Meeting of the Board of the ICB in PUBLIC

19 July 2024 - 09.00 – 13.00

Central Bedfordshire Council, Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ

Item No.	Item	Purpose	Executive	Timing
Opening Items				
1.	Welcome and Introductions a) Apologies b) Quoracy c) Relevant Persons' Disclosure of Interests d) Minutes from meeting held on 22 March and Extraordinary Meetings held on 26 April and 26 June and Matters Arising e) Action Tracker f) Board Decision Planner	 Note Note Update Approve Approve Update	Chair	900
2.	Questions from the Public	-	Chair	
3.	Resident's Story	-	Chief People Officer	910
System Strategy				
4.	Strategic Priorities – Start Well	Discuss	Chief Nurse	930
5.	BLMK Joint Forward Plan and Operational Plan for 2024/25, Our Priorities and How we Measure Progress	Discuss	Chief of Strategy & Assurance	0950
6.	Review and Refresh the Working with People and Communities Strategy	Approve	Chief of Strategy & Assurance	1010
7.	BLMK ICS – 2023 System Staff Survey Results	Note	Chief People Officer	1030
8.	Analysis of BLMK Acute Hospitals Emergency Activity	Note	Chief Operating Officer	1040
BREAK 1100 - 1110				
System Assurance				
9.	Audit & Risk Assurance Committee – • Chair's report	Note	Chair, Audit & Risk Assurance Committee / Chief of Strategy & Assurance	1110

	• System Risks and Board Assurance Framework			
10.	Bedfordshire Care Alliance Committee Chair's Update	Note	Chair, Bedfordshire Care Alliance Committee	1125
11.	Quality & Performance: • Quality & Performance Committee Chair's Update • Performance Report	Note Note	Chief Nurse / Chief of Strategy & Assurance/ Chair, Quality & Performance Committee	1130
12.	Finance & Investment: • Finance & Investment Committee Chair's Update • ICS Finance Report Month 2 (May 24)	Note Note	Chief Finance Officer / Chair, Finance & Investment Committee /	1145
13.	Primary Care Commissioning & Assurance Committee Chair's update	Note	Chair, Primary Care Commissioning & Assurance Committee	1200
14.	Working with People & Communities Committee Chair's update	Note	Chair, Working with People & Communities Committee	1205
ICB Organisational Decisions, Governance and Assurance				
15.	Chair's Report – *verbal*	Note	Chair	1210
16.	Chief Executive Officer's Report	Note	Chief Executive Officer	1215
17.	Partner Governance reports - *Bedford Borough* - *Central Bedfordshire* - *Luton* - *Milton Keynes* - *Mental Health Learning Disabilities & Autism Collaborative (MHLDA)* - *BLMK Health and Care Partnership*	Note	Place Leads and Link Directors	1220
18.	Corporate Governance Update	Approve and Note	Chief of Strategy & Assurance	1240

19.	2024/25 Section 75s (non Better Care Fund)	Approve	Chief Operating Officer	1245
Closing Items				
20.	Communication from the Meeting	Agree	Chair	1255
21.	Meeting Evaluation	Discuss	Chair	
22.	Any Other Business		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.

Next meeting
Date: Friday 27 September 2024
Time: Estimated 9:00- 15:00
Venue: Luton Council Chamber

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

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

Extract from Register of Conflicts of Interest as at 20.5.24

Integrated Care Board Members, Participants and Invited Attendees

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Borrett	Alison	Non Executive Member	Yes	N	N	N	N	Director, 2Billys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing	No conflict, as our cookie business does not provide goods or services to BLMK ICB. If this was to change in the future I would update my DOI and declare any interest.	21/06/2022
Bracey	Michael	Chief Executive, Milton Keynes Council	Yes	Y				Employee of Milton Keynes City Council	2009	Ongoing	None required	21/11/2022
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	Director of Public Health, Luton Council	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	Declare in line with conflicts of interest policy	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	Declare in line with conflicts of interest policy	27/05/2022
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	Declare in line with conflicts of interest policy	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	Declare in line with conflicts of interest policy	27/05/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secetary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Gill	Manjeet	Non Executive Member	Yes	Y				Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022

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Graves	Stuart Ross	Chief Strategy & Digital Officer, Central and North West London Foundation Trust	Yes		Y			Chief Strategy & Digital Officer CNWL NHS Foundation Trust, 350 Euston Road, London NW1 3AX	May-20	Ongoing	Declare in line with conflicts of interest policy	15/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Chief Executive Officer, NHS Milton Keynes University Hospital	2013	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair NHS Employers Policy Board	2021	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Trustee of NHS Conferation	2021	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Council Member - National Association of Primary Care	2020	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Keele University - Lecturer	2016	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Advisor to Alphasights, MM3 Global Research, Silverlight and Stepcare	2018	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair, Clinical Research Network Thames Valley & South Midlands Partnership Group Meeting		Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Member, Oxford Academic Health Science Network		Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse: NED at DHSC	Nov-22	Ongoing	Declare in line with conflicts of interest policy	24//10/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Sister, Ruth Harrison, Director of Durrow Ltd	Circa 2012	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				National Director for Digital Channels	2023	Ongoing	Declare in line with conflicts of interest policy	01/02/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse: Advisory work for: Cera Care, NAPC, G Square Private Equity Group, System C Health Information Technology Systems and Services, HUMA, Bain & Company, HSBUK, Carnell Farrar, PA Consulting, Global Counsel, Newmarket Strategy	2023	Ongoing	Declare in line with conflicts of interest policy	24/10/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse: NED at Keys Group	2023	Ongoing	Declare in line with conflicts of interest policy	23/10/2023
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes					The Bridge Primary Care Network Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding Primary care Networks	11/05/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Arts for Health Milton Keynes	01/04/2020	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Chair, Milton Keynes Christian Centre (*was previously Trustee)*	01/09/2023	Ongoing	Declare conflict during discussions	08/12/2022

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Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				GP partner, Newport Pagnell Medical Centre	01/02/2004	Ongoing	May need to be excluded from decisions regarding Primary Care Networks	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				Trustee, Milton Keynes Urgent Care Centre	01/08/2023	Ongoing	Declare conflict during discussions	26/09/2023
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Chair of Sue Ryder (non remunerated)	01/05/2021	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Chair of Queen Square Enterprises Ltd (remunerated)	01/11/2020	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Lay Member of General Pharmaceutical Council	Apr-19	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Trustee of LifeArc	June 2023	Ongoing	Declare in line with conflicts of interest policy	26/04/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Trustee Money Advice Trust	Jun-18	31/12/23	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				Essex Cares Limited - Audit Chair & NED	Oct-20	31/03/2024	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				LB Brent Independent Advisor to Audit Committee	Apr-19	31/03/2024	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				IBMDS - Director - Consultancy Company - husband's consultancy company. The company provides consultancy on contracts/negotiation/culture etc.	Dec-11	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Worcester College, Oxford University	Sep-22	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				RegTech Open Project PLC NED & Audit Chair, a small newly listed fintech company that provides a proprietary operational resilience platform.	Aug 23	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	23/10/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				NED, NW London Acute Provider Collaborative	01/05/2024		Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	18/01/2024

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Mattis	Lorraine	Associate Non Executive Member	Yes	Y				CEO, University of Suffolk Dental CIC	Jun-23	Ongoing	Declared in line with conflicts of interest policy	08/08/2023
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes		Y			Bpha (a not for profit Housing Association). Non-Executive Director and Chair of the Remuneration Committee	Apr-19	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes			Y		Pavilions Management Co Ltd, (residents management co), Director. This is a voluntary role which is not remunerated	Sep-20	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Porter	Robin	Chief Executive, Luton Borough Council	Yes	Y				Chief Executive of Luton Council, an ICB Partner organisation	May-19	Ongoing	Declare in line with conflicts of interest policy	16/11/2022
Poulain	Nicky	Chief Primary Care Officer	Yes		Y			Registered nurse and midwife and a member of trhe RCN			Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	17/02/2023
Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment)	Yes		Y			Chief Medical Officer and Deputy Chief Executive, Milton Keynes University Hospital NHS FT	April 2016	Ongoing	Declare in line with conflicts of interest policy	16/05/2024
Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment)	Yes		Y			Non Executive Director, Royal Orthopaedic Hospital Birmingham	November 2022	Ongoing	Declare in line with conflicts of interest policy	16/05/2024
Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment)	Yes	Y	Y			Director / Chair, ADMK Ltd (wholly owned subsidiary of MKUH NHS FT)	December 2017	Ongoing	Exclusion from involvement in related meeting or decision-making (if subsidiary was to take on any ICB business).	16/05/2024
Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment)	Yes			Y		Director, JTER Trading (antiquities and property)	November 20921	Ongoing	No conflict is envisaged.	16/05/2024
Roberts	Martha	Chief People Officer, BLMK Integrated Care Board	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	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022

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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	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Stanley	Sarah	Chief Nurse	No									08/09/2022
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes	Y				Interim Chief Executive, East London NHS Foundation Trust	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of Central Bedfordshire Health and Wellbeing Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of BLMK Bedford Care Alliance Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Population Health and Integrated Care Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London NED Remuneration Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Mental Health, Learning Disability & Autism Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of City & Hackney Integrated Commissioning Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of City & Hackney Health & Wellbeing Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of Newham Health & Wellbeing Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of East of England Provider Collaborative Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Community Health Collaborative Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of NHS England London People Board including the EDI Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member, Unison	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for Health E1	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for City & Hackney GP Federation	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023

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Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for Newham GP Federation	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Swain	Sahadev	Partner Member	Yes	Y				General Practitioner, Biscot Group Practice, Luton,LU3 1HA	Mar-06	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Representative and Board Member, Beds and Herts Local Medical Council	2018	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Board Member, Beds and HertsFaculty ,Royal College of General Practitioners	2012	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Member, Audit and Risk Committee, Royal College of General Practitioners	2019	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes			Y		Chairman, Shree Jagannath Society ,UK	2020	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Lead Trainer, Equalty, Primary Care Network Training HUB, Luton	2023	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes	Y				Employee of Healthwatch Milton Keynes	2017	Ongoing	Declare in line with conflicts of interest policy	14/12/2022
Westcott	Dean	Chief Finance Officer	Yes		Y			Board Advisor, London School of Commerce	01/12/2022	Ongoing	Declare in line with conflicts of interest policy	13/12/2022
Westcott	Dean	Chief Finance Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/2021	Ongoing	Declare in line with conflicts of interest policy	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes			Y		Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2013	30/04/2024	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			Stonedean, Practice - Sessional GP/former partner	01/06/2007	30/04/2024	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			General Medical Council Associate	2012	30/04/2024	Exclusion of self from involvement in related meetings, projects or decision-making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				Akeso (coaching network) – coach – Executive and Performance Coach	01/04/2021	30/04/2024	Open declaration, no monies received	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHS England – Appraiser	2010	30/04/2024	Exclusion of self from involvement in related meetings, projects or decision-making relating to any relevant practitioners	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED role at James Paget Hospital	01/10/2023	30/04/2024	No involvement in relation to decision making	18/10/2023
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED, Lincolnshire Partnership Trust	01/02/2024	30/04/2024	Mostly hybrid working – ICB work takes priority until retirement 30.4.24	01/02/2024
Winn	Matthew	Chief Executive Officer, Cambridgeshire Community Services	Yes	Y				Accountable Officer of Cambridgeshire Community services NHS Trust, which receives funding from the ICB, and all four Councils in the BLMK area (Luton, Bedford Borough, Central Bedfordshire and Milton Keynes) to provide services to local residents	2010	Ongoing	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making	09/08/2022

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Wogan	Maria	Chief of Strategy & Assurance	Yes	Y				I am a Director of Netherby Network Limited which is a consultancy company that has provided services to Milton Keynes Clinical Commissioning Group in the past. It does not currently provide any services for health or care clients. Address: 69 Midland Road, Olney, MK46 4BP	Mar-14	13/03/2024	No actions required as the company has been dissolved.	13/03/2024
Wogan	Maria	Chief of Strategy & Assurance	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in Milton Keynes (MK) and Northamptonshire. Address: Fairfields Primary School, Apollo Avenues, Fairfields, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.	13/03/2024

Date: 22 March 2024
Time: 09.00 – 13.00
Venue: Bedford Borough Council Chamber, Cauldwell Street, Bedford MK42 9AP

Minutes of the Board of the Integrated Care Board (ICB)
In PUBLIC

Members:		
Dr Rima Makarem (Chair)	Chair	RM
Alison Borrett	Non-Executive Member	ABo
Michael Bracey	Partner Member, Local Authorities	MB
David Carter	Partner Member, NHS Trusts and Foundation Trusts (*from item 3)*	DC
Felicity Cox	Chief Executive Officer (CEO)	FC
Manjeet Gill	Non-Executive Member	MG
Ross Graves	Partner Member, NHS Trusts and Foundation Trusts	RG
Joe Harrison	Partner Member, NHS Trusts and Foundation Trusts (*during item 3)*	JH
Dr Omotayo Kufeji	Partner Member, Primary Medical Services *(during item 8)*	OK
Vineeta Manchanda	Non-Executive Member	VM
Lorraine Mattis	Associate Non-Executive Member	LM
Shirley Pointer	Non-Executive Member	SP
Robin Porter	Partner Member, Local Authorities	RP
Sarah Stanley	Chief Nursing Officer (CNO)	SSt
Dr Sahadev Swain	Partner Member, Primary Medical Services	SSw
Dean Westcott	Chief Finance Officer (CFO)	DW
Dr Sarah Whiteman	Chief Medical Director	SW
Participants:		
Sally Cartwright	Director of Public Health, Luton	SC
Richard Fradgley (*invited attendee)*	Executive Director of Integrated Care and Deputy Chief Executive, East London Foundation Trust (ELFT) (d*eputising for Lorraine Sunduza)*	RF
Cllr Martin Towler	Co-Chair, Health & Care Partnership – (*from item 3)*	MTo
Kathryn Moody	Deputy Chief Operating Officer (*deputising for Anne Brierley)*	KM
Nicky Poulain	Chief Primary Care Officer	NP
Martha Roberts	Chief People Officer	MR
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Matthew Winn *(invited attendee)*	CEO, Cambridgeshire Community Services (CCS)	MWi
Maria Wogan	Chief of Strategy & Assurance	MWo
In attendance:		
Kim Atkin	Corporate Governance Officer (*remotely)*	KA
Sanhita Chakrabarti	Deputy Chief Medical Director *(from partway through item 6 until item 9)*	SC

Ruth Derrett	Programme Director, Mount Vernon Cancer Centre Review, East of England Specialised Commissioning (*remote) (from item 4 to 9)*	RD
Michelle Evans-Riches	Head of Governance	MER
Gaynor Flynn	Corporate Governance Manager (*support)*	GF
Faith Haslam	Head of Luton Place Team (*remote) (item 7 to 11)*	FH
Sonal Mehta	VCSE Partnership Lead	SM
Kathy Nelson	Head of Cancer Network – (*from item 4)*	KN
Bill Simmons	Head of Community Transport, Bedfordshire Rural Communities Charity (*remote) (items 1-15)*	BS
Michelle Summers	Associate Director Communications & Engagement ICB	MS
Geoff Stokes	Interim Programme Director - Governance (*remote) (items 1-14)*	GS
Lee Taylor	Assistant Director of Programmes, NHS England	LT
Alex Wrack	Head of Bedford Borough Place Team	AW

There were 6 members of the public in attendance (remotely)

Apologies:		
Anne Brierley *(participant)*	Chief Transformation Officer	ABr
Laura Church *(member)*	Partner Member, Local Authorities	LC
Marcel Coiffait (*member)*	Partner Member, Local Authorities (*last minute apologies)*	MC
Green Rebecca (*presenter)*	Head of Milton Keynes Improvement Action Team	RG
Vicky Head *(participant)*	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Lorraine Sunduza *(invited attendee)*	Acting Chief Executive Officer, East London Foundation Trust	LS

No.	Agenda Item	Action
	Meeting Opening	

1.	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. The Chair thanked Dr Sarah Whiteman, Chief Medical Director, who will be retiring at the end of April, for her many years of hard work and service to the ICB and the Clinical Commissioning Group (CCG) previously. Dr Ian Reckless, Chief Medical Officer at Milton Keynes University Hospital, will be taking on the role of Interim Chief Medical Director of the ICB from 15 April, and will attend BLMK meetings of the Board in future. He will be supported by Dr Sanhita Chakrabarti, Deputy Chief Medical Director of BLMK ICB. The Chair welcomed Lee Taylor, Assistant Director of Programmes, NHSE, who will be observing the meeting, as well as Kathy Nelson, Head of Cancer Network and Ruth Derrett, Programme Director for the Mount Vernon Cancer Centre, both of whom are attending for agenda 8 relating to cancer treatment. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Register of Interests was up to date in respect of their declarations. **No changes** were identified. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made. d) The minutes of the meeting held on 8 December 2023 were **approved** as an accurate record of the meeting. e) It was **agreed** to close items 49, 54, 55, 56, 57 and 58. Actions 44 and 64 remain open. **Action 44** - the Finance & Investment Committee (F&I) on 21 March 2024 considered the business case for musculoskeletal (MSK) and pain services. the business case will be considered by the Board, excluding anyone with a conflict of interest. **Action 64** - A response is awaited from Central Bedfordshire Council as to whether it would like an independent review similar to that undertaken in Milton Keynes of the development of its health and care integration. f) The Board Decision Planner was **noted** and members were invited to notify the Corporate Governance team of any additional items for inclusion on the Decision Planner. It was noted that the planner is published for residents to have sight of items being taken to the Board.	
2.	**Questions from the Public** Two questions had been received from members of the public regarding: - progress on the four health hubs; and - MSK and pain services. The full questions and answers are attached to these minutes as Appendices A & B. *DC and MTo arrived.* **Action**: MSu to upload two questions from the public with answers to the ICB website.	**Action 69 - MSu**
3.	**Resident's Story**	

	Presented by Dr Sarah Whiteman, Chief Medical Director Dr Sarah Whiteman introduced her daughter, Elizabeth, partner Jacob and granddaughter Sybil Rose, who had joined to share their story of maternity, bereavement and diabetes services at MKUH. Elizabeth shared their experience of losing a baby with congenital defects, her diabetes diagnosis and care during a subsequent pregnancy and the birth of a healthy baby, Sybil Rose, on Christmas Day, highlighting the exceptional care that had been given, but also areas where things could have been improved. *JH arrived during this item.* JH thanked Elizabeth for her kind comments in relation to care at Milton Keynes University Hospital (MKUH) which will be shared with the team. Both he, as Chief Executive of MKUH, and the Board recognised the need for improvement in some areas. *RD joined the meeting and Elizabeth, Jason and Sybil Rose left the meeting.*	
4.	**Following up Resident Stories that have come to the Board** *Presented by Maria Wogan, Chief of Strategy & Assurance* The report summarises the resident stories that have come to the Board in the last year and the follow up from those stories, and provides assurance that the ICB is listening, learning and responding to the issues raised through the resident stories: - Roxy's experience of accessing MSK services in Milton Keynes, which has informed the re-procurement of MSK services; - Jackie's brain tumour diagnosis and how the Primary Care team have responded to the learning and will continue to develop this across the system; and - the story of Catherine, a deaf resident, where a number of actions have been taken and work continues as part of the implementation of the Denny Review recommendations in relation to inequalities. The Working with People and Communities Committee (WWPAC) reviewed this report recently and welcomed a more systematic evidencing of how the system is hearing and responding to residents' voices. It is proposed to set up a system-wide Insights Network which will help to bring together insights and intelligence from across the different organisations into one place. LM, Chair of WWPAC, expressed thanks from the Voluntary Community and Social Enterprise (VCSE) Strategy Group to the ICB and partners for their support of the VCSE sector. The ICB recognises the key role that the VCSE organisations play in supporting local people and residents in the community. The Board **noted** the ways in which those resident stories that have come to the Board have subsequently informed action to improve health and care services.	
5.	**Chair's Report -** *verbal* *Presented by Dr Rima Makarem, Chair, BLMK ICB* As Chair of both the ICB and Sue Ryder, RM attended the House of Commons for a roundtable with other hospices and Members of Parliament to talk about ICBs and end of life strategy. Next month, RM will be giving a presentation on end of life at the All Party Parliamentary Group, using her experience and knowledge from both the hospice and	

