Chair	ET
Helen Terry	Healthwatch Bedford Borough Chief Executive	HT
Kate Walker	Bedford Borough Council, Director of Adults' Social Care	KW

In attendance:		
Name	Role	Initial
Sanhita Chakrabarti	BLMK ICB Children and Young Peoples clinical lead	SC
Hilary Tovey	Assistant Director of Strategy	HT
Maria Wogan	Chief of System Assurance and Corporate Services	MW

Michelle Evans-Riches	Secretariat (Minutes)	ME-R

Apologies:		
Name	Role	Initial
Dorothy Griffiths	CNWL Chair	
Cllr Louise Jackson	Bedford Borough Council Chair of the Health and Wellbeing Board	
Dr Jane Kocen	Bedford PCN Clinical Director	
Cllr Khjtja Malik	Luton Council Portfolio Holder Public Health and Commissioning	
Cllr Hazel Simmons	Luton Council Leader	
Vicky Head	Bedford Borough, Central Bedfordshire and Milton Keynes Director of Public Health	

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the first meeting of the BLMK Health and Care Partnership (ICP). Apologies were received and noted as above. The meeting was confirmed as quorate.	
2.	**Relevant Persons Disclosure of Interests** Members were informed that the Conflict of Interest Management & Standards of Business Conduct Policy was approved by the ICB on 1 July and a conflicts of interest form would be sent to all members of the Health and Care Partnership for completion. Members were reminded that declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises which could include an interest an individual is pursuing). Members were asked to declare any relevant interests relating to matters on the Agenda. There were none declared.	
3.	**Health and Care Partnership (ICP) Terms of Reference** The Health and Care Partnership (ICP) Terms of Reference were approved by the ICB meeting on 1 July and were presented to the joint Committee for noting. **Agreed:**	

	1. It was moved, duly seconded that Councillor Tracey Stock be appointed as Chair of the Health and Care Partnership. 2. That the agenda setting group consider a nomination for the role of Deputy Chair and it would be reported to the next meeting for approval. 3. That the delegated authority as detailed in paragraph 8.1 would be completed and reported to the next meeting.	**Action1 TS Action 2 MER**
4.	**Integrated Care Strategy** The Health and Care Partnership had met informally on 28 March and 26 May when there had been engagement on the development of the Integrated Care Strategy. The strategy needs to define the ICS ambition for the next 10-20 years and focus on the purpose of the ICS of improving health outcomes, supporting sustainability and reducing inequalities. The strategy would be developed over the summer, with community and partner engagement during the autumn and was required to be published by the end of December 2022. The strategy informed the Integrated Care Board's joint integrated care plan for the next 5 years which was required to be published by the end of March 2023. The strategy will be informed by existing plans and strategies from partner organisations e.g. Joint Strategic Needs Assessments (JSNA), health and wellbeing strategies, place plans and insight from our people and communities. It will define how we work as a system, specify the case for change, and our population health ambition. BLMK had already adopted system priorities and enablers which provided the framework for the elements in the strategy. There are three core stages to its development: • Desktop review of all partners existing strategies and plans • Review and forward view of population health data and system assets • Engagement with partners, workforce and communities Partnership members were asked to reflect on messages that have been shared so far for example the importance of inclusion of the wider determinants of health e.g. housing, employment, education and consider key measurements of success. Data would be gathered from Place and Primary Care Network profiles including, Core 20+5 inequalities data, JSNA profiles and local insight. It was clarified that mental health data was included in primary care network profiles.	

	Key themes from community engagement to date were: • Access to services, particularly primary care • Information and communication • Integrated working e.g. across schools, primary and secondary care • Training for all staff on mental health awareness and dealing with people with compassion • Personalised care • Inequalities and inclusive services <u>Discussion</u> The strategy needs to reflect what partners are required to deliver, especially the statutory and contractual requirements. The importance of communication with the community was stressed and to ensure engagement was maximised especially regarding prevention initiatives e.g. wellbeing checks. Engagement was more effective if there is a small number of specifics that can be relayed to have an informed discussion on e.g. access to addiction services and how improving the experience in this area can be used as a model for other services. It was noted that there was some prioritisation in the Place Plans that need to be reflected in the strategy. The importance of thinking of a broad range of opportunities for example the experience the VCSE has working with groups and communities. The review of strategies and plans needs to include Buckinghamshire County Council. The importance of cultural competency and awareness of unconscious bias to ensure that the strategy and subsequent plan is inclusive of everyone in the community. The framework for making difficult decisions, particularly regarding financial investment when resources are stretched, was questioned. In response, it was noted that any changes to services or investment would have a quality impact assessment undertaken to inform the decision. National guidance was awaited for the 2 year operational plan, which was anticipated in the autumn and it was believed there would be a two year financial settlement which would assist in the planning process. It was emphasised that the strategy which covered the whole life course of our population was the responsibility of the joint Committee to develop and agree and the Integrated Care Board would work with partners on the NHS integrated plan to achieve the ambitions of the strategy. A number of partner organisations	