	ICB perspectives. She was invited to join a round table with Google Health who are working on artificial intelligence (AI) and how to work with populations that are digitally excluded. There is a pilot in South Yorkshire to train up digitally excluded residents so that they are more comfortable with digital health wearables. RM has been helping with some forthcoming conferences; with the Health Services Journal for ICSs and ICBs, and with GIANT on medical technology. Suggestions for agenda items of interest to ICBs for the GIANT conference were requested. NHSE held a meeting for all Chairs of ICBs and Trusts recently which included breakout sessions on the patient safety framework. There is a growing level of analysis of productivity and efficiency in the NHS, in terms of how to make best use of staff resource while prioritising the most important challenges. **Action:** All to forward suggestions for agenda items for GIANT conference in December to RM. **Agreed:** The Board **noted** the Chair's verbal report and the points of discussion.	**Action 70 - All**
6.	**Chief Executive Officer's Report** The CEO highlighted the following: - Since the report was written, consultants are now consulting on a revised pay offer, which their committee has recommended. There is industrial action by Health Care Assistants across the country, adding further pressure to the system. Junior doctors now have a mandate to continue their strike action, for which they must give the system 14 days' notice. There has been a recent update to the General Medical Services (GMS) contract of less than 2% which GPs are discussing with the British Medical Association (BMA); *SC joined remotely.* - The first of two staff away days was held, where staff were brought together to understand how the Target Operating Model (TOM) is intended to work and to consider their role within it; - The planning round has been challenging, due to lack of planning guidance and late announcements, although an intermediate submission has been made, with final submission due in May. There are weekly meetings for CEOs, CFOs and Planning Leads in each of the organisations to continue to focus on the remaining financial gap. There will be discussions at the April Board seminar about the challenges faced and decisions that may need to be taken; - The apprentice workshop was well attended; - There is better awareness of what the ICB is, with contacts and enquiries growing by more than 100% from last year; - FC had a meeting with Minister Andrew Leadsom, who has responsibility for primary care and estates, and BLMK has been asked to lead a workshop on capital for primary care estate, which provides an opportunity for BLMK to be involved in the conversation; and - FC was interviewed by Hugh Pym of the BBC for Saturday's lunchtime news, to talk about capital for the Community Diagnostic Centre for Luton, in combination with Luton Football Club. The Board **noted** the Chief Executive Officer's Report and the points of discussion.	
	SYSTEM STRATEGY	
7.	**BLMK Health Services Strategy for the NHS – Roadmap to 2040**	

Presented by Dr Sanhita Chakrabarti, Deputy Chief Medical Director

SC presented slides on the latest draft of the BLMK Health Services Strategy, which is in line with the national manifesto commitment to add five years of healthy life expectancy to residents by 2035, with the intention for the final strategy being brought to the Board in March 2025.

The strategy will set out how health services will need to change across BLMK to meet the challenges of rapid population growth, increasing complex conditions, rising prevalence of mental health issues and variation in clinical outcomes. It will establish principles that will guide the system when designing clinical services to meet the evolving needs of residents. It will also set out the framework on how the ICS, ICB and NHS providers intend to prioritise resources, time and attention to achieve the vision and ambition set out in the Joint Forward Plan, with a focus on prevention and early intervention, and capitalise on advances in technology, to make a difference for residents.

The case for change is being developed to deliver services at scale and closer to residents' homes, using evidence and a quality improvement approach to take into account people's experiences, available resources and focusing on population health outcomes, with priorities being illness prevention and early identification.

Some Key Points from Discussion

- There has been significant input from Public Health in the development.
- Important to engage the Finance Team to be able to quantify the impact on the system's finances as well as measuring improvement for residents.
- JH did not feel able to approve the document at this stage - he has not been involved to date in the development of the strategy, and it is difficult to predict resident needs for 2040. For example, there are projections that the number of diabetic patients will start to decline by 2030 due to the impact of obesity drugs and NHSE estimates that within the next 3-5 years, more than one third of all health interactions will be digital first;
- DC agreed that it is difficult to plan ahead when it is unknown how the population's needs will change and also how it is proposed to treat the population, although he supported the objectives behind the strategy;
- The intention is to start to work at pace on some of the suggested pathways to align with shifts in population health metrics;
- It was confirmed that this is an NHS health strategy, but would align with other strategies and plans e.g. local authorities and the respective timelines;
- The plans are ambitions and need to be broken down into short, medium and long term actions, with the first phase programmes identified as cancer, mental health and long term conditions, women's health and eye care;
- Resource, expertise, data and money need to be quantified and identified, and metrics in place to measure impact. The new System Transformation Team will be part of the resource for delivery;
- A benefit realisation tool is being used to monitor some of the interventions within the cancer programme, which then helps to identify those interventions that will improve outcomes and release efficiencies. It is planned to use this tool more widely;
- The lung health check programme that has helped earlier detection of lung cancer was given as an example of proactive early identification of disease which enabled earlier treatment;
- The strategy represents an opportunity to consider the impact of mental health on residents with comorbidities, with 40% of people with long term conditions also having a mental health problem;
- There needs to be commitment and understanding that this will take time; and
- Scenario planning and benchmarking need to be further defined.

Action: MW to arrange a 2-hr discussion at a future Board seminar.

Action 71 - MW

	Action: SW/SC to liaise with partners to ensure appropriate individuals are included in the system programme team. **Action**: Next draft of Health Services Strategy for the NHS to be brought back to the Board in six months' time. - KA *FH joined the meeting.* The Board: - **Noted** the developing Case for Change underpinning the BLMK Health Services Strategy for the NHS; - **Supported** the continued development of the strategy that will involve stakeholders, partners, and residents; and - **Supported** this 'call to action' to better ensure BLMK is fit for the future, including the establishment of a cross-system programme team to take this work forward. This will comprise dedicated ICB resource, contributions from system partners and wider NHS support.	**Action 72 - SW/SC** **Action 73 - KA**
8.	**Improving Access to Radiotherapy – Mount Vernon Cancer Centre Review Update** *Presented by Kathy Nelson, Head of Cancer Network & Ruth Derrett, Programme Director, Mount Vernon Cancer Centre Review, East of England, Specialised Commissioning* The paper provided information to the Board of issues relating to Mount Vernon Hospital (MVH) and the potential sites for the provision of radiotherapy services. The strategic review of MVH was set up in 2019 following concerns raised by clinicians working at Mount Vernon. The first step was an independent clinical review of the services, which is available to the public on the MVH website. Three recommendations came from the review: 1. a series of short-term recommendations about the management of inpatient services and staffing – these were responded to immediately; 2. that, in the longer term, the service should be led by a tertiary manager of cancer services – this work is in progress; and 3. that the services should be moved to an acute hospital site. The transition of cancer services from MVH is urgent but will take time to plan and deliver effectively. MVH has worked with the ICS and with previous CCGs to co-design the new reprovisioned services. There have been over 100 public engagement events, some of which were held online due to the pandemic, and the views of the public and patients continue to be taken into account. The proposal is to move the cancer services to Watford General Hospital (WGH), but for these to be supplemented by a satellite radiotherapy unit at either Luton or Stevenage, but this has yet to be decided. Both sites will have Equality Impact Assessments to determine the site that would most benefit the population it serves. Capital has not yet been made available for these changes, but there are constructive discussions with NHSE, and it is hoped that it may be possible to go out to consultation prior to accessing the capital. While patients continue to be treated at MVH and staff continue to work there, improvements are being made, such as increasing staffing levels, doing some of the urgent maintenance work, and the option for some patients to receive chemotherapy treatment at home. Some of the Inequalities Funding has been used to set up a	

	transport scheme for patients to travel to MVH in conjunction with Luton Borough Council. The system is keen to address inequalities in relation to cancer care, where travelling considerable distances regularly for radiotherapy is either difficult or impossible for some residents. There is no cancer centre in BLMK and a radiotherapy unit is being built at MKUH but does not have capacity for all patients across BLMK. The MVH review provides an opportunity to consider how cancer services can be brought closer to home for the rest of the BLMK population. The benefits and considerations that need to be discussed at a system level, and later at place and provider level, were set out in the paper. It was confirmed that radiotherapy and chemotherapy services provided in MVH are part of Specialised Commissioning delegated to the ICB from 1 April 2024. Decisions will be taken across Specialised Commissioning and the Board would be expected to give its support to a satellite site being situated at Luton & Dunstable Hospital as it benefits the majority of our residents. The public consultation will also influence the final decision. *OK arrived.* *SC and RD left the meeting.* The Board: - **endorsed** the BLMK Cancer Board's recommendation to support networked (satellite) radiotherapy as part of Mount Vernon Cancer Centre plans; - **noted** the report and **considered** its wider system, place and provider implications for BLMK partners in relation to access, capital funding, impact on health outcomes, patient flows and similar strategic developments in and surrounding BLMK; and - **noted** that a decision will be taken by joint ICBs as commissioners from April 2024 on the proposed location of satellite radiotherapy, following the completion of consultation on Mount Vernon Cancer Centre Reprovision.	
9.	**Health & Care Partnership Update – verbal** *Presented by Councillor Martin Towler, Co-Chair, Health & Care Partnership* MT gave a summary of BLMK Heath & Care Partnership meeting on 14 March 2024: - The University of Bedfordshire ran a Collaborative Targeted Outreach Programme (CTOP) for young people from deprived areas in BLMK. The young people were given the opportunity to meet and talk with practitioners, clinicians and trainees to find out more about careers in midwifery, theatre, and the ambulance service. A progress update on the delivery of BLMK Health and Care Strategy, and priorities for 2024/25 was provided and examples of work against the five key priorities and enablers was reported. Members were asked to provide further examples of collaborative working. - there was a discussion on the system quality improvement (QI) work which is being supported by the Institute of Healthcare Improvement; - a People Plan update was given; and - members were asked to comment on the arrangements of the Advancing Equality Event on 17 May. The Board **noted** the BLMK Health & Care Partnership verbal update.	
10.	**Reports from Place Based Partnerships and Collaboratives** **Milton Keynes (MK) –** *Maria Wogan, Place Link Director*	

- A large stakeholder event was held in February which focussed on plans for 2028, the outcomes from which will be presented at the April board seminar;
- The digital wearable scheme has been launched in MK;
- Work continues on the Bletchley Pathfinder programme, with good networking events and a Board to oversee the programme has been with its Chair, Tony Fisher; and
- There is good progress following the Early Help seminar held in November 2023, with a pilot for that progressing in the Bletchley area.

Bedford Borough (BB) – *Alex Wrack, Head of Bedford Place Team*

- The place team was formed in mid-February and the work programme is being developed;
- The Health and Wellbeing Board (HWB) met last week, with a focus on the new HWB strategy, which feeds into some of the place work;
- An employment and training group has been established which links to the outputs from last summer's system Health and Employment seminar;
- While awaiting the outcome of the Work Well bid, monthly meetings continue to review primary care estates;
- Work has been commissioned to develop the business case and feasibility studies for the Great Barford estate, and there is a project group which meets weekly;
- The Bedford Executive Delivery Group met on 11 March and is working to refine place priorities for the next 18 months;
- Six young people with SEND or a learning disability have been given paid work to deliver Oliver McGowan training – which has been arranged between BB Children's Services Team and the ICB Workforce Team; and
- There is the potential of a new Universal Studios theme park in BB, which is subject to appropriate approvals.

Luton - *Faith Haslam, Head of Luton Place Team*

- The Place team has recently been established and is getting to know key stakeholders within the area;
- The Place Board continues to meet monthly and at the next meeting will review progress over the last 12 months and the priorities for the next year will be developed;
- The Luton 2040 conference was a success and the ICB has pledged its support for the ambition; and
- Family hubs have been launched in Luton.

Central Bedfordshire (CB) – *Nicky Poulain, acting Link Director*

- Kaysie Conroy will be joining the team as Place Lead next month;
- There is a real focus on collaboration and stopping silo working;
- The monthly Place Board meetings are building on the good work in Leighton Buzzard, with a focus on children's outcomes;
- A key success is "Everything OK?" website, which directs young people to local resources; and
- Targetted work is underway on areas of deprivation in Central Bedfordshire.

Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative – *Ross Graves, Chief Strategy & Digital Officer, CNWL and Richard Fradgley, Executive Director of Integrated Care, ELFT*

The paper sets out the progress for the initial meeting of a shadow committee of the MHLDA collaborative in April/early May and towards the formal establishment of a collaborative committee of the Board.

The committee will contribute to the overall delivery of the ICB priorities and the Joint Forward Plan by providing oversight and assurance to the Board for the development and commissioning of MHLDA services. It will enable the NHS partner organisations,

	ELFT, CNWL and the ICB to work more collaboratively, with a shared purpose, and at scale across multiple places in BLMK. The ambitions are to improve outcomes, quality, value and equity for residents of BLMK with, or at risk of, MHLDA. The proposed committee provides the opportunity to amplify the voice of people with MHLDA within the ICS and more fully to join up whole population health planning and improvement. The committee could also take on more formal responsibilities, such as budgets and functions. The Board: - **noted** the four Place updates; and - **approved** the next steps in the establishment of the Mental Health and Learning Disability and Autism Collaborative as a Shadow Committee of this Board outlined in the paper prior to approval of Terms of Reference for the Committee at the next Board meeting. - *FH left the meeting.* *There was a 10 minute refreshment break.*	
11.	**Operational Planning for 2024/25** *Presented by Maria Wogan, Chief of Strategy & Assurance* Formal planning guidance is still awaited from NHSE, although various parameters have been given to work within on this planning cycle. A key priority communicated from the national team is system financial balance.. There are also some operational targets to focus on in relation to Accident and Emergency (A&E) waiting times, 65-week wait and zero workforce growth in the coming year. The first draft plan was submitted on 21 March 2024, following a "flash report" in February. The final plan is due for submission by 2 May. The plan currently shows a deficit of £60m, which has reduced from £79m in February with a significant level of efficiencies. Work continues with all Trust partners to look at efficiencies and productivity improvements to address the financial gap in the system and difficult decisions are likely to be required in the coming months. The CEOs Group met on 21 March to review progress and there will be weekly meetings of a subset of CEOs with a separate meeting with mental health providers and the ICB. In particular, there is work on addressing the 65-week wait plan to meet the September target date, and on triangulating workforce, finance and activity. There is an opportunity for a wider discussion in the Private part of the Board meeting and an update will then be taken to the Board seminar on 26 April in advance of the final submission on 2 May. *Points from Discussion* - It was confirmed that any decommissioning proposals would require a Quality Impact Assessment (QIA) and, if impacting a significant number of service users, they would require engagement and consultation with the public. It is possible that investment and transformation work, detailed in the Joint Forward Plan, may progress more slowly or cease; - Following the BBC report that MKUH had the lowest number of patients being treated within 18 weeks, it was pointed out that MKUH has treated almost one third more patients this year than pre-pandemic with, for example, 50 additional cancer referrals per day. With a fast-growing population rate and high emergency admissions in acute hospitals, addressing the 65-week wait will be a considerable challenge. There is a real task to balance the planning guidance requirements with what can be delivered locally given the numbers of additional patients being referred into the NHS;	

	- It was requested that a representative from primary care is included in discussions relating to cost reductions, as there is no primary care CEO within the CEO group. There are significant pressures in primary care, which is now delivering 20% more appointments than pre-pandemic. FC clarified that it had been agreed at the CEO Group that there would be a clinical review of decisions made which would include primary care; and - It was stressed that the progress made with the mental health long term plan and work with partners across the system to reduce inequalities and improve mental health and wellbeing outcomes for some of the most vulnerable in our community must not be undone, when considering difficult decisions to meet the financial challenges. These schemes also alleviate pressure on acute hospital and mental health services. The system must remain committed to its mission of advancing equality, equity and parity of esteem. It is important also to note the risk of the fragility of the some of these services. The Chair confirmed that, although operational delivery is delegated to the CEO Group, any strategic decisions must be taken to the Board. She acknowledged the comments from the members but reaffirmed the need for all partners to work together at pace on pathway redesign. The Board: - **noted** the publication of Interim Planning Assumptions on 09 February 2024 and BLMK's subsequent initial "flash" planning submission on 29 February 2024; - **noted** the work ongoing between the ICB and NHS Trust providers to shape the full planning submissions required on 21 March (draft) and 2 May (final), including triangulation between finance, activity and workforce information; - **noted** the potential for difficult and unpalatable decisions in 2024/25 on cost pressures, investments and dis-investments/decommissioning on grounds of affordability and value for money, and the work on quality and equality impact assessments as part of a new ethical decision-making framework to support decision-making; - **noted** the work underway to identify additional efficiencies and cost reductions in the system with a focus on the following areas agreed by system CEOs: o Urgent and emergency care pathway o Planned/elective care pathway including diagnostics and non-acute care o Complex care pathway; and, - **agreed** to delegate to authority to the Chief Executive of the ICB to sign off the Operational Plan 2024/25 having engaged with NHS Trust CEOs prior to submission.	
12.	**Joint Forward Plan 2024/25** *Presented by Maria Wogan, Chief of Strategy & Assurance* The ICB has a statutory requirement to publish its Joint Forward Plan (JFP) by 1 April each year. The JFP was agreed in June 2023 and it was agreed in December that there would be minimal updates this April. The paper sets out the updates, which include: - summary "look back" of progress over the last year which was shared with Health & Care Partnership (H&CP) on 14 March; - Appendix B of the report set outs the strategy for 2024/25, summarising output from the Board seminar in January 2024 and priority areas agreed for 2024/25 such as digital, estates and co-production, as well as transformation in areas of urgent and emergency care, planned care and complex care; and - Progress of initiatives would be reported using the data pyramid approach agreed at the Board seminar in January 2024.	

	Feedback from the H&CP meeting last week: - there was general support with a few points requiring clarification in the "look back" - need to review the "look forward" to bring out the role of the Bedfordshire Care Alliance and the MHLDA collaborative in the delivery of the work; and - to have a greater focus on joint ownership of planned development with all partners. There will be a more interactive planned development session to review the JFP next year. The Board: - **noted** the proposed updates to the Joint Forward Plan that will include; o references to some of the key achievements of the BLMK system over the past 12 months. o reference to the potential for difficult and unpalatable decisions to be made during 2024/25 on cost pressures, investments and dis-investments/decommissioning on the grounds of affordability and value for money; o reference to our system priorities in 2024/25 following the Board Seminar event on 26 January 2024, and discussions at the Health and Care Partnership meeting on 14 March 2024; and, o minor changes to wording to ensure the continued appropriateness of the Plan. - **agreed** to the publication of an updated BLMK Joint Forward Plan for 2024/25 on the basis of the above; and, - **noted** that the more detailed annexes of the Joint Forward Plan will be published later in 2024/25 in order to be informed by the final 2024/25 Operational Plan, as agreed with the NHSE regional team.	
13.	**Local Maternity & Neonatal System (LMNS) Update** *Presented by Sarah Stanley, Chief Nurse* The Chief Nurse of England had requested that an LMNS update is regularly reported to the ICB Board. Going forward, this will be built into the Quality & Performance Committee (Q&P) which will feed back into the normal Board updates from Committee Chairs. For assurance, it was confirmed that the ICB is supporting the improvement and sustainability programme at Bedfordshire Hospitals Foundation Trust (BHFT) as required and that, on the last visit, there had been significant improvement in some of the aspects that were identified as part of the 60 steps and also some elements from the Clinical Quality Commission (CQC) visit. The ICB will continue to visit Bedford and Luton & Dunstable Hospitals' (L&D) maternity units every three months for the next twelve months, as specified in the regulations. The report on the above average number maternal deaths at BHFT will be brought to the next Board meeting, once it has passed through BHFT's own governance process. Shirley Pointer, Chair of Q&P, confirmed that the full LMNS report was scrutinised at the last committee meeting. The appointment of a Senior Midwife into the ICB team, which gives an important overview of the services, was welcomed. The Board **noted** the content of the report.	

14.	**Delegation of Specialised Commissioning – approval of key documents** *Presented by Felicity Cox, Chief Executive Officer, Kathryn Moody, Deputy Chief Operating Officer & Geoff Stokes, Interim Programme Director - Governance* The paper provides the final governance steps that need to be taken in relation to the delegation of 59 Specialised Commissioning services, although there may need to be slight changes following review at the various East of England ICB Board meetings. Should there be anything that requires further discussion, this would be brought back to this Board. The delegation presents an opportunity for the system to redesign the way the 59 specialised services are delivered for our population and to address these both at a local level but also across the region. The Delegation Agreement from NHSE to BLMK ICB provides the formal operational oversight in terms of the management of specialised commissioning. NHSE remains accountable to the Government for the delivery of specialised commissioning services even though the commissioning is delegated to the ICBs. The Collaboration Agreement sets out the operational arrangements across the six ICBs. The Joint Commissioning Consortium (JCC) will be the formal group through which the ICBs will make collective decisions, and the Terms of Reference for the Consortium form part of the report. The delegation of specialised services cannot go ahead on 1 April 2024 unless the Delegation agreement and Collaboration Agreement have been signed off by all parties. The Specialised Commissioning Team, currently employed by NHSE, will effectively work on behalf of the six ICBs to continue the work they have been doing. BLMK is the host ICB and is recruiting a Managing Director for Specialised Commissioning to oversee the services across the East of England. One of their first tasks will be to develop a prioritised programme for JCC approval and the associated transformation programmes. The Public Health Consultant and the Medical Director will continue to work on Specialised Commissioning, and there are no proposals at present to transfer this function. A memorandum of understanding may be developed for these functions. A financial risk share approach has been agreed by the ICBs and 0.5% of the funding allocation will be set aside for transformation projects. The Board: - **agreed** that the ICB will be bound by decisions taken collectively with the other ICBs in the East of England in line with the Collaboration Agreement relating to delegated specialised services; - **approved** the delegation of 59 specialised services from 1 April 2024 and **authorised** the Chief Executive of the ICB to agree any changes and sign the Delegation Agreement between the ICB and NHS England accordingly; - **approved** the Collaboration Agreement between the ICBs in the East of England and NHS England to manage the commissioning of the specialised services in a joint endeavour; - **noted** the governance arrangements and the Terms of Reference of the Joint Commissioning Consortium; - **noted** the appointment of a Managing Director for Specialised Commissioning, who will be hosted by BLMK; and - **noted** the allocation of funds in respect of Specialised Commissioning.	

	GS left the meeting.	
15.	**Strategic Approach to the Provision of Non-emergency Patient Transport** *Presented by Kathryn Moody, Deputy Chief Operating Officer* The Board has made a commitment to work more collaboratively with the VSCE and a market management strategy has been produced to enable the ICB to work more closely with VCSEs in relation to the provision of services. Non-emergency patient transport is an area of significant pressure for the ICB and community providers, with135,000 patient journeys utilising patient transport each year. With increased demand and cost, it is hoped that working with the VCSEs and providers to develop a consistent patient transport service that is more meaningful for users and stakeholders. Discussions with the VCSE are in the early stages and there will need to be a high level of stakeholder engagement. *Key Points from Discussion:* SM welcomed the approach to working more collaboratively with the VCSE and stated that meetings with transport providers had provided valuable insight on the service model. - The social enterprise element is integral, particularly where organisations have established links with the health and wellbeing agenda. Part of the work is a stocktake of what is options are available; - Discussions have already taken place with some Local Authority leads where transport may be available, but equally local authorities have issues in relation to children's SEND transport where the service could be improved; - ICB Executives have supported the direction of travel, which the Board is also asked to support. A business case for the procurement will be brought to the Board at a later date for review and approval; - The unpredictable journeys, such as discharge of patients and outpatient appointments, where exact time, or sometimes date, cannot be finalised some time in advance, are particularly difficult to manage; - The complexity of this type of contract cannot be underestimated and subject matter experts (SMEs) need to be involved in the discussions; - Cross border work is required as 20% of L&D patients live in Hertfordshire; - It may be preferable to separate and look for different solutions to the variety of transport needs; - It was suggested to use insights from the Luton cancer patients' trial, which has been complex, to help inform the service model; and - In mental health, transport is one of the major drivers of 12-hour breaches so the initiatives are welcomed, however caution needs to be applied in particular when managing transport for or changing services provided for mental health patients. Discussions continue with current providers and the VCSE organisations to ensure that the service provides appropriate resources to meet the need. It is proposed to return to the Board in autumn with an update. New contracts are required to be in place for 1 April 2026. **Action**: An update on Non-Emergency Patient Transport to be brought to the Board in September – KM/KA. The Board **noted** that the ICB has begun working with stakeholders to develop a non-emergency patient transport model which includes the VCSE, to enable the provision of a more appropriate and socially valuable service. *BS left the meeting.*	**Action 74 – KM/ KA**
	SYSTEM ASSURANCE	

16.	**Delivering Integrated Primary Care in BLMK – Assurance Report – NHSE Delivery Plan for Recovering Access to Primary Care** *Presented by Nicky Poulain, Chief Primary Care Officer* The first year's progress of the two-year national plan was summarised into four main areas: 1. There has been good progress in empowering patients to self-care, through ongoing work with Healthwatch, Patient Participation Groups (PPGs) and residents, with an expansion of services offered by community pharmacies. The Pharmacy First initiative, which launched at the end of January, has been a success with all BLMK pharmacies participating. There has been increased use of digital solutions, with use of the NHS app being encouraged, particularly for long term conditions; 2. Practices are being supported as they transition to a Modern General Practice Access Model (or total triage). Patients will know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment or online message; 3. Over 60% of BLMK's GP practices have agreed to participate in staff development, with a particular focus on "care navigators"; and 4. The national team are increasingly interested in reducing bureaucracy and combatting racism. There is collaborative work with the acute hospitals, community and mental health providers to find better ways to work and reduce silo working. Although the national team's focus is on the recovery of primary medical care, by working collaboratively with all providers, including pharmacy, optometry and dentistry, the system is looking at the entire system. It was also noted that there is also a dental access programme. *Key Points from the Discussion:* - All practices within BLMK have the ability to use the NHS App to order repeat prescriptions and to make certain appointments, mainly with Practice Nurses, although many residents choose not to use the digital option; - It is an ambition to eradicate the 8am telephone call rush for appointments and there is good progress. This does bring a challenge as, while trying to provide appointments for all requests within 1-2 weeks, this can negatively impact on patients who need continuing care; - There is a lack of space in general practices and this has not been taken into account as part of the national recovery plan, although it is trying to be addressed at a local level. - On a busy day, BLMK practices manage 29,000 appointments in primary medical practice, almost 50% of which are with GPs and 80% are face-to face; - It would be helpful to see the impact on patients at Priory Gardens Surgery where they have reverted to GP walk in clinics; - Healthwatch continues to capture feedback from residents – which will help to inform the impact of actions to improve access. As a system, partners need to work together to strategically communicate with patients, particularly in relation to primary care services; - Feedback on the 111 service has been excellent, with the only negative being wait times; and - Alison Borrett, Chair of Q&P Committee, asked the Board to note that primary care statistics are taken to Q&P for assurance and will be a standard item on the Primary Care Commissioning & Assurance Committee	

	Action: NP to include statistics for patients using or not using the NHS App in future reports. **Action**: NP to share data in relation to walk in clinics at Priory Gardens Surgery. The Board **noted** the progress in delivering the NHSE 2-year 'Delivery Plan for Recovering Access to Primary Care'.	**Action 75 - NP** **Action 76 - NP**
17.	**BLMK Quality and Performance Committee** *Presented by Shirley Pointer, Non-Executive Member & Chair, Quality & Performance Committee, and Sarah Stanley, Chief Nurse* ***Quality & Performance Committee (Q&P), Chair's Update – Shirley Pointer*** - The data pack from Q&P continues to improve and looks to provide system assurance on quality items, rather than duplicating the work of partner organisations; - The Committee would like more data from local authority partners; - There are pockets of great performance in the very difficult current environment; - The system is very much under pressure, which is creating risks; - Risks are driving items for discussion on the Q&P committee; and - Dynamic Risk Assessment enables the ICB to look at the intersectional nature of risk when looking to tackle issues across the system, which is a very positive way forward. ***Quality & Performance Report – Sarah Stanley*** - The objective is to bring all elements of learning from harm into one place, to include safety, including Looked After Children and safeguarding and this is being reviewed at the System Quality Group (SQG) which reports to the Q&P Committee. Membership continues to increase for the SQG including hospices and care homes; - There is a national issue regarding the management of health care tasks e.g. tracheotomy tubes and percutaneous endoscopy tubes for feeding, by carers (family, carers, hospice staff) and non qualified nursing staff. Increasing numbers of residents could benefit from this, being able to remain in the community rather than returning to an acute hospital, but there needs to be the right process for the carer to be able to contact a trained physician when needed. The ICB is working with the CQC to manage this; - In relation to possible decommissioning, another ICB has developed an ethical framework which is being used so the ICB can clinically assess any impact, alongside quality and equality impact assessments. There will be testing during second week in April and a clinical advisory group will work through some of those programmes, the first being mental health, where the ICB will work together with ELFT and CNWL; and - While there remains system pressure, both acute trusts have consistently performed well in relation to the 4-hour A&E wait standards over the last year. NHSE has published a capital incentive for performance linked to the standard, which recognises improved performance in March, although it appears that the system would not qualify due to the fact that it has had good performance throughout the year. **Action:** MW/SSt – Q&P reports to include services provided by VCSEs. The Board **noted** the update from the Chair of Quality & Performance Committee and the Quality & Performance.	**Action 77 - MW/SSt**
18.	**Finance & Investment Committee** *Presented by Dean Westcott, Chief Finance Officer and Manjeet Gill, Non Executive Member and Chair, Finance & Investment Committee*	

	Finance & Investment Committee (F&I), Chair's Update – Manjeet Gill - A strategic finance workshop was held to look at the longer term high level challenges with the key focus on productivity and investing in some of the transformation programmes; and - Estates capital continues to be a challenge and there needs to be system-wide collaborating working outside the NHS budget. ***Income & Expenditure*** - The system (ICS) reported a £11.6m deficit at the end of month 10 which is on trajectory with the plan to break even; - In month 10 finance report, the full deficit was forecast to be £7.6m which was due to, at the time of writing the report, having had the cost impact of industrial action as there had been no confirmation from NHSE that funding would be received to mitigate this. At month 11, funding has now been received to counteract industrial action costs, and the ICS is now forecast to break even this year. ***Risks*** - there will be no further industrial action before the year end, although there are particular issues at BHFT; - ICB redundancy risks are now covered within the forecast; - Activity pressures and their impact on elective income remain; - There is still some volatility in relation to prescribing costs; and - There are some unforeseen events, such as the two theatres being down in BHT, but repairs will be undertaken quickly. Details of local authority positions are included in the report, which demonstrate the challenging environment, with all being reliant on the use of contingencies and reserves to ensure a balanced position this year. ***Capital*** The system continues to face pressures and the CFO is in discussion with regional and national colleagues to try to secure additional funding for the current year. The Board **noted** the update from the Finance and Investment Committee Chair and the Finance Report.	
19.	**System Risks and Board Assurance Framework (BAF)** *Presented by Vineeta Manchanda, Non-Executive Member and Chair, Audit Risk & Assurance Committee (ARAC) and Maria Wogan, Chief of Strategy & Assurance* The system risk appetite matrix and statement, which has been developed through discussions at CEO Group and the Audit & Risk Assurance Committee (ARAC), attended by Audit Trust Chairs, is presented for the Board's approval. It is intended that this will help to guide decision making, transformation schemes and business cases. The matrix also enables a greater understanding of each partner's different risk tolerances, which will aid partnership working. The risk profile demonstrates a system under pressure and the challenging strategic risks that we are working within, to try to deliver our transformation programme. The dynamic risk assessments will help the Board to look at the impact of risks on different parts of the system. Following the critical incidents in both BHFT and MK, it has been decided that urgent and emergency care will be the first area for dynamic risk assessment. It is hoped that those workshops will be completed in time for a BLMK ARAC discussion in April. Other potential areas for assessment include estates, patients waiting a long time for elective care, cyber security and digital and financial sustainability for VCSEs.	

	The list of new risks will be discussed further at the ARAC meeting in April. MWi suggested that there should be a risk on preventative specialised commissioning and OK suggested that primary care estate should be a system risk. **Action**: MW to include the two new additional system risks. **Action**: MW to consider how to include some level of demand complexity in the BAF. The Board: - **approved** the System Risk Appetite Matrix and Statement; and - **noted** the Board Assurance Framework report.	**Action 78 & 79 – MW**
	ICB Organisational Decisions, Governance and Assurance	
20.	**Corporate Governance Update and Report from Committees, including Emergency, Preparedness, Resilience & Response (EPRR) Report against Core Standards** *Presented by Maria Wogan, Chief of Strategy & Assurance* The report provides updates from Chairs for the following committees: - Audit & Risk Assurance Committee – Chair: Vineeta Manchanda - Bedfordshire Care Alliance – Chair: Shirley Pointer - Primary Care Commissioning & Assurance Committee – Chair: Alison Borrett - Working with People and Communities Committee – Chair: Lorraine Mattis The Board: - **noted** the Chairs' updates from committees of the Board, as above; - **noted** the extension of Shirley Pointer's and Alison Borrett's appointment by three years to 31 March 2027, with an option to extend for a further year; - **approved** the appointment of Alison Borrett as the Senior Independent Director until 1 April 2026; - **approved** the BLMK Provider Selection Regime Review Group Terms of Reference and for these to be included in the Governance Handbook; - **approved** the revised Primary Care Commissioning and Assurance Committee (PCCAC) Terms of Reference and the delegation of responsibility from PCCAC to the Primary Care (PC) Delivery Group, and **approved** the PC Delivery Group Terms of Reference; - **received** and **noted** the EPRR annual report 23/24 which was reported to the ARAC and received assurance at its meeting on 19 January 2024; - **noted** the EPRR substantially compliant rating received for the system; and - **approved** changes to the Governance Handbook to reflect the delegation of specialised services and job titles.	
	Closing Items	
21.	**Communication from the Meeting** Communications from the meeting will be written up and shared with partners. **Action**: MSu - Communications from the meeting to be shared with partners.	**Action 80 - MSu**
22.	**Meeting Evaluation** This item was not covered due to lack of time.	

23.	**Any Other Business** The Chair thanked Laura Church (in absence) and her team for their kind hospitality. ***Resolution to exclude members of the press and public*** *The Board of the Integrated Care Board resolved 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.* *The meeting finished at 13.14.*	

Next meeting
Date: Friday 22 March 2024
Time: 09.00 – 13.00
Venue: Bedford Borough Council Chamber

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Dr Rima Makarem	Chair	14/5/24 by email

APPENDIX A
BLMK Board 22.3.24

Question:
"Why are the outstanding 4 X Health Hubs for this region not a regularly reviewed item on the Integrated Care Board Agenda Master Action Tracker to report progress ?"

From a member of the public – David Messum.

Answer (responded at 22.3.24 Board in Public):
Response from BLMK ICB (Dean Westcott, Chief Finance Officer)

"Thank you for this question – we fully acknowledge the significant public interest in our estates plans. BLMK is growing more than twice as quickly as the national average, and we are working hard as are partners to increase capacity and meet rising demand in a way that is affordable and sustainable. The action tracker published alongside the Board Papers reports only on those actions agreed at ICB Board meetings – it is therefore by no means an exhaustive list of all the areas of work across the system.

Our estates strategy is informed by detailed considerations about health and service need, including how we can best respond to the significant housing and population growth in this area. Some of the key developments which are influencing our estates plans are:

- Digital Advances – as a result of the digital transformations that took place during Covid, we are using different tools to enable teams to work in a much more integrated way – even when they aren't based together in the same building. Digital developments, such as remote consultations, have also given patients more options around how they can access care and advice from health professionals.

- Primary Care Networks – the establishment and consolidation of Primary Care Networks over the last few years has enabled the development of comprehensive multi-disciplinary teams. We have a far greater range of services and more appointments being delivered in primary care now than a few years ago, across a range of settings, and these services are organised across GP practices in their Networks. We're pleased to be investing an additional £1.95m a year to grow our primary care estate.

- The publication of the national Fuller Report in 2022 provided best practice recommendations for achieving integrated care at neighbourhood level, and we have drawn upon this to further develop our local partnership programme for improving integrated care for local people.

- Considerations of affordability in terms of both revenue and capital funding are of course central, and it is important that we are guided by what is affordable and sustainable.

We are in the process of updating our BLMK Infrastructure Strategy, and this is due for completion by September this year when it will come before the ICB Board."

APPENDIX B
BLMK Board 22.3.2024

Three Questions received from member of the public:
Dr Diane Johnson PhD MSc BSc (Hons FGS FRMS***Answers (responded at 22.3.24 Board in Public):***

Responses from BLMK ICB (Dr Sarah Whiteman, Chief Medical Director)

“Where the NHS constitution for England makes clear that the patient has "the right to make choices about the services commissioned by NHS bodies and to information to support these choices”. More specifically "decide which provider you would like to receive care from as an outpatient and choose the clinical team who will be in charge of your care within that provider organisation". Sadly, currently patients in Milton Keynes are being told that they have to be referred by primary care to the commissioned "Ravenscroft" for muscularskeletal issues with **no other choice being offered** on how to access specialist muscularskeletal care.