	undertake quality improvement assessments as part of their service improvement agenda and this knowledge and expertise will be used to create and implement the integrated plan. The Partnership members were invited to respond to the following questions and the responses would be used to develop the strategy: 1. Are there any other specific groups or approaches we should be using to **engage our system partners** in the development of our strategy? 2. Are there any other specific groups or approaches we should be using to **engage our system workforce** in the development of our strategy? 3. Are there any other sources of data, or specific analysis you have undertaken, that you think we should be considering as part of this review? 4. Are there any other **key themes** or **specific groups** of our population that you think we should be considering as part of our review? 5. Are there any other **key themes** or **strategies and plans** that you think we should be considering as part of our review? The responses to the questions were captured in a Menti poll and would be used to develop the strategy. **Agreed: That the points raised in the discussion and responses to the specific questions be incorporated into the development of the draft Integrated Care Strategy which will be reported to the next meeting.**	**Action 3 HT**
	Communications from the meeting The Chair summarised the following: The integrated care strategy will be developed from a variety of information sources including community insight, population health data, joint strategic needs assessments and local strategies Workshops will be held to understand and define the ambition of the partnership. The strategy will build on co-production and integrated working in BLMK.	
	Review of Meeting Effectiveness At each meeting members will be asked to comment on the effectiveness of the meeting, the information circulated in advance and any areas of improvement.	
	Annual Cycle of Business Partnership Board members were invited to put forward items for future meetings via the Committee Secretariat. **Noted**	

	Any Other Business None	
	Date and time of next meeting 21 September 2022 17:00 to 20:00 Central Bedfordshire Council, Priory House Chicksands SG17 5TQ	

Approval of Minutes:		
Name	Role	Date
Tracey Stock	Chair	20/07/2022

Report of the: Board of the Integrated Care Board
Date of Meeting: 29 July 2022
18. Committee Membership

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

Executive summary
On 1 July 2022, the Board of the Integrated Care Board established 7 Committees, a Joint Committee (The Bedfordshire, Luton and Milton Keynes Health and Care Partnership) and The Health and Care Senate. The Terms of Reference for these governance fora are included in the Integrated Care Board's Governance Handbook, which is available from this link: https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/about-us/governance/. Throughout July and August 2022 these forums met / will meet to note and discuss their Terms of Reference and to discuss and plan their business cycles. Throughout this process the Committee Chairs following discussion with their relevant membership sought to make some refinements to their approved Terms of Reference.

Approval of the Terms of Reference of these governance fora is a power reserved to the Board of the Integrated Care Board. In addition, recruitment also continued following establishment, and the Board is asked to review and approve the updated list of membership to the Committees of the Board of the Integrated Care Board. Work is ongoing to fill the remaining vacancies and Board members are asked to support this process so that all the vacancies can be filled by the end of August in readiness for the next cycle of meetings. In September 2022, a revised Terms of Reference for the Working With People and Communities Committee will be brought to the Board that brings a clearer focus to the role of the Committee.
Recommendation/s
The members are asked to **approve** the following recommendation/s: 1. The amendments to the Committee Terms of Reference set out in Appendix A. Once approved the Governance Handbook will be updated to reflect the changes. 2. The latest appointments to Committee membership since 1 July 2022 set out in Appendix B and agree to finalise outstanding vacancies by 31 August 2022. The members are asked to **note** the following: 1. A revised Terms of Reference for the Working With People and Communities Committee will be brought to the Board in September 2022.
What are the members being asked to do?