Q1. What provision does BLMK-ICB make for ensuring muscularskeletal patients in Milton Keynes receive their legal right to choice at the point of their referral for specialist care as defined by the NHS Constitution for England and how is this being communicated to both patients and GP's?”

Response:
“There are a number of conditions, pathways and providers that support patients in Milton Keynes with Musculoskeletal problems, but the right to choice of provider is not applicable to all services.
Part 8 of the NHS Standing Rules places obligations on commissioners in relation to patient choice, including enabling the legal rights to choice of provider and team. The rights apply when:

1. the patient has an elective referral for a first outpatient appointment (new episode of care)
2. the patient is referred by a GP, optometrist or dentist into secondary care
3. the referral is clinically appropriate as determined by the referrer
4. the service and team are led by a consultant or a mental healthcare professional
5. the provider has a commissioning contract with any ICB or NHS England for the required service.

Therefore, the legal right to choose does not apply to community services (in this instance MSK) as they are not consultant led services. If the community service recommended a referral to consultant-led services in secondary care, a choice of provider will be offered in line with the criteria set out above.”

“Q2. What process exists for patients in Milton Keynes to receive specialist muscularskeletal care if they don't consent to treated by Ravenscroft/a non-NHS commissioned service provider and how is this being communicated?”

Response:
“Patients have the legal right to choose whether to access services or not, regardless of whether it is consultant led or not. If a patient with capacity chooses not to be referred to the community MSK service as part of their initial consultation, this must be noted and the implications to their health care condition discussed. Ultimately, if the patient still decides not to be referred, that is their right but the choice is informed. “

“Q3. What plans do BLMK-ICB have to obtain and assess patient feedback to ensure the current and futures proposed new muscularskeletal service providers for Milton Keynes will not just become barriers to care but are actual real useful effective service providers?”

Response
“During the last two years, the ICB has listened to feedback from residents to help inform what services should look like in the future. Residents have told us that sometimes they find services difficult to navigate and we have placed a lot of emphasis on improving this. We are working in partnership with the four Healthwatch’s in BLMK to further refine the model and also to hear views from seldom heard groups. The outcome will enable the system to conclude the work on the future model of Musculoskeletal care before we move forward and seek new provider arrangements during 2025/26.”

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 26 April 2024
Time: 14.05 – 14:15
Venue: Conference Room, Academic Centre, Milton Keynes University Hospital, Standing Way, Milton Keynes MK6 5LD

Minutes of the Board of the Integrated Care Board (ICB)
In PUBLIC

Members:		
Dr Rima Makarem (Chair)	Chair	RM
Alison Borrett	Non-Executive Member	ABo
Laura Church	Partner Member, Local Authorities	LC
Dr Sanhita Chakrabarti	Deputy Chief Medical Officer	SCh
Felicity Cox	Chief Executive Officer (CEO)	FC
Vineeta Manchanda	Non-Executive Member	VM
Shirley Pointer	Non-Executive Member	SPo
Robin Porter	Partner Member, Local Authorities	RP
Mahesh Shah	Partner Member, Primary Services	MS
Sarah Stanley	Chief Nursing Officer (CNO)	SSt
Dean Westcott	Chief Finance Officer (CFO)	DW
Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Sally Cartwright	Director of Public Health, Luton	SC
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Martha Roberts	Chief People Officer	MR
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Maria Wogan	Chief of Strategy & Assurance	MWo
In attendance:		
Ros Clarke	Member of MSK Procurement Programme Board AGEM Procurement	RC
Tara Dear	Member of MSK Procurement Programme Board	TD
Michelle Evans-Riches	Head of Governance	MER
Gamma Prasad	Member of MSK Procurement Programme Board AGEM Procurement	GP
Laura MacSweeney	Corporate Governance Officer	LMS
Duncan McConville	Member of MSK Procurement Programme Board	DMcC
Kathryn Moody	Member of MSK Procurement Programme Board	KM
Dr Linus Onah	Member of MSK Procurement Programme Board	LO
Sian Pither	Member of MSK Procurement Programme Board	SPi

There were no members of the public in attendance.

Apologies:		
Michael Bracey	Partner Member, Local Authorities	MB
David Carter	Chief Executive, Bedfordshire Hospitals NHS Foundation Trust	DC
Marcel Coiffait	Partner Member, Local Authorities	MC
Manjeet Gill	Non-Executive Member	MG
Ross Graves	Chief Strategy and Digital Officer, Central & Northwest London NHS Foundation Trust	RG
Joe Harrison	Chief Executive, Milton Keynes University Hospital NHS Foundation Trust	JH
Dr Omotayo Kufeji	General Practitioner	OK
Lorraine Mattis	Associate Non-Executive Member	LM
Nicky Poulain	Chief Primary Care Officer	NP
Dr Ian Reckless	Chief Medical Officer, Milton Keynes University Hospital NHS Foundation Trust	IR
Lorraine Sunduza *(invited attendee)*	Acting Chief Executive Officer, East London Foundation Trust	LS
Dr Sahadev Swain	General Practitioner	SSw
Cllr Martin Towler (*participant)*	Co-Chair, Health & Care Partnership	MTo
Matthew Winn *(invited attendee)*	CEO, Cambridgeshire Community Services (CCS)	MWi
Dr Sarah Whiteman	Chief Medical Director	SW

No.	Agenda Item	Action
1.	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Register of Interests was up to date in respect of their declarations. **No changes** were identified. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made. d) **Disclosure of Interests** It was noted that the following members had declared a conflict of interest due to their substantive roles in partner organisations, and were therefore not present at the meeting: • David Carter, Chief Executive, Bedfordshire Hospitals NHS Foundation Trust • Ross Graves, Chief Strategy and Digital Officer, Central & Northwest London NHS Foundation Trust • Joe Harrison, Chief Executive, Milton Keynes University Hospital NHS Foundation Trust	

	• Dr Omotayo Kufeji, General Practitioner • Dr Ian Reckless, Chief Medical Officer, Milton Keynes University Hospital NHS Foundation Trust • Dr Sahadev Swain, General Practitioner *e)* Remaining members were asked to declare any conflicts of interest in relation to the item on today's agenda relating to musculoskeletal services. There were no further declarations.	
2.	**Resolution to exclude members of the press and public** The Board of the Integrated Care Board resolved 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 regarding the musculoskeletal (MSK) service procurement, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960. The meeting finished at 14:15	

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Dr Rima Makarem	Chair	5/6/24 by email

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 26 June 2024
Time: 09.00 – 09.05
Venue: MS Teams

Minutes of the Board of the Integrated Care Board (ICB)
In PUBLIC

Members:		
Dr Rima Makarem (Chair)	Chair	RM
Alison Borrett	Non-Executive Member	ABo
Michael Bracey	Partner Member, Local Authorities	MB
Laura Church	Partner Member, Local Authorities	LC
Manjeet Gill	Non-Executive Member	MG
Joe Harrison	Chief Executive, Milton Keynes University Hospital NHS Foundation Trust	JH
Vineeta Manchanda	Non-Executive Member	VM
Shirley Pointer	Non-Executive Member	SP
Robin Porter	Partner Member, Local Authorities	RP
Dr Ian Reckless	Chief Medical Officer, Milton Keynes University Hospital NHS Foundation Trust	IR
Mahesh Shah	Partner Member, Primary Services	MS
Sarah Stanley	Chief Nursing Officer (CNO)	SSt
Dr Sahadev Swain	General Practitioner	SSw
Dean Westcott	Chief Finance Officer (CFO)	DW
Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Sally Cartwright	Director of Public Health, Luton	SC
Nicky Poulain	Chief Primary Care Officer	NP
Martha Roberts	Chief People Officer	MR
Matthew Winn *(invited attendee)*	CEO, Cambridgeshire Community Services (CCS)	MWi
Maria Wogan	Chief of Strategy & Assurance	MWo
In attendance:		
Kim Atkin	Corporate Governance Officer	KA
Michelle Evans-Riches	Head of Governance	MER

There were no members of the public in attendance.

Apologies:		
David Carter - member	Chief Executive, Bedfordshire Hospitals NHS Foundation Trust	DC
Felicity Cox - member	Chief Executive Officer (CEO)	FC
Ross Graves - member	Chief Strategy and Digital Officer, Central & Northwest London NHS Foundation Trust	RG

Apologies:		
Vicky Head - participant	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Lorraine Mattis - participant	Associate Non-Executive Member	LM
Lorraine Sunduza – invited attendee	Chief Executive Officer, East London Foundation NHS Trust	LS
Maxine Taffetani - participant	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MT

No.	Agenda Item	Action
1.	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Register of Interests was up to date in respect of their declarations. **No changes** were identified. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made.	
2.	**Resolution to exclude members of the press and public** The Board of the Integrated Care Board resolved 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 regarding the musculoskeletal (MSK) service procurement, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960. The meeting then led into the Private meeting.	

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Dr Rima Makarem	Chair	8/7/24

Integrated Care Board MASTER Action Tracker as at 18.6.24

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Key

Escalated	**Escalated** - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	**Outstanding** - no actions made to progress OR actions made but not on track to deliver due date - RED
In Progress	**In Progress.** Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due - BLUE
COMPLETE: Propose closure at next meeting (insert	**COMPLETE** - GREEN
CLOSED (dd/mm/yyyy)	Actions to be marked closed and moved to 'Closed Actions" Tab once approved for closure at meeting.

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
44	24/03/2023	Integrated MSK and Pain Services	Local Authority representatives to nominate a representative (public health or social care) by 6 April to work in partnership with the ICB to identify new MSK provider arrangements from 1 April 2024	Tara Dear Michael Bracey Laura Church Marcel Coiffait Robin Porter		01/04/2024	MSK contract has been extended for one year, during which time engagement with Place will take place. The business case went to the extraordinary meeting of F&I Committee 21 March 2024, and it was then approved at the extraordinary meeting of the Board on 16 April 2024.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
64	08/12/2024	Carnall Farrar (CF) Review of the Development of Health and Care Integration in Milton Keynes	MC, LC and RP to consider whether a Carnall Farrar type review would be helpful for their development of place.	Marcel Coiffait/Laura Church/Robin Porter		22/03/2024	24/1/24 - RP (Luton) confirmed that such an exercise would be useful to ensure a clear purpose and delivery. 12/2/24 - LC (Bedford Borough) confirmed that they would also like a similar piece of work to be undertaken. 10/6/24 - ABr has contacted MC to see if there is interest at CBC. Response received from Luton and Bedford Borough - outstanding response from Central Bedfordshire	**In Progress**
69	22/03/2024	Questions from the Public	To upload to public website	Michelle Summers		25/03/2024	Done	**COMPLETE: Propose closure at next meeting (19 July 2024)**
70	22/03/2024	GIANT conference	Suggested agenda items to RM	All		Dec-24	Members to forward any items to RM if they have any suggestions.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
71	22/03/2024	Health Services Strategy	Arrange 2 hour discussion at a future Board Seminar	Maria Wogan		28/06/2024	24/5/24: This has been scheduled for a future board seminar, probably October.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
72	22/03/2024	Health Services Strategy	Liaise with partners to ensure appropriate individuals are included in the system programme team	Sanhita Chakrabarti		?	14/5/24: We have revisited out work on the Health Services Strategy in light of feedback from the Board and others. A new framework for the strategy is being developed and a full range of stakeholders will be engaged over the summer. A timetable is being put in place which will see the strategy come back to the Board in the autumn, with consideration also being given to how best to achieve ICP and provider adoption / ownership.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
73	22/03/2024	Health Services Strategy	To be brought back to the Board in six months' time	Sanhita Chakrabarti		27/09/2024	Added to Annual Cycle of Business for September meeting.	**Not Yet Due**
74	22/03/2024	Non Emergency Patient Transport	To be brought to the Board in September	Kathryn Moody		27/09/2024	Added to Annual Cycle of Business for September meeting.	**Not Yet Due**

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
75	22/03/2024	Primary Care Access	To include statistics for patients using or not using the NHS app in future reports	Nicky Poulain		28/06/2024	This has been completed and the latest performance report includes NHS App data. IT have been asked to find tune the NHS App report to focus on using the NH App for repeat prescribing.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
76	22/03/2024	Primary Care Access	To share data in relation to walk in clinics at Priory Gardens Surgery	Nicky Poulain		28/06/2024	The Sit and Wait Clinic" was launched in October 2023. This clinic allowed patients to check in at 9:30 AM for either urgent or routine symptoms at our front desk. It operates on a first-come, first-served basis, managed by both Doctors and Advanced Clinical/Nurse Practitioners. Initially it was available a few days a week, it now runs five days a week. Patients can expect to be seen within an hour or 2, and on busier days, and no appointment slots are wasted. This clinic complements our existing same-day and pre-booked appointments and is available for patients aged 16 and over, as younger patients have designated minor illness appointments. We offer 30-50 appointments per day depending on the day of the week to match the demands we experience as you can imagine Mondays are busier than say Wednesdays. Current waiting times are: Health Care Assistant: 5 days (outside the blood clinic) Nurse appointment: 2 days Doctor: 5 days (triaged by the doctor initially)	**COMPLETE: Propose closure at next meeting (19 July 2024)**
77	22/03/2024	Q&P Report	To include services provided by VCSEs	Maria Wogan / Sarah Stanley		27/09/2024	24/5/24: These will be included from September.	**Not Yet Due**
78	22/03/2024	System Risks	To include two new additional system risks	Maria Wogan			24/5/24: Please see BAF register.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
79	22/03/2024	System Risks	To consider how to include some level of demand complexity in the BAF	Maria Wogan			24/5/24: This is being addressed through Key Risk Indicator Development, see BAF paper.	**COMPLETE: Propose closure at next meeting (19 July 2024)**
80	22/03/2024	Communication from Meeting	To be shared with partners	Michelle Summers		29/03/2024		**COMPLETE: Propose closure at next meeting (19 July 2024)**
81	26/04/2024	Finance & Investment Committee	Terms of Reference to be reviewed to include greater representation of Non-Executive Members , balanced with voting Executive members.	Manjeet Gill / Vineeta Manchanda / Michelle Evans Riches		28/06/2024	The Finance & Investment Committee Terms of Reference have been reviewed and were reported to the Committee on 24 May where it recommended to the Board a revision to the Terms of Reference for approval. This is included in the Governance Report for the 19 July Board meeting.	**COMPLETE: Propose closure at next meeting (19 July 2024)**

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	10085	ICS Infrastructure	To approve an ICS Infrastructure Strategy.	Board of the ICB	BLMK	19 Jul 2024	Chief Finance Officer	Nikki Barnes, Head of ICB Estates
FUTURE	10091	Working with People and Communities Strategy	Review and refresh the Working with People and Communities Strategy	Board of the ICB	BLMK	19 Jul 2024	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement
FUTURE	10099	s75 Agreements	Approval of 2024/25 Section 75s (non BCF)	Board of the ICB	BLMK	19 Jul 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10113	Place delegation framework	Agree a framework to delegate resources and responsibility to Place	Board of the ICB	BLMK	19 Jul 2024	Chief of Strategy & Assurance	Maria Wogan, COSAC
FUTURE	10115	ICB Staff Survey Results	Report staff survey results and action plan	Board of the ICB	BLMK	19 Jul 2024	Chief People Officer	Martha Roberts
FUTURE	10098	Health Services Strategy	Approval of Health Services Strategy	Board of the ICB	BLMK	27 Sep 2024	Chief Medical Director	Ian Reckless Chief Medical Director
FUTURE	10079	Strategic Data Platform	To agree the approach to procuring a hosted ICS wide strategic data platform	Board of the ICB	BLMK	27 Sep 2024	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer
FUTURE	10080	Business Intelligence Strategy	To approve the ICB Business Intelligence Strategy.	Board of the ICB	BLMK	27 Sep 2024	Chief of Strategy & Assurance	Kathryn Moody, Director of Contracting

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	10092	Environmental Sustainability	ICS Climate Change Adaptation plan	Board of the ICB	BLMK	27 Sep 2024	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10122	Hybrid closed link system	Approve Hybrid Closed Link System - diabetes	Board of the ICB	BLMK	27 Sep 2024	Chief Primary Care Officer	Amanda Flower
FUTURE	10102	s75 Agreements	Approval of 2024/25 Section 75s (BCF)	Board of the ICB	BLMK	13 Dec 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10095	Environmental Sustainability	Revised Green plan	Board of the ICB	BLMK	Q1 2025/26	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10105	Clinical Policy Development/ Process	Agree a Clinical Policy Development process	Board of the ICB	BLMK	TBC	Chief Medical Director	Ian Reckless Chief Medical Director
FUTURE	10112	Delegation of Public Health 7a services from NHSE	Transfer/delegation of Public Health Section 7a services commencing with the delegated responsibility for the national childhood vaccinations and immunisation programme, flu, covid and shingles	Board of the ICB	BLMK	TBC	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
FUTURE	10114	Primary Care Access Plan	Primary Care Access Plan assurance	Board of the ICB	BLMK	TBC	Chief Primary Care Officer	Nicky Poulain

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Executive Lead: Anne Brierley, Chief Operating Officer and Sarah Stanley, Chief Nursing Director

Report Author: Sarah Breton Associate Director, Children and Maternity

Report to the: Board of the Integrated Care Board in Public

Item: 4 – Strategic Priorities – Start Well

Reason for report to the Board:
(a) power to approve is reserved to the Board
(b) NHSE requirement to report to Board

1.0 Executive Summary

1.1 The paper reports on work programmes in BLMK that focus on ensuring that children and young people have a good start in life. All these programmes fall under the ICS' Start Well strategic priority, as set out in our Health and Care Strategy (2023). This paper:

- updates members on the work of the BLMK Children's Transformation Board
- highlights the main risks and opportunities facing children's services now and over the next 3-5 years;
- reports back on the progress since the Board Seminar Workshop in November 2023, the work system partners are doing now to transform children's services and the plans for development of cross-system Strategic Outcomes Measures;
- acknowledges that some children wait too long for assessment and diagnostic services, and that numbers waiting in some specialities are increasing at a faster pace than children are being seen for first appointments;
- sets out work underway to transform community paediatric services with non-consultant pathways and early intervention teams focused on educational settings;
- highlights the national challenge of 'fragile' specialist services, in particular paediatric audiology services, where our system must work ever more closely together to deliver a sustainable service;
- notes the recent Milton Keynes Local Area Partnership inspection of Special Educational Needs and Disability (SEND) by Ofsted and the Care Quality Commission (CQC) and the challenge that long waits for services create for children with SEND and the risk to the ICB statutory functions, especially given the inspections expected over the next two years in the other three local authority areas;
- reports on continuing work to improve children and young people's mental health with a refreshed Local Transformation Plan, and the creation of the BLMK Mental Health, Learning Disability and Autism Collaborative.

2.1 Recommendations

2.1 Members are asked to:
(a) **note** the plans in place, progress against these plans and the challenges and risks in relation to achieving our 'Start Well' strategic priority; and,
(b) **identify** any further opportunities for system or place working to strengthen our plans for ensuring every child in BLMK has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.

3.0 Key Implications

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

3.1 The report acknowledges that given challenges in workforce and resourcing matched with increasing demand the primary way to have measurable impact on services is through whole system transformation.

3.2 The data continues to show significant inequalities for children and young people in BLMK especially Luton and Bedford, with inequalities from pregnancy through to adulthood.

3.3 Co-production with system partners, parents and carers, children and young people underpins many of the existing work programmes and will be key to new work priorities. For example, in Milton Keynes the parent care forum (PACA) is co-producing the Bletchley Early Help pilot and in Luton the parent carer forum (EPIC) is co-delivering training to the new early concerns teams. There are local children's groups/boards in each local authority area alongside co-produced plans and strategies (Annex 2).

4.0 Report

Background

4.1 With more than 250,000 children and young people aged 18 and under and nearly 12,000 live births per year in BLMK the ICS Strategy for improving health outcomes and reducing inequalities has a key role to play in ensuring all children and young people have a strong start in life from pregnancy through the first 1001 days and into adulthood. The "Start Well" priority encapsulates this ambition.

Over the past two and a half years the BLMK Children's Transformation Board has led the priority work programmes to deliver the Start Well ambition (**see Annex 1**). The Board is multi-agency and is chaired by the ICB Chief Nursing Officer as Senior Responsible Officer. The Board has prioritised five areas for action and aims to deliver improvement across BLMK and to integrate with the Local Authority and Place Based children's plans (listed in **Annex 2**). The priorities are based on evidence from local Joint Strategic Needs Assessments (JSNAs), regulatory inspection outcomes, the voices of children and young people, parents and carers and the experience of a wide range of Integrated Care System partners in terms of what will make a real difference.

The five priorities are:

- Improving preparation for adulthood
- Managing long-term conditions with a focus on inequalities
- Developing an integrated and personalised approach to the needs of children with complexity
- Improving access to mental health support
- Early support for neurodiverse children so that they can thrive at home, school and in their community.

There is also clear evidence that post-pandemic too many young children are not meeting their developmental milestones and are less ready to start at - and thrive in - the early years of school. A BLMK seminar was held on 24 November 2023 and the progress from that seminar is reported in this paper.

4.2 **Inequalities and Core20Plus5**

The BLMK Children's Population Health dashboard (**Annex 3**) provides a selection of indicators which give a snapshot of the area, using publicly available datasets, benchmarked against England and with a focus on identifying inequalities. The indicators were selected with service leads, based on their impact on health, relevance to healthcare demand, link to health inequalities, performance concerns, and data quality and reliability, covering all early life stages. Health outcomes are often correlated with deprivation and many of the health indicators presented in Annex 3 reflects this pattern.

For example, Bedford saw a higher than national average stillbirth rate in 2020-22 and a worsening picture. In Luton, the rates of neonatal mortality (deaths <28 days after birth) and infant mortality (deaths <12 months after birth) in 2020-22 were significantly higher than England averages. Compared to England, Luton has low rates for all childhood vaccinations with rates for one dose of HPV vaccination being especially low; (37.7%) compared to England (71.3%). Milton Keynes also has low rates for HPV (60.7%). The BLMK Immunisation and Vaccination Board maintains oversight of targeted action to address low uptake rates. Obesity is a major reversible risk factor for a range of diseases and associated healthcare costs. Luton has seen higher than average obesity levels at reception year in all years since 2010/11 for year six children. Even in Central Bedfordshire the proportion of children with obesity in BLMK nearly triples from starting primary school in reception (6.2%) to finishing it in Year 6 (18.0%). Public Health Teams have developed Obesity action plans to address prevention and early intervention.

Prevalence of asthma and in particular asthma admissions is strongly correlated to deprivation and both Luton and Bedford have higher than average admissions especially for older children. The national priority has been to roll out the new Asthma Care Bundle to ensure consistent evidence-based approach to the management of asthma. This has been led through the BLMK Children's Transformation Board and over the past two years there has been a new support package to General Practice (including spirometry and FeNO equipment), implementation of a standardized clinical pathway, new approaches to annual asthma reviews and focused community engagement and asthma friendly schools work in Luton. It is difficult to measure direct impact of this work over short timeframes but school engagement in the programmes is excellent with more schools coming on board.

Agreeing Strategy Outcome Measures
Outcome measures have been agreed as part of local plans where appropriate, and we are keen to see Strategic Outcome measures set at system level to focus cross-BLMK activities and better allow us to assess the progress we are making together. As such, BLMK system-wide strategic outcomes will be agreed with the Children's Transformation Board in September 2024. These will take inspiration from local outcome measures in the four Places, the expert advice of the Institute for Healthcare Improvement on effective measurement in healthcare, the key performance metrics (e.g. number of children and young people who are able to access mental health support when they need it), latest data from the Population Health Intelligence Unit in determining what is both stretching and achievable, and the ONS Health Index Measures relevant in this space. These include Early Years Development, Pupil Absences, Pupil Attainment, Teenage Pregnancy & Young People in Education, Employment and Apprenticeships. It is important that system-wide outcome measures enjoy buy in and support from key partners at Place & System level in order for them to be effective & motivating.

4.3 Children requiring complex care
Key groups of children are more likely to present with complex needs including challenging behaviour, autism and / or mental health concerns. This increasing complexity is often compounded by family breakdown, poor housing and poverty and has the potential to lead to crisis presentations and very poor outcomes through to adulthood. Children struggle with

more than one condition, and many have trauma-based presentations, especially children in the social care systems. For these children the possibility of a crisis is much more likely resulting in specialist placements (often out of Borough) and presentations at A&E departments. This is a whole system challenge faced by health, education and social care and recent work to develop improvement programme driver diagrams in the ICB has identified the following drivers:

- Poor outcomes and experience for children, young people, families and carers.
- Unaligned processes and misunderstanding of responsibilities and specialities.
- Lack of case management and/or personalisation.
- Supplier driven market and lack of 'local' provision.
- Potential lack of efficiency for the agencies involved with gaps in local services emerging.

In Luton Borough Council we are working jointly to look at how Section 75 pooled budget resources can be used to support complex children locally at the London Road facility. In Central Bedfordshire Council teams have been working on fast-track assessments and locality hubs with more opportunities for joint training and learning across education, social care and Child and Adolescent Mental Health Services (CAMHS). Discussions are underway with most councils to understand how we can develop more local provision jointly. The improvement plans for "Complex Care", once agreed will be delivered over the next 3-5 years as a priority for the ICB and partner organisations.

4.4 Some children are waiting too long

The SEND Code of Practice 2014 and the Children and Families Act 2014 sets out what must be delivered. Around 1 in 6 children have SEND or up to five children in every classroom. The Act is clear this is a joint responsibility, and each local area now has a Local Area Partnership that is regulated by a new SEND Inspection Framework through Ofsted and the Care Quality Commission (CQC). The ICB has four Local Area Partnerships and in March 2024, the Milton Keynes Area Partnership was the first in BLMK to be inspected under the new framework. The unannounced visit by Ofsted and the CQC lasted three weeks and the final report published in May 2024 concluded that local arrangements for SEND lead to inconsistent experiences and outcomes. This was the middle of three possible outcomes and requires the Local Area Partnership to publish a detailed Action Plan to address the priority areas for improvement.

The full report can be found at files.ofsted.gov.uk/v1/file/50247473 but the key risk for the ICB (and indeed the key risks coming out of many inspections across the country) is waiting times for children. The report concluded that some children wait too long for services across community and mental health, including for children with Autism and Attention Deficit Hyperactivity Disorder (ADHD).

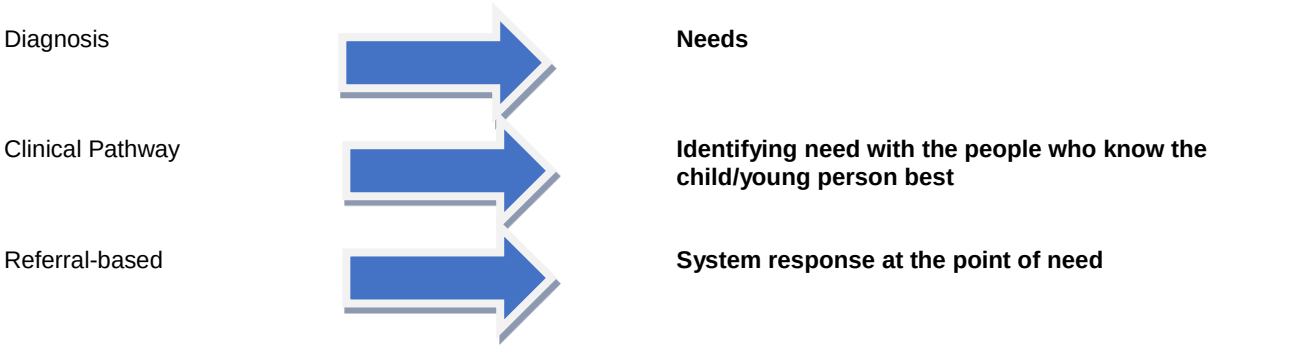
Community Paediatrics
Waiting times in Children's Community Services is a national challenge and BLMK is no different. Many children are waiting too long to see community services for early identification, support and diagnosis. A good example is Community Paediatrics where waiting times often exceed 52 weeks, and the list continues to grow at a faster pace than children are receiving their first appointment. It has been recognised that the only way to deliver a sustainable service that meets needs earlier is through whole service transformation, working proactively with schools.

Whole service transformation for Community Paediatrics started in Cambridgeshire Community Services NHS Trust last year. Following the board workshop in November 2024, the service has been working with all three local authorities in Bedfordshire, to develop 'Early Concern' pilots that are jointly owned between health, schools and the local

authorities, with a needs led approach starting in education settings when additional needs become apparent. The early concerns approach has four key components:

- **Early concerns Tool**, as a first step in identifying neurodiversity. The tool is a visual document that assesses 9 developmental strands of a child or young person. Instead of referral to the clinical pathway, it is completed by trained professionals across the children's system, in co-production with children/young people and their families.
- A **training programme** for professionals across the children's system, to learn to use the early concerns tool.
- A bank **of resources and strategies** for families and settings, shaped to the child/young person's profile. This resource pack is structured against the early concerns tool, to enable easy access to support.
- A **multi-disciplinary neurodiversity team** to provide help, advice, and guidance.

The service transformation drivers are based around three paradigm shifts to support the needs of CYP and families in BLMK. Four pilots are underway across BLMK testing different models as a partnership (Annex 4).



In the meantime, parents report that they want and need support while their child waits for support (and assessment) and this year three of the four PCFs worked with the ICB to localise a resource pack developed in Essex. The new packs "Supporting Your Neurodiverse Child" can be found on each area's SEND Local Offer website. Printed copies are also available on request to PCFs. In Luton, the PCF chose to use the funding to translate the new CCS Early Support webinar aimed at parents into five languages to improve accessibility for many parents.

Paediatric Audiology

Another children's specialty that required significant transformation across BLMK is Paediatric Audiology Services. Impaired hearing in young children will impact on social, emotional and educational development but with more than 3,000 BLMK children currently on community and acute waiting lists, many waiting over 52 weeks, action is required now. In August 2023, NHS England East of England commissioned a desk top peer review of all paediatric hearing services across the region, to identify services that require support or intervention. The review required paediatric audiology services and ICBs across the region to submit evidence to the regional peer review panel. In June 2024, the three BLMK providers received outcome letter that gave an overall quality rating of Good,but it was determined that the fragility of all three services, particularly in relation to senior scientific leadership, determined a moderate risk to patient harm.

Recruitment and retention of qualified audiologists is a national challenge. There are specialist qualification requirements associated with these roles, which have been strengthened following the national review. There is also a national shortage of trained audiologists within the NHS. The United Kingdom Accreditation Service's (UKAS) Improving quality in physiological services (IQIPS) is the only recognised accreditation

standard for physiological science services, inclusive of audiology services. Whilst accreditation is not yet mandated by CQC, they strongly encourage participation in UKAS diagnostic accreditation schemes, including IQIPS. It is likely that IQIPs accreditation will be mandated in the coming months. CQC states that participation and performance in such schemes are evidence of good practice and will be used to inform CQC's judgements about the safety and quality of care. Given the outcome of the East of England review and the national drive towards IQIPS accreditation this Paediatric Hearing Services have been identified as an ICB priority for improvement in 2024/25.

4.5 Enabling children and young people to thrive.

NHS England estimates that 18% of 7–16-year-olds have a probable mental health disorder with this increasing to 26% for 17–19-year-olds. This equates to more than 34,000 young people in BLMK. Each year BLMK ICB publishes a Children and Young People's Mental Health Local Transformation Plan. This year's plan can be found at: https://blmkhealthandcarepartnership.org/publications/plans/

BLMK is currently significantly below the CYP mental health access target of 17,612, with a M12 achievement of 13,440 (- 23.7%). The System is pulling together a recovery plan for July, with regular reporting to the Mental Health Steering Group and formal reporting to the MHLDA Collaborative Committee. The Plan will form the deliverables for the Mental Health Learning Disability and Autism Collaborative for 2024/5. This year's plan prioritises improving access to mental health support.

Children's mental health features strongly in place-based children's plan with local actions for improvement and supported by the wider BLMK work programme. The BLMK work programme will focus on increasing alternatives to admission to keep young people at home rather than being in hospital; building sustainable eating disorder services; continuing to develop the children's mental health workforce and looking at opportunities to strengthen the digital offer of support. Despite significant investment over the past three years and the ongoing roll out of Mental Health Support Teams in schools (including two new teams for Milton Keynes and one new team for Central Bedfordshire in 2025) the work to improve access and outcomes continues at pace.

4.6 Conclusion

This paper outlines the opportunities and some risks in delivering the improvements required and in particular:

- Improving outcomes for children and young people can only be achieved by working together across health, education, social care and the voluntary and community sector. Children's Plans at place, drive local action by partners with clear strategic outcomes often based on wider determinants such as educational attainment, school attendance, access to Education, Employment and Training (EET). Children's service transformation strengthens that joint working and continues to present the greatest opportunity for change.
- The Ofsted/CQC Inspection Framework presents a regulatory risk in terms of children waiting too long and unintended consequences for those children's health and wellbeing. Transformation work underway now will mitigate some of the delays by providing support and intervention earlier than specialist assessment. However, transformation takes time and given current children's community services waiting lists the pressure to improve will continue. There are strong SEND Partnership Boards in each local area managing this and other system risks from the inspection but additional work on existing long waiting lists is needed.
- The review of Paediatric Audiology services and move towards formal IQIPS accreditation requires the ICB to redesign the local pathways in both community and acute services now. Work is underway with support from the Regional Team to

address this to ensure sustainability, but the specialist workforce issues remain a risk.

- There is system work underway to recover the trajectory for the number of children accessing mental health services and a recovery plan to meet the year-end target will be produced but capacity, cost pressures and system efficiency plans present some risk to achieving this.
- Addressing inequalities for children and young people remains a complex and multifactorial challenge but there are areas where many small changes can make improvements and it is only by working as a system at ICS, Place, school and community level that we can deliver sustainable change.
- There is still work to do between the ICB and each local authority to ensure children with complex needs have an integrated approach to meeting those needs, that is safe, robust personalised and cost-effective.

5.0 Next Steps

- Progress report to BLMK Children's Transformation Board September 2024 with further work on BLMK strategic outcomes.
- Worked up programmes for the ICB Transformation priorities (to include waiting times, Complex Care and Paediatric Audiology).
- Children's mental health recovery plan to MHLDA Collaborative committee for monitoring.

Background reading - NONE

Appendix 1 Children's Transformation Board – Governance Structure and Membership
Appendix 2 Local Children and Young People's Plans
(note that this contains embedded documents).
Appendix 3 BLMK Children's Population Health Dashboard
Appendix 4 BLMK Early Concerns Pilots

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

ICB Executives: Maria Wogan (Chief Strategy and Assurance Officer & SRO, Planning)

Report Authors: Dominic Woodward-Lebihan, Deputy Chief of Strategy & Assurance & Matthew Hollex, Head of ICB Programme Management Office

Report to the: Board of the Integrated Care Board in Public

Item: 5 - BLMK Joint Forward Plan and Operational Plan for 2024/25, Our Transformation Priorities and How we Measure Progress

Reason for report to the Board: The BLMK Operational Plan for 2024/25 is a system plan. It supports delivery of our strategic priorities and our Joint Forward Plan. The Board is responsible for setting strategy and for monitoring delivery of our Joint Forward Plan.

1.0 Executive Summary

1.1 On 12 June 2024, BLMK formally submitted its final 2024/25 Operational Plans (Finance, Activity & Workforce) to NHS England. They set out how we will meet national NHS targets set for all ICBs and systems.

1.2 This paper brings together our Joint Forward Plan for delivering our strategic priorities with our operational and transformation plans for 2024/25. It builds on the Board seminar held in January 2024, where we agreed how we would structure our transformation work. In March, the Board agreed a refreshed BLMK Joint Forward Plan. This paper presents:

i) the final Operational Plan submitted to NHS England for 2024/25;
ii) the governance infrastructure established to oversee delivery of our Plans;
iii) our system transformation portfolio including the eleven priorities agreed by the ICB Executive Team (using the IHI's quintuple aim and the ICB's five strategic priorities); and,
iv) how we will monitor and report on the transformation we are delivering in BLMK, through the new "BLMK Data Pyramid" and the "BLMK Portfolio Report".

2.0 Recommendation

2.1 The Board is recommended to:

- **note** the BLMK Operational Plan for 2024/25, as submitted to NHS England on 12 June and the supporting governance arrangements;
- **note** the transformation priorities for 24/25 as agreed by the ICB Executive Team which sit as part of a wider system transformation programme incorporating transformation priorities identified by Places, Collaboratives and Trusts;
- **note** the developing BLMK Portfolio Report as a means of tracking the implementation of transformation work across BLMK; and
- **comment** on the development of the Data Pyramid as a framework for bringing together performance data alongside transformation programme-specific and system-wide outcome measures in BLMK.

3.0 Key Implications

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

3.1 The BLMK Operational Plan includes a Workforce Plan, an update on which is provided at 4.0. Many of the system transformation priorities identified have been allocated specific resource from the ICB's new System Transformation Team. Impacts on health inequalities and the Green Plan will continue to be a core part of transformation, and of any assessment of what services may need to pause or cease in response to financial pressures. The proposals in this paper seek to address the risk on the BAF (0005) about system capacity for transformation by reducing the number of transformation scheme and clarifying the aims and scope of these.

4.0 NHS Operational Plan - what we will deliver in BLMK in 2024/25

BLMK is required to submit an Operational Plan to NHS England on an annual basis. This comprises a Financial Plan, a Workforce Plan, and an Activity and Performance Plan to deliver national NHS targets and constitutional standards. When the Board of the ICB last met in March 2024, it delegated approval of the Plans to the ICB Chief Executive.

BLMK has submitted a **balanced Financial Plan** for 2024/25. This Plan contains significant unmitigated risk, estimated at c£55m in 2024/25. Further detail is set out in the Finance Report. Key risks to delivering our Operational Plan are our UEC pressures and the impact this has on achievement of our elective plans. The ICB and acute trusts are currently working on plans to manage these risks and improve overall productivity in our system. A verbal update on this work will be provided at the Board meeting.