Decision or Approval	Information	Discussion
☒	☐	☐

Report Author	▪ Sarah Feal, Head of Governance ▪ Michelle Evans-Riches, Programme Manager
Senior Responsible Owner	Maria Wogan, Chief of System Assurance and Corporate Services
Key Risks and Issues https://blmk.insight4grc.com/Risk	There are none identified. Please confirm your risk/s have been recorded in the organisation's risk management centre ☐ N/A
The following individuals were consulted and involved in the development of this report:	Maria Wogan, Chief of System Assurance and Corporate Services
How will / does this work help to address the Green Plan Commitments? Your Integrated Care Board – Bedfordshire, Luton and Milton Keynes (BLMK) Health (icb.nhs.uk)	Not Applicable
How will / does this work help to address inequalities?	Not Applicable
Are there any financial implications or other resourcing implications? Please outline sources and applications of funds	Not Applicable

What are the available options?	To approve the revised Board of the Integrated Care Board Committee's Terms of Reference and note the position with regards to Committee membership
Date to which the information this report is based on was accurate	19-07-2022
Next steps	The Governance Handbook will be updated and re-published on the Integrated Care Board website
Appendices	Appendix A – Terms of Reference Request for Change Appendix B – Committee Membership

Appendix A – Terms of Reference Request for Change

1st July 2022
Remuneration Committee
1. To update section 4.2 (Membership and Attendance) to state that there will be another 2 Non-Executive Members on the Committee, including the Audit & Risk Assurance Committee Chair 2. To remove the reference in section 6.3 (Responsibilities of the Committee) to "assurance of the delivery of the ICB People Plan and Promise"

4th July 2022
Bedfordshire, Luton and Milton Keynes Health and Care Partnership Joint Committee
No requests for change made – noted requirement to update section 8.1 (Authority) in the future

8th July 2022
Primary Care Commissioning and Assurance Committee
1. To update section 3.1 (Purpose) to remove the wording 'the robustness of to gain' 2. To update section 4.8.1 (Membership and attendance) to include the following: b) Associate Director of Primary Care Development f) One representative from each Healthwatch (4) g) One representative from each Local Medical Committee (2) 3. To update section 5.3 to add 'No other deputies are permissible' 4. To update section 5.5 'Only voting members of the Committee, or deputies for members required for quoracy, may vote.' 5. To update section 5.6 (Meeting Quoracy and Decisions) to remove this contradictory clause '5.6 Chief Responsible Officer members unable to attend a Primary Care Commissioning and Assurance Committee meeting may appoint a Deputy to attend and vote on their behalf. No other deputies are permissible.' 6. To update section 10.3 (Review) to include 'The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting'

14th July 2022
Health and Care Senate
1. To update section 5.0 (Membership) to revise the Deputy Chair from the Chief Nursing Director to the Director of Public Health

15th July 2022
Audit and Risk Assurance Committee
1. To update section 4.10.1 (Part 2 Meeting Attendees) to include other Board of the Integrated Care Board Non-Executive Members

15th July 2022
Quality and Performance Committee
1. To update section 4.2 (Membership and Attendance) to state that there will be another Non-Executive Member on the Committee or an Associate Non-Executive Member, and to amend the section to read '4.2 The Board will appoint four members of the Committee including one who is an

independent Non-Executive Member of the Board. Other attendees of the Committee need not be members of the Board, but they may be.'

21st July 2022
Working With People and Communities Committee
1. To update section 4.1 (Composition and Membership) to include 'A Healthwatch representative from each Borough' to be a voting member of the committee

29th July 2022
Finance and Investment Committee
To be confirmed

18th August 2022
Bedfordshire Care Alliance
To be confirmed

Appendix B – Committee Membership

Audit and Risk Assurance Committee
New Members since 1st July 2022
None required
Vacancies
There are none

Bedfordshire Care Alliance
New Members since 1st July 2022
Dr Jane Kocen - Bedford
Dr Nabraj Barhey - Luton
Vacancies
Primary Care Network Representative Central Bedfordshire

Finance and Investment Committee
New Members since 1st July 2022
None required
Vacancies
One Non-Executive Member

Primary Care Commissioning and Assurance Committee
New Members since 1st July 2022
Mahesh Shah
Dr. Omotayo Kufeji
Vacancies
There are none

Quality and Performance Committee
New Members since 1st July 2022
Mahesh Shah
Vacancies
A member from the Health and Care Senate
One Non-Executive Member or Associate Non-Executive Member

Remuneration Committee
New Members since 1st July 2022
Andrew Blakeman
One Non-Executive Member
Vacancies

There are none

Working with People and Communities Committee
New Members since 1st July 2022
Mahesh Shah
Vacancies
One Non-Executive Member (Chair)
One Partner Member Local Authority
One Partner Member NHS Trust / NHS Foundation Trust