Our **Activity and Performance Plan** describes that we will meet almost all national targets this year. The exceptions to this are in relation to:

- 65 week waits, where our system expects to have 797 patients waiting at September and 181 patients waiting at March 2025; and,
- Six-week diagnostics, where we expect to meet 85% performance by March 2025 (the national target is 95%, our performance at end of 23/24 was 42.4%).

Our Workforce submission sets out an expected 0.1% increase in Acute Trusts' total workforce this year. This comprises a 1.54% increase in substantive workforce, and a 10.56% decrease in Bank & Agency.

On 23 May 2024, BLMK Executives and Acute Trust Chief Executives met NHS England leadership for the annual Operational Planning "Close Down" meeting. At this meeting, NHSE acknowledged the exceptional rate at which BLMK is growing – more than twice the national average. BLMK representatives also had an opportunity to seek some specific support from the regional and national teams, including in relation to prescribing new NICE approved therapeutics, support for a new Community Diagnostic Centre in Luton, and the need for additional capital funding. BLMK's submission of a balanced financial plan has seen the system awarded additional capital bonus of £10.7m in 24/25.

The Board is recommended to note the final BLMK Operational Plan for 2024/25, as submitted to NHS England on 12 June 2024.

5.0 How we will set ourselves up to deliver in BLMK in 2024/25

Delivering the Operational Plan will be very challenging. New governance infrastructure is therefore required to oversee system-wide delivery. Attached at **Annex A** is a diagram setting out the full system governance designed to monitor progress. This includes regular meetings between the ICB Executives and CEOs across the acute, mental health and community sectors.

Because of the level of financial risk within the BLMK Plan, it is likely that our system will need to take difficult decisions about what we can continue to afford to provide. We have already ceased some pilot activities without recurrent funding where evidence of effectiveness has been limited. Such decisions are subject to a thorough quality assurance process to understand the potential impacts. Assessing any potential impacts on the ICB's statutory requirements, including Net Zero, is an important part of this work.

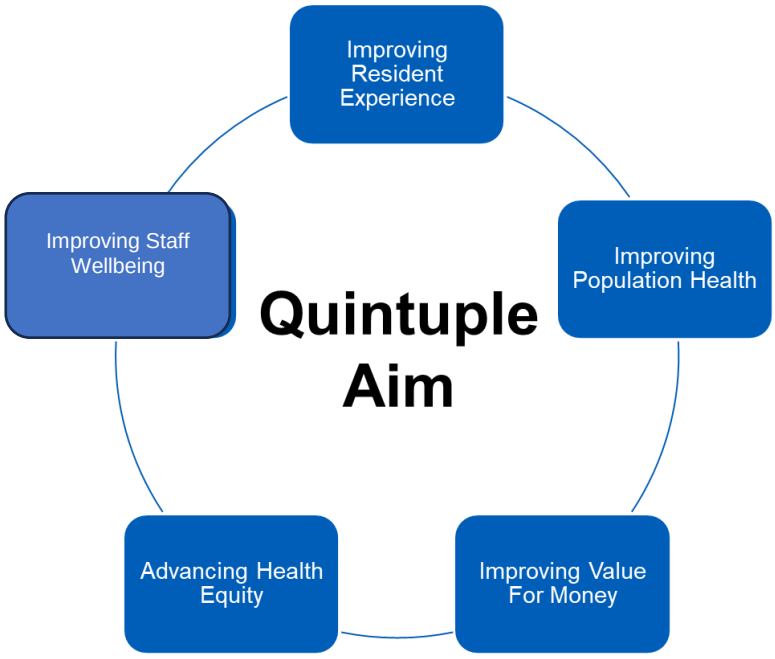
6.0 Our transformation priorities in BLMK in 2024/25

Prior to the conclusion of the 2024/25 operational planning process, we identified 40 transformation schemes in BLMK being led by the ICB. These were presented at the Board Seminar in January 2024. As an ICB we are responding to the feedback we heard here: that we need to prioritise better.

The ICB's Executive Team – using the ICB's Strategic Priorities[1] & the IHI's Quintuple Aim (see below), has been working to reduce this long list to a set of 11 medium-term priorities (over the next 12-24 months) that are essential, deliverable and most deserving of leadership and resource.

The Quintuple Aim

In 2008 the Institute for Health Improvement (IHI) released a study on how improved outcomes could be best achieved within a health system – the Triple Aim. The Triple Aim requires the simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care (Value for Money). The IHI has built on this and established the Quintuple Aim which introduces two new factors, improving staff wellbeing and advancing health equity. See diagram below.



[1] Start Well, Live Well, Age Well, Growth, and Reducing Inequalities as set out in the BLMK Health & Care Strategy 2023

The Quintuple Aim is a key tool in guiding the ICB's prioritisation decisions. The ICB's approach to prioritisation going forward will see new transformation schemes assessed against the ICB's "Life Course" Priorities (Start Well, Live Well, Age Well), our Strategic Priorities (Growth and Reducing Inequalities) and the Quintuple Aim above.

The table below sets out the eleven priority areas of transformation agreed by the ICB Executive Team. A Driver Diagram has been completed for each priority by the SRO (example at **Annex B**). Although many of these priorities will be led by the ICB, this is not the case for all. For example, UEC transformation will be led by appropriate partners with significant support from the ICB. There are other transformation priorities in the pipeline awaiting further development.

No	Priority	Aim	SRO
1	**Integrated Neighborhood Working**	We will enable the right mix of people, places and spaces to work together to improve the health and wellbeing of our residents (by March 2026)	**Nicky Poulain**
2	**ICS System Efficiency Programme**	Achieve Financial Sustainability across the BLMK System as per the Medium Term Financial Plan (MTFP)	**Dean Westcott**
3a	**BCA Emergency Care**	Reduce acute bed occupancy to <95% through admission prevention and reduce the number of Emergency Department (ED) presentations and conveyances.	**Anne Brierley**
3b	**MK Emergency Care**		**Maria Wogan**
4	**Mental Health Urgent & Emergency Care**	Patients on UEC MH pathways are seen and treated in the right place, at the right time by: i) removing all delays across community, acute mental health care settings ii) achieving zero delays after 12 hrs of patients being medically fit/assessed as no longer needing medical treatment in hospital, and that they're ready to be discharged, by December 2025	**Sarah Stanley**
5	**Primary Care Access including:** **Integrated Urgent Care** **NHS App**	Patients and carers experience a responsive and accessible primary care service, delivered by those best able to understand – and meet – the health and wellbeing needs of the local communities they are proud to serve.	**Nicky Poulain**
6	**Cancer Transformation**	We want more people to be identified and diagnosed with cancer earlier and faster. For those people impacted by cancer to be cured of their cancer with high quality treatment opportunities and supported to find a way of living their life well with it.	**Ian Reckless**
7	**Improving Health Equity**	To listen and learn with our residents to improve health equity across BLMK over the next 3 years.	**Sarah Stanley**
8	**Non-acute diagnostics: includes community peads, adult ADHD and ASD**	To meet the needs of children & adults earlier in order to achieve a timely diagnostic intervention and support to accredited services that deliver timely, safe and sustainable pathways of care.	**Martha Roberts**
9	**Complex Care (All Ages)** 1. Complex Care inc. S117 & CHC 2. Children's Complex Care	To provide 'better' sustainable complex care to new patients (all ages) by 15% over the next 6-10 years	**Anne Brierley**
10	**Musculoskeletal (MSK)**	BLMK has a top performing integrated Community MSK and chronic pain service, which equitably supports the 'whole person' to get early support, self management advice and care they need to live well	**Maria Wogan**
11	**Contractual Transformation** 1. 0-19s Transformation & Procurement 2. Community Services Transformation & Procurement 3. Mental Health Services Transformation & Procurement	Designing, securing and sustaining services with and for residents in the two years prior to procurement	**Anne Brierley**
Pipeline areas that require further review: Elective including Diagnostics, Digital, Women's Health and Patient Transport Services			

These eleven ICB priorities sit as part of a wider BLMK transformation portfolio which has four agreed pillars: **Episodic Care & Prevention, Planned Care & Support, Complex Care and Enablers**. There are 46 priority programmes grouped under these 4 pillars; led by Bedford Place, Central Bedfordshire Place, Luton Place, Milton Keynes Place, Bedfordshire Care Alliance (BCA), MHLDA Collaborative, ICB, BHFT and MKUH.

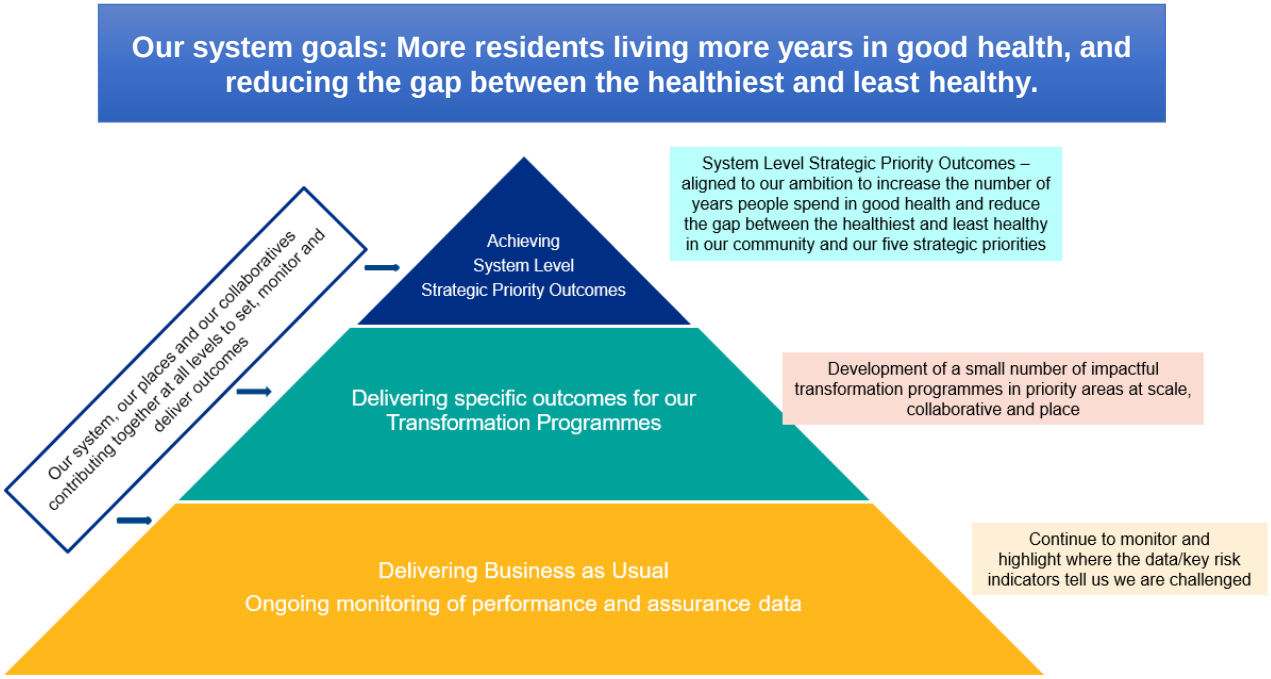
The ICB Board is recommended to note the transformation priorities agreed by the ICB Executive Team.

7.0 How we will measure our progress: The BLMK Data Pyramid

We want to shift our approach to measurement in these areas of transformation away from inputs and towards agreed outcome measures that determine if we are really making a difference.

We are learning from our growing partnership with the Institute of Healthcare Improvement to create a robust measurement plan that includes i) key process and performance measures, ii) the shorter term outcomes that we expect our transformation initiatives to realise in the medium term (up to 18months) and iii) a small number of system level outcome measures that we are working towards over the long term (c3-5 years).

At the ICB Board Seminar in January 2024, members discussed a practical framework for how we take forward this work. This is the **BLMK Data Pyramid**, presented below, is designed to better support our system to monitor our progress more coherently, and to establish what is normal and what is exceptional variation in the system.



The Data Pyramid (working example attached at **Annex C**) will help demonstrate how ICB business as usual and transformation priorities contribute to achieving our system level strategic outcomes. We understand that strategic outcomes such as healthy life expectancy are affected by a whole range of factors – including national policies; social, environmental and commercial determinants; individual health behaviours; as well as the availability of high-quality healthcare. The ICB works through the four Health and Wellbeing Boards to address many of these wider determinants.

The System Level Strategic Outcomes we are seeking to agree will take inspiration from local outcome measures in the four Places, the expert advice of the Institute for Healthcare Improvement on effective measurement in healthcare, key performance metrics, advice from our Population Health Intelligence Unit on what is both stretching and achievable, and the ONS Health Index Measures relevant in this space. These ONS measures are across three domains – Healthy People (e.g. increasing happiness), Healthy Lives (e.g. increasing employment rates), and Healthy Places (e.g. reducing crime and increasing access to green space).

The Board is recommended to comment on the development of the Data Pyramid. These comments will then inform the design of a Data Pyramid for each of the ICB's 11 Transformation Priorities, to be agreed in the Autumn between system partners.

8.0 How we will track and report on our progress: The BLMK System Portfolio Report, supported by Verto 365

Board Members were first presented with a draft of the BLMK System Portfolio Report at the ICB Board Seminar in January. A refreshed June 2024 version of the Portfolio Report is available in **Annex D**. The BLMK System Portfolio Report is a 'one-stop-shop' report for understanding:

- our BLMK system strategic priorities and how they lead and draw together our priority programmes;
- our priority programmes (whether at system, alliance, collaborative, place, or individual organisational level) - what they are about and what they want to achieve;
- how well our priority programmes are developing and delivering - their key milestones, and whether they are on-track (green), at risk (amber) or slipped (red);
- how our priority programmes are turning changes into improvements, demonstrated through measures and outcomes linked to the Data Pyramid and Performance Report; and.
- the interdependencies between transformation workstreams

The Portfolio Report is underpinned by Verto 365 digital project management software and has also been attached as an appendix to the BLMK Joint Forward Plan. Recent improvements to the Portfolio Report include more up to date measures, responsible groups, key milestones, progress made in the previous period, progress to be made in the next period and risks. Revised priorities for the ICB, Place and BCA are now included, as well new programmes of work identified through our Operational and Financial Plan for 2024/25.

The key messages from the latest iteration of the BLMK Portfolio Report are as follows:

- There are four agreed pillars within the BLMK transformation landscape: **Episodic Care & Prevention, Planned Care & Support, Complex Care and Enablers.**

- There are 46 priority programmes grouped under the 4 pillars; led by either Bedford Place, Central Bedfordshire Place, Luton Place, Milton Keynes Place, Bedfordshire Care Alliance (BCA), MHLDA Collaborative, ICB, BHFT and MKUH. Of these, 31% are in a Pre-Planning stage, 16% are in an Initiation stage, 24% are in an Implementation stage and 29% are in a Delivery stage[2]. Each of the 46 programmes are articulating the measures they will use to measure success, and clarifying responsible governance.

- **140 Key Milestones** are documented for achievement between July 2024 and March 2025. From the reported milestone statuses**, 90% of the Key Milestones are on-track**, and 10% of milestones are at risk of slipping.

- The Portfolio Report helps identify and manage connections between priority programmes. Three key examples of interdependences the report draws out are:
    - Work in the UEC space and how this is connected by the overarching UEC Transformation programme; including 'Improving System Flow' in MK place and both 'Improving access to Pathway 2 Beds' and 'Call before you Convey' led by the BCA;

    - Work in the Neighbourhood space, connected by the 'Integrated Neighbourhood Working' programme; including 'Bletchley Pathfinder' (MK), 'Fuller Neighbourhoods' (Bedford) and 'People and Communities' resilience (Luton).

    - Work in the Cancer space, connected by the wider 'Cancer Transformation' programme led by the ICB; including connections to place and specifically the Central Bedfordshire programme 'Cancer diagnosis and improving outcomes'.

The Board is recommended to note the developing BLMK Portfolio Report as a means of tracking the implementation of transformation work across BLMK.

[2] Implementation is post business case approval up to go-live. Delivery phase is post go-live.

List of appendices

Annex A – Infrastructure around BLMK's Delivery of its Operational & Financial Plan
Annex B – ICB Transformation Priorities: Example Driver Diagram
Annex C – ICB Transformation Priorities: Example Data Pyramid
Annex D – BLMK Portfolio Report, June 2024 Update

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 19 July 2024

Executive Lead: Maria Wogan, Chief Strategy and Assurance

Report Author: Michelle Summers, Associate Director Communications and Engagement

Report to the: Board of the Integrated Care Board in Public

Item: 6 - Refresh of the Working with People and Communities Strategy

Reason for report to the Committee

(a) The refreshed Working with People and Communities Strategy is for approval by the ICB Board

1.0 Executive Summary

1.1 On 8 May, the Working with People and Communities Committee recommended the proposed light touch refresh of the Working with People and Communities Strategy, to the Board for approval believing it reflected:

- Maturing system relationships with partners and residents
- Important work undertaken in this space (notably the Denny Review) and;
- Feedback from the Committee on the strategic direction of community engagement.

1.2 This paper aims to:

(a) Outline how the strategy has been refreshed – with particular attention to the change of language, in line with what we have heard from the 'Denny Communities',
(b) Update the priorities set out in the Strategy; and,
(c) set out how the ICB's internal governance arrangements are proposed to develop to support a stronger role for resident insights across all the ICB's work.

2.0 Recommendations

2.1 The Board is asked to:

a. **approve** the refreshed Working with People and Communities Strategy.
b. **approve** the proposal to dissolve the Working with People and Communities Committee and establish a new System Insights Network. The Insights Network will report into the ICB's Quality and Performance Committee, which will in turn provide continued assurance to the ICB Board that we are delivering on its statutory duties to involve (Q13; 14Z44, Health and Social Care Act, 2022). The Governance Handbook will be amended accordingly.

3.0 Key Implications

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

3.1 The Working with People and Communities Strategy will be predominantly resourced by the in-house communications and engagement team, working closely with and through co-production, involvement and engagement leads from across the system, Four Local Healthwatch Organisations, the VCSE and faith and community leaders.

3.2 The approach set out in this paper responds to the recommendations that were published in the Denny Review. It ensures that decisions are centred on the voices of people and communities in Bedfordshire, Luton and Milton Keynes and that residents are given the opportunity to comment on and shape the direction of services at an early and meaningful stage of development.

3.3 The refreshed strategy sets out how we will seek to engage, involve and co-produce with people from all backgrounds in Bedfordshire, Luton and Milton Keynes including people who have protected characteristics or come from communities that have been previously under served and under-represented.

3.4 The refreshed strategy aims to engage local communities on a range of issues, including green and sustainability issues. It would also help to connect with existing networks and organisations, to establish language for a social contract that would help us to meet our green and sustainability targets on our journey to becoming a Net Zero health and care system.

3.5 This strategy address risks in the BAF associated with the ICB's statutory duty to involve people and communities in decision making (Q13/14Z44 of the Health and Social Care Act, 2022.) (BAF 0004 Widening Inequalities and BAF 0011 Health Literacy – Denny Review)

4.0 Report

4.1 The Working with People and Communities Strategy was published in November 2022 following extensive engagement with residents, system partners and statutory bodies including Healthwatch. Since then, significant progress has been made in working differently and embedding fresh approaches to involving residents in decisions about their health and care.

4.2 The maturing of system relationships, learning opportunities and emerging best practice – both at system and place - has now provided the right context to review the strategy to ensure it remains up to date and responds to what we are hearing from the communities we serve.

4.3 The refreshed strategy appended to this document is the response to all that we have heard from our communities in the past two years, from the independent Denny Review into health inequalities, the Talk, Listen, Change work with the Roma community in Luton, The ICB's 'Big Conversation' events during 2023, digital strategy engagement and numerous reports from Local Healthwatch partners.

What changes have been made to the ICB's Working with People and Communities Strategy?

4.4 For ease and clarity, the table below provides an overview of the changes that have been made to the original Working with People and Communities Strategy, following two years of extensive partnership working and increased understanding of the people and communities we serve.

4.5 The red text in the document identifies text that has been changed from the original.

Slide	Title	What changes have been made?	Why have these changes been made?
2	Introduction and purpose	The language in this section has been changed.	The changes made to this section reflect the journey we have been on in the past two years, the commitment to put residents at the centre of decision making and the learning we have taken from engaging with people and communities. Our language and tone have evolved in the two years since this strategy was published and so this slide has been amended to ensure consistency.
3	Why working with people and communities matters	This is a new slide.	For the last four years, we have worked with people and communities from seldom asked communities to better understand the people we serve and their lived experiences. The feedback from our engagement work (Big Conversation in 2023; and the Denny Review) is captured in this slide to set the context of the strategy and why this is important to the ICB.
4	Our legal duties	The second column has been changed to reflect the change in guidance for Overview and Scrutiny.	In 2023, new guidance was issued by the Department of Health and Social Care, which gave the Secretary of State for Health and Social Care the power of 'call in' for service changes – thus altering the role of the Health Overview and Scrutiny Committees. This document reflects the new guidance and legal duties of the ICB.
5	The population of BLMK	Data has been provided to bring the context and evidence base for this strategy up to date.	The data in this slide has been updated to reflect what we have learned about the health inequalities in our area, following the establishment of the Population health Information Unit and the publication of the Denny Review. It outlines the population growth in BLMK, the gap in healthy life expectancy between the most affluent and poorest wards in our region, and the scale of the challenge we face in breaking down barriers and creating a fairer BLMK for the people and communities we serve.
6	Our area	This slide is unchanged.	
7	Background and context	The red text in this slide shows the new language that has been used as part of the refresh of this strategy.	This slide sets out the background and context to the strategy. It outlines the overall mission of the Working with People and Communities Strategy, the ICB's priorities and what we have heard from the thousands of residents that we

			have engaged with over the last four years, as part of the Denny Review.
8	Our strategic approach	The red text in this slide shows the changed language.	Changes have been made to this slide to reflect the ICB's commitment to delivering the 10 principles to working with people and communities, as set out in the NHS England guidance of the same name. The Working with People and Communities Committee previously challenged whether the ICB's strategy reflected the 10 principles sufficiently, which includes centring decision making and governance around the voices of local people. The change to this section of the document reflects the commitment across the system, led by the system wide Engagement Forum (established by the ICB's in house communications and Engagement team), to adhere to and deliver on the agreed principles.
9	Our focus	This is a new slide..	Following discussion with the Working with People and Communities Committee, system wide Engagement Forum – and drawing on learning from the Denny Review and the Big Conversation, it was agreed that the focus of the strategy should be in three areas: i) Learning from the Denny Review and building on the recommendations, ii) embedding co-production approaches to support involvement and quality improvement and iii) learning from insights – providing parity of esteem to the insights heard across our partnership to ensure residents are at the centre of decision making.
10 / 11	Introducing a system wide co-production approach and Co-production in BLMK	This slide is unchanged.	This element in our strategy remains unchanged, as the ICB and system partners remain committed to co-production. Further work to embed the approach will be conducted in this space, including work to quality improve services.
12 – 15	Putting strategy into action	These three slides have been changed to reflect the new priorities for the refreshed strategy.	These slides set out the new implementation plan for the next three years which comprises: i) How we respond to the recommendations of the Denny Review – working with people with protected characteristics to ensure they have the opportunity to share our work, and tackling language barriers that exist for a significant percentage of our population; ii) Embedding co-production approaches across the system, agreeing policies for remunerating participation and establishing processes to support this work. iii) Establishing a system-wide Insights Network to learn from insights, and put lived experience at the centre of decision making together with business intelligence and population health data.

16	Evaluation and monitoring	This slide has been changed and the red text contained in it is language.	This change reflects the move away from a sentiment baseline survey, which was outlined in the previous strategy. It looks at different measures to monitor performance including continued dialogue with the Denny communities to determine whether their experience has changed because of the measures being actioned.
17	Providing Board assurance	The red text in this document is new text and language.	This has been changed to reflect the proposed change in governance arrangements, which the Board is asked to approve. It will see the evolution of the Working with People and Communities Committee and the establishment of a new system wide Insights Network, which will widen the opportunity for the contributions from partners and residents across our geography, reduce duplication and help the ICB to identify areas of concern or collect information about the things that matter most to residents.
18	How will we resource the plan	The red text in the first column of this document shows is new. Text in the second column is unchanged.	The red text in this slide reflects i) The changes to the communications and engagement team following the introduction of the Target Operating Model, which was rolled out in September 2023, ii) The ICB's commitment to working with and through partners who are trusted advocates in our communities, facilitated through the signing of Memorandums of Understanding with the VCSE and Four Local Healthwatch organisations and; iii) A new matrix working agreement with Milton Keynes University Hospital to provide additional communications and media support to the in-house team.

<u>Establishing a Systems Insights Network</u>

4.6 Slides 15 and 17 refer to the establishment of a System-wide Insights Network, which we propose will replace the existing Working with People and Communities Committee.

4.5 The WWPAC was established at the inception of the ICB on 1 July 2022 and has overseen the development and ongoing implementation of the Working with People and Communities Strategy.

4.6 For the last two years, the WWPAC Committee has played an important role, providing assurance to the Board that the ICB is meeting its statutory responsibilities and has supported the development of a system wide engagement calendar to reduce duplication, overseen the engagement of the Big Conversation and co-production on the specification for MSK services procurement and contributed to the dialogue on the landmark Denny Review.

4.7 On 3 May 2024, following feedback from residents and partners, Members of the Working with People and Communities Committee approved a proposal to evolve governance arrangements – transferring oversight and scrutiny from the Committee to a System

Insights Network, which will bring together lived experiences, business intelligence and population health data to provide a powerful source of information from which decisions about health and care can be made – putting voices and communities at the centre of our work.

4.8 It is proposed to establish a System Insights Network which would meet quarterly and be led and resourced by the ICB's Communications and Engagement team. The Network will have wide and flexible membership and the meetings will be led by a Non-Executive Member of the ICB Board, Lorraine Mattis.

4.9 The System Insights Network will report to the Quality and Performance Committee. It is consequently recommended that the Working with People and Communities Committee be dissolved. This proposal was supported by the Committee.

4.10 We believe this innovative new approach will add real value. Indeed, we know from the Denny Review and other flagship system programmes such as warm homes in Bedford, Luton 2040 and the Bletchley Pathfinder in Milton Keynes, that the resolve to deliver meaningful change arises when public health data, insights, business intelligence and lived experiences are brought together to tell a powerful story.

What do we propose?

4.11 That the new System Insights Network is run quarterly, with insights reports published and shared with the Integrated Care Board, and other committees and partner organisations as appropriate to the topic, to ensure that the views of local people are heard and considered in the decision-making of the ICB including the ICB Board and Health and Care Partnership.

4.12 The membership of the Insight Network would be flexible and reach into communities that are interested in the themes for each network meeting – with a static membership including NHS organisations, public health leads from local authorities, four local Healthwatch organisations, the VCSE, clinicians, faith and community leaders, and patient experience leads from provider trusts amongst them.

4.13 For some time, Healthwatch and VCSE partners have raised concerns about insight reports from their organisations becoming lost in a 'black hole'. Their membership on the Insight Network would ensure that those insights are included and built on by other partners in detailed reports that are shared, digested and acted upon by all partner members.

4.14 Lorraine Mattis, the current Chair for the Working with People and Communities Committee has agreed to continue to lend her support for the Network and will chair the quarterly meetings. For assurance purposes, the new Insights Network will report into the ICB's Quality and Performance Committee, and the Committee will receive quarterly reports that can be used to support quality improvement and performance across the system.

4.15 On 7 June, the Quality and Performance Committee agreed to receive reports from the System Insights Network, recognising the synergy with the current Terms of Reference for the Committee, which sets out that the Committee help the Board "To be assured that people drawing on services are systematically and effectively involved as equal partners enabling individuals to live healthier lives and participate in quality activities at a system-level and by NHS Trusts / Foundation Trusts within the system."

5.0 Next Steps

5.1 An implementation plan will be developed to deliver the Working with People and Communities Strategy.

5.2 Planning will also begin for the first System Insight Network meeting, to be held in the autumn, 2024

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Executive Lead: Martha Roberts, Chief People Officer

Report Author: Bethan Billington, Deputy Chief People Officer

Report to the: Board of the Integrated Care Board in Public

Item: 7 – BLMK ICS – 2023 BMLK System Staff Survey Results

Reason for report to the Board:
(e) to note

1.0 Executive Summary

1.1 Annually the NHS surveys the experience of all the staff in provider organisations and ICBs where they choose to participate. The survey takes place each autumn and reports the following spring. Organisations are organised into bench marking groups by similar type and each organisation undertakes an analysis and improvement plan following the publication of their survey results.

1.2 Working through the governance of the BLMK ICS People Board, the areas of development and improvement highlighted in the Staff Survey are mapped into the BLMK System People Strategy and delivered through the work of the People Board sub-groups. The People Board is chaired by the ICB Chief People Officer and all the Chief People Officers in the system NHS organisations and equivalents from local authorities are members.

1.3 The ICB Board is asked to note the results for the organisations in BLMK ICS and the related system work taking place in response to results that can be improved by system working. The survey is based on robust research. The NHS People Promise themes are used to order the results, plus two additional themes of morale and staff engagement.

1.4 Overall, the ICS has seen increases in the scores for 6 of the People Promise themes between 2022 to 2023, with one remaining the same. There are no reductions in scores comparing 2023 to 2022.

2.0 Recommendations

2.1 *The members are asked to **note** the following:*

1. BLMK ICS staff survey results
2. Next Steps

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk 0002	✓

3.1 The staff survey results have implications for individual NHS organisation People Teams and the work of the ICS People Teams to understand any priorities for collaboration looking at common themes and addressing at system level where value can be added.

3.2 The experience at work of colleagues from black and minority ethnic backgrounds and for people with a disability continues to be worse than for other staff, set out in a previous paper.

3.3 Flexible working supports working from home and reduces pollution from commuting.

4.0 Report

4.1 The results of the NHS Staff Survey that ran in autumn 2023 were published on 9th March 2024.

4.2 Since 2021, the survey questions have been aligned with the NHS People Promise, which sets out, in the words of NHS staff, the things that would most improve their working experience.

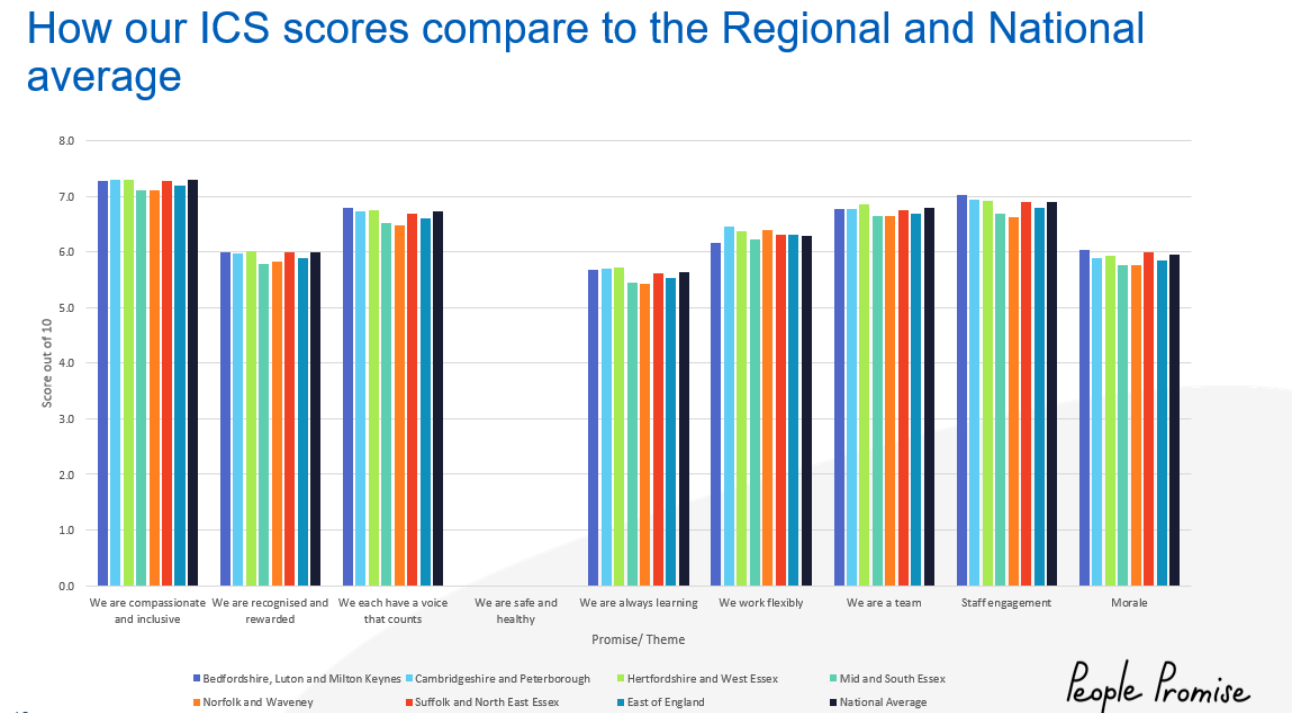
4.3 The reporting is designed to track progress against nine areas, the seven People Promise elements, and against two theme scores reported in previous years (Morale and Engagement).

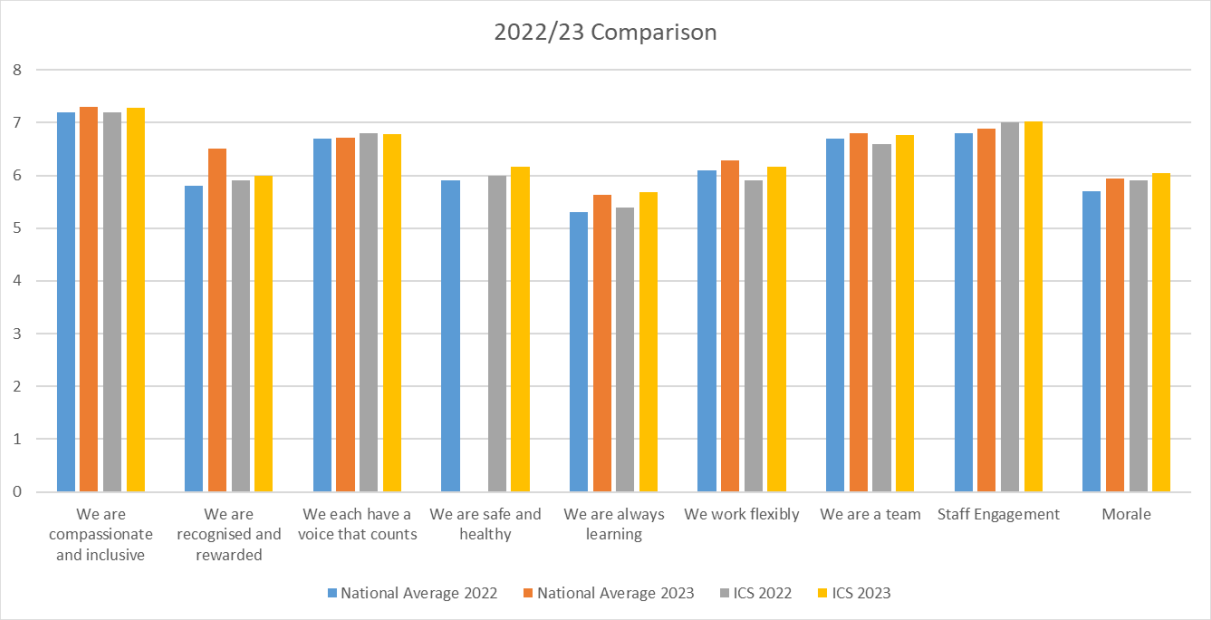
4.4 The East of England (EoE) Region, results across all People Promise elements and the engagement and morale themes, have improved since 2022. The EoE region is the lowest performing region in 8 of the 9 survey thematic areas compared to the rest of England.

4.5 BLMK ICS scores the same as the National average for 4 of the 5 areas, below for one and above for 2 areas (staff engagement and morale).

4.6 BLMK ICS is above the EoE average for 7 of the areas and below for one (we work flexibly).

4.7 BLMK ICS has seen increases in 6 of the People Promise Themes between 2022 to 2023, with one remaining the same. There are no reductions in scores during this time.





Comparing 2022 and 2023 NHS National Staff Survey Scores for BLMK ICS by theme

The system results are considered against the 7 People Promise areas.

4.8 **Promise 1 - We are compassionate and inclusive:**
These scores range from 7.21 at BHFT to 7.84 at ELFT. All providers score above the EoE average score for this theme and a further deep dive has been completed across the ICS considering Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) staff survey data. The Board has previously received a paper on this area.

4.9 As part of the ICS People Strategy the following collaborative workstreams have been delivered:
The system had access to the Diversity in Health and Care Partners Programme which is a comprehensive organisational development programme which helps organisations advance equality, diversity, and inclusion (EDI) in the workplace. Delivered through a year-long series of events, it includes a virtual session for board members on the strategic business case for EDI, four face-to-face interactive modules and specialist virtual masterclasses. This programme will continue for 2024/25.

4.10 The ICS is implementing both a Ready Now and Stepping Up leadership programmes across the system. The Ready Now programme will give senior BAME leaders the knowledge, skills, and experience to challenge the status quo and progress further in their careers. The Stepping Up programme is aimed at BAME leaders and aspiring BAME leaders across health and care.

4.11 On 1st July 2022 it became a requirement under the Health and Care Act 2022 for all CQC registered service providers to ensure that their employees receive training in autism and learning disabilities at a level appropriate for their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training package. BLMK ICS is delivering this together and is at 18.96% of a 30% target for tier one training by March 2025.

4.12 An innovative approach to NHS and social care recruitment and retention 'More and Different' focuses on improving Pathways into Employment. Breaking Barriers Innovators has been working with the ICS and the model and approach focuses on 'growing' a health and social care workforce that has the grass roots connectivity and 'the knowledge' of local communities. This model also addresses organisational culture and changes to HR recruitment processes. The pathways focus on the recruitment of people from new and different talent pools from a diverse range of backgrounds, who normally might not be considered for jobs and careers in these sectors. This includes young people in the care system or NEET (Not in Education, Employment or Training), young unpaid carers and neurodivergent people. We will continue to implement the supported employment pathways over 2024/25.

4.13 **Promise 2: We are recognised and rewarded**
Most of our providers are above the national average score for this area (3 out of 5). The ICB score reflects the national average.
BLMK ICS is one of 2 ICS who are part of the NHS Staff App pilot. As part of this engagement and development we have used the opportunity to provide feedback on features of the app they could enable staff to be recognised by their peers.

4.14 **Promise 3: We each have a voice that counts**
BLMK ICS is above the national average for Promise 3. The scores range from 6.58 (the ICB) to 7.39 (CNWL), with 4 providers scoring above the national average.

The workforce team launched the BLMK Leading Beyond Boundaries Alumni Network on 11th March hosting 50 fellows from past and current cohorts of our successful systems leadership programme. The aim of this work is to bring everyone together and recognise our alumni as a key group of change agents passionate about integrated system working who can work with others across the system and at place.

4.15 The ICS has seen increases in the scores for 6 of the People Promise themes between 2022 to 2023, with one remaining the same. There are no reductions in scores during this time. Our BLMK ICS System Culture Transformation lead is designing a System Freedom To Speak Up event and supporting the sharing of best practice.

4.16 **Promise 4: We are safe and healthy**
There is less variation in these scores across the providers and information on the national comparison is not yet available due to data quality issues.
The ICS People Teams are planning a system Festival of Wellbeing for Autumn 2024.
We have a subgroup of the People Board who focus on the sharing of best practice and collaboration to support employee wellbeing.

4.17 **Promise 5: We are always learning**
All providers are above the national average for Promise 5 with the ICB slightly below the average score.

4.18 We are undertaking wider engagement regarding the education agenda and held an apprenticeship workshop on 19th March relaunching the BLMK Apprenticeship Leads network. The purpose was to fully understand how stakeholders can work together to increase the uptake and number of apprenticeships within our system and agree a plan of action that can seek to address any challenges that we are all facing and any successes, opportunities, and resources that we can use and share as a newly created network. In addition to national metrics (which require the system to be offering 22% of clinical training places via apprenticeships by 2031 (up from 7% currently), we are working to produce our own apprenticeships dashboard. A second Apprenticeship Network Meeting took place in June, building a work programme for partners supporting apprenticeships.

4.19 With the Chief People Officer, members of the team participated in a Health Sector Insights round table event hosted by the Bedfordshire Chamber of Commerce in late March. The event, which was delivered along with SEMLEP partners, is part of the work to enhance the region's Local Skills Improvement Plan (LSIP) and strongly represent the skills shortages and challenges our health and care partners are facing. Work has continued with the most recent session bringing together education and business leads to discuss: the next stages for the LSIP; the green agenda; implications of the digital revolution and the skills we need our workforce and residents to have now and going forward.

4.20 **Promise 6: We Work Flexibly**
The ICS is below the National and Regional scores for We Work Flexibly, with the highest score in the ICB, followed by CCS.

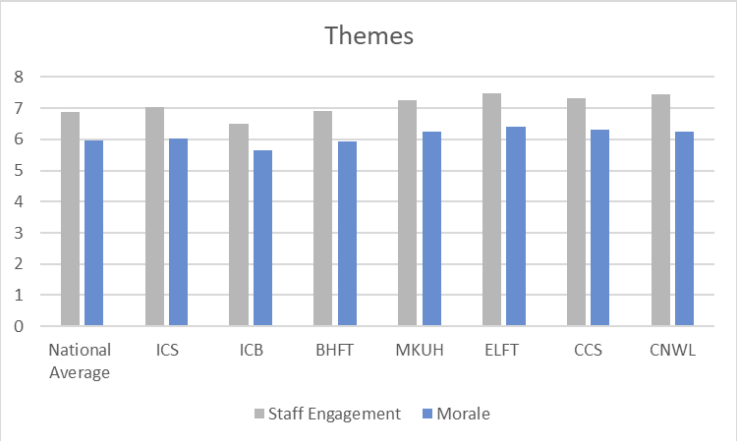
Our system Recruitment and Retention Group meets bi-monthly with good engagement to support various work, and improvements have been seen as highlighted in the data. Working groups focus on flexible working and career development to improve retention. First People Exemplar Manager has started at Bedfordshire Hospitals, further funding opportunities is expected for partners to apply in 2024.

4.21 **Promise 7: We are a team**
There are particularly positive scores for this area of the promise with some of our ICS providers well above the national average.

Developed by NHS England and run by NHS trusts, the NHS Digital Staff Passport service will enable NHS employees to use their smart phone to share employment, education and training, and occupational health details with NHS trusts 24/7, to support moves between those trusts. BLMK has worked with our health and care partners to explore attitudes, concerns and potential barriers to such a roll out so that we can be well-prepared before wave 3 in terms of taking mitigation actions to any issues. This work has also been helpful in our discussions with the DHSC who are developing a 'sister' product for social care, and who have now selected BLMK as an early pilot site for that initial testing of their digital skills record.

Stepping into My Shoes, launched in March 2024, has made significant strides in facilitating invaluable learning and collaboration opportunities across various sectors. The programme aims to foster mutual understanding and professional growth by enabling participants to shadow colleagues in different roles and organisations. The programme garnered considerable interest, with 16 learner requests and 4 organisations expressing their interest as sharers. Learner requests have mostly come from the VSCE sector and BLMK ICB. Active sharers include Luton Borough Council, PCNs, Be Active Beds and Bedford Hospital.

4.22 **Additional Measurement Themes of Staff Engagement and Morale**

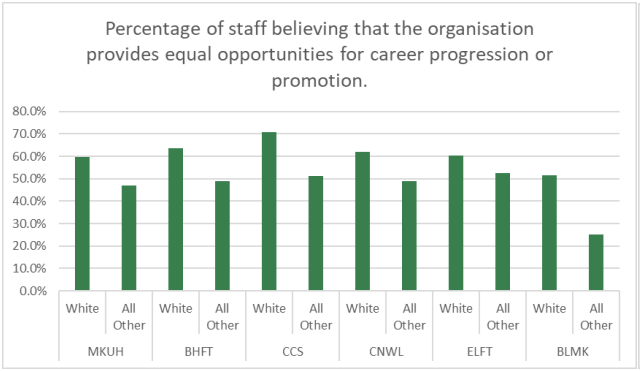


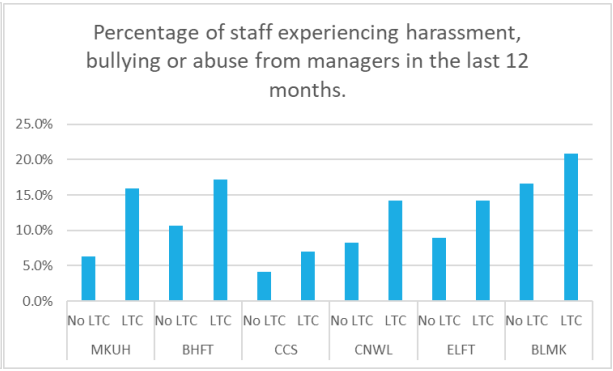
The ICS is above the national average for both Morale and Staff Engagement. All ICS organisations consistently have higher staff engagement scores than morale.

4.22 **Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES).**

There remains a gap in the experience of all our black and minority ethnic (BAME) staff and those with long term conditions (LTC). BAME staff have a poorer experience particularly with regards to career progression, bullying and harassment and discrimination from staff and colleagues. Staff with LTCs also report a higher experience of bullying and harassment from managers and attending work despite feeling unwell.

The ICB Board has previously received a paper on the system response to support improving these scores.





BLMK here refers to BLMK ICB only, not the ICS

5.0 Next Steps

5.1 The staff survey report has been shared with the BLMK ICS' HR Directors.

5.2 The staff survey results to be considered by the BLMK ICS Deputy HR Directors meeting to review progress against the People Strategy and refine any programmes of work.

5.3 The staff survey results are being cascaded to each of the People Board subgroups to measure the impact of 2023/2024 activity and review 2024/25 priorities.

5.4 The staff survey results will be shared with the BLMK ICS System Staff Partnership Forum.

Appendix 1: Staff survey results

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

ICB Executive: Anne Brierley, Chief Operating Officer

Report Author: Buz Dodd, Associate Director for Strategy & Performance and Anne Brierley, Chief Operating Officer

Report to the: Board of the Integrated Care Board in Public

Item: 8: Winter - Analysis of BLMK Acute Hospitals Emergency Activity

Reason for report to the Board:

1.0 Executive Summary

1.2 The paper exists to inform winter plans and support the Board's discussions in terms of actions, observations, and next steps.

2.0 Recommendation

2.1 **The Board** is asked to **note** and **discuss** the detail presented.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	
BAF Risk 0003	✓

Urgent and Emergency Care pathways in BLMK, as with the wider NHS, continue to be challenging.

However, this report indicates the progress made over the last year in collaborating within local systems to improve flow, minimise risk and optimise effective use of resources. This is most evident in the partnership working to streamline multi-agency working to reduce hand-offs and delays along UEC pathways.

The key challenges for this winter are to fully realise and embed our operational learning and transformation plans to

- Support residents to stay well at home.
- Maximise access to same day urgent care in the most appropriate clinical setting.
- Support our Emergency Departments to focus on treating critically unwell patients.
- Work in partnership with patients, families and our wider community resources to support people to recover.

This paper outlines the range of actions we are taking in partnership to prepare for the coming winter pressures and deliver our strategic objectives for urgent and emergency care.

4.0 Analysis of A&E Admissions

4.1 Context

ICBs will be expected to develop a system-level winter plan for 2024/25. Similar to previous years the ICB winter plan will outline the steps that our BLMK system will take to maintain resilience and manage a surge in demand above anticipated winter pressures**.** Last year's winter plan was co-produced through the MK Partnership and Bedfordshire Care Alliance.

The slides in **Appendix A** set out business intelligence on urgent care providing insight on trends through different lenses, including hospital site, place deprivation and age profile of people attending A&E and those who are admitted for a non-elective spell. The analysis also captures the relationships between attendance and admissions, reasons for attendance and correlation to operational seasonal pinch points.

4.2 High Level Findings

The slides attached at Appendix A are detailed by BLMK hospital site and by Borough Council resident populations, and variance in demand is interrogated at a high level with population demographics.

However, there are consistent themes that are replicated across all four Borough populations in BLMK. These are:

Accident & Emergency attendances (A&E)

- Over winter 23/24, A&E attends are largely consistent with month-on-month activity for the previous winter (2022/3) with a net growth of 0.18%. However, A&E attends through April / May 2024 were significantly higher than for the previous year, at 7% increase in attendances.
- A&E attendances were highest amongst the populations who experience the highest deprivation.
- A&E attendances were, on average 3% lower than usual trends on days of industrial action, with no significant 'rebound' of additional patient demand in subsequent days
- The data quality (completeness) recording the reason for A&E attendances has improved significantly (by 25%) compared to the previous year. This may account for some of the increases in specific reasons for attending A&E by speciality type:
    - Trauma / musculoskeletal reasons is the most frequent reason for A&E attendances, with the highest attendances by 10-14 year old boys. This increased by 7% compared to 2022/3. It should be noted that such A&E attendances may be 'diagnostics of exclusion', for example to rule out serious injuries
    - Neurological presentations also increased by 7% compared to the previous year
    - Obstetric / gynaecology A&E attendances
- Mental health / emotional distress / psychosocial presentations increased by 22% in 2023/4 compared to the previous year.
- The data pack indicates no significant correlation between A&E attendance rates and number of GP appointments per 100,000 of the population. However, the data does show increased calls to 111 for residents registered with GP practices with the lowest GP appointments per 100,000 of the population.

Emergency Admissions

Urgent and emergency care admissions have increased compared to last year at each of the 3 BLMK acute hospitals:

- By 24% at Bedford Hospital[1]
- By 8% at the Luton & Dunstable Hospital
- By 2% at Milton Keynes University Hospital

The most common reasons for admission were respiratory (including flu / pneumonia) followed by gastro-intestinal reasons. However, emergency admissions for respiratory, cardio-vascular and cancer reduced compared to the previous year.

The 2023/4 increases in admission rates varied considerably between Boroughs in BLMK:

- Bedford Borough – 22%
- Luton Borough –11%
- Central Bedfordshire – 9%
- Milton Keynes – 2%

It should be noted that overall admission rates per 100,000 of population continue to reflect demographic profiles, with 65+ years accounting for most emergency admissions and the admission rate reflecting the overall levels of deprivation experienced by residents. Central Bedfordshire continues, for example, to have the low rates of emergency admissions despite its aging population (reflecting the relative health and wealth of its population); whilst Milton Keynes has the lowest within BLMK emergency admission rates (reflecting its current age profile, despite areas of high deprivation).

The percentage of patients whose admission exceeded 20 days has remained relatively static at 5-6% of emergency admissions. However, there is evidence from both the Milton Keynes and Bedfordshire UEC systems that the levels of care needs for patients discharged along supported discharge pathways (home and intermediate care beds) continues to rise.

5.0 Next Steps

5.1 Alignment to our ICB Strategic Delivery Programmes

These insights reflect a range of the strategic delivery priorities that ICB partners are progressing in-year, including:

- **Urgent & emergency care pathway transformation** (MK Together Partnership and Bedfordshire Care Alliance) addressing operational flow improvements and transformation change such as extending role of virtual wards, call before you convey, unscheduled care hubs and optimising intermediate care pathways
- **Urgent and emergency care recovery plan year 2: Building on learning from 2023/24** – improve A+E 4-hour performance to 78% and Cat 2 ambulance response times to an average of 30 minutes
- **The transformation programme of the MHLDA collaborative**; and additionally the partnership work on mental health emergency pathways in Bedfordshire

[1] During winter 2023/4, bed pressures in Bedford Hospital meant that its ambulatory area (Same Day Emergency Care) accommodated inpatients during most of this period. BHFT has since been awarded capital funding to create a new SDEC area, which will enable more patients to be seen and treated same day without being admitted if that is not clinically necessary.

- **The tackling inequalities, improving access and improving outcomes priorities identified in each Place's Plan** (prevention and improving access to same day services)
- **Implementing year 2 of the 'BLMK Delivery Plan for Recovering Access to Primary Care' programme** to empower patients to self-care and to direct patients to the right service first time (including Pharmacy First) and to optimise access to appointments in Primary Medical Services
- **Inequalities / prevention Learning Action Network with the Institute for Healthcare Improvement (IHI),** focusing on reaching adults at risk of (untreated) high blood pressure, a major contributor to cardio-vascular disease
- **Increasing vaccinations uptake** (seasonal and targeted populations), including Flu, COVID, childhood immunisations
- **Strategic procurements** such as MSK (Musculo-skeletal services) and Integrated Urgent Care (IUC)
- **Strengthened system governance** around UEC pathways to provide system wide assurance of performance and plans.

5.2 2024/5 Winter Planning

There are 3 components to our winter planning this year:

- Analytics and learning
- Prevention at Place
- Improving flow along urgent and emergency care pathways

i) Analytics and learning

The data pack presented gives high-level findings on patient demand for emergency and urgent care in acute settings across our Boroughs' populations but it is not sufficiently detailed to give insights as to what actions would be most effective to reduce avoidable attendances at Emergency Departments or non-elective admissions. To support detailed planning to improve flow in our urgent and emergency care pathways, several focused investigations are taking place June- August 2024. These include:

- Deep-dive data analysis of conveyances to ED from residential and nursing care homes. In BLMK there are a range of resources to support residential care homes and nursing homes to care for residents during illness, from primary care, pharmacists, acute hospitals and community services – the issue for exploration in this work is to understand which residential providers have high conveyance rates, and how we can best utilise our resources to provide treatment in the patient's usual place of residence wherever clinically appropriate.

- BLMK will undertake it's At-ED (Alternatives to Emergency Departments) audit during July and August led by the East of England NHSE team.
  This is a national peer-led review working with each hospital to audit a snapshot of people attending the emergency department and exploring which patients could have been seen / treated elsewhere: and whether these services are available to local residents. It will highlights gaps in community alternatives / gaps in public knowledge of such alternatives, which will inform winter planning.

- Learning through Improvement – BHFT and the Bedfordshire Care Alliance partners have completed a highly successful 'decompression', which has accelerated the supported discharge of patients ready to leave hospital during the last 2 weeks of July. The process has reduced bed occupancy (people waiting for discharge) significantly and enables BHFT to maximise its elective recovery (as elective clinical areas are not being used for escalation beds), and it has highlighted a number of changes in process and multi-agency working between partners that aim to sustain the 5 day reduction in time waited for patients from being ready to leave hospital to being discharged.

  Similarly partners in Milton Keynes are embarking on a 'MADE' (multi-agency discharge event') during July to maximise the use of virtual ward in treating people at home who don't need to be seen in ED / admitted to an acute bed.

  Such events provide invaluable practical insights into improvement that can be made along UEC pathways to reduce patient delays and associated clinical risk, and support all partners to deliver care and treatment sustainably within resources.

- Utilising digital telephony functionality to support improved understanding of demand to improve the experience of residents accessing primary care - 85 of 86 practices now have Cloud Based Telephony installed (negotiations continue with the final remaining practice). Cloud based systems provide greater functionality to practice teams to create a true understanding of demand – including, incoming call volume, call length, calls dropped, and call answering time – which will support practices as they move to a modern general practice access model (patients know on the day they contact their practice how their need will be met) by 31st March 2025. General practice teams again delivered an increase in the number of appointments in 23/24 compared to 22/23 and continue to benchmark high for the number of appointments provided face to face – 78% of appointments were face to face in 23/24. Furthermore, continued development of the multi-disciplinary team using the Additional Roles Reimbursement Scheme is supporting primary care access with an average of 54% of appointments delivered by a professional other than a GP in 23/24.

ii) Prevention

Age UK's support for older people in winter web pages identifies a number of preventative actions that are best delivered at a neighbourhood / local communities level to support people to stay well during winter. These are staying warm, staying connected (reduce loneliness and isolation), and staying mobile (reduce risk of falls in inclement weather). The Local Authorities in BLMK have a strong track record in leading this work with VCSE partners, and the planning processes are well-established.

The challenge for all partners at Place is to connect local residents with the resources available to support them, and there are a number of initiatives that partners have used at Place to do this, including winter directories and 'speed-dating' workshops for services and VCSEs to connect during the autumn and learn how best to draw on each others' expertise.

This process is already commencing in each of our BLMK partnerships at Place, focused on the needs of our local communities and the resources residents can utilise (statutory and VCSE). This will be overseen through local Place governance arrangements.

Alongside this, ICS partners will be undertaking seasonal vaccinations during the autumn. This year the usual flu, pneumonia and COVID vaccinations will be provided as usual, together with RSV for children and older people. RSV is Respiratory Syncytial Virus is a respiratory viral infection which has been much in evidence in our populations post-COVID. The vaccine will be offered to all people over 75 years of age and pregnant women who are 28+ weeks.

As is reported in the data pack, respiratory infections are the primary cause of admissions in our 65+ years population, as well as a primary reason for ED attendance for 0-2 year olds. Maximising population immunity through vaccine uptake remains an important resource in minimising avoidable ED attendances and non-elective admissions.

Most children who attend A&E are aged 0-5 years and the main presenting conditions are respiratory related. Of all children 0-18 years, 60% of attendees received minor treatment (category 1 or 2) and 30% receive no significant treatment. Young children can become unwell very quickly, and it is important that care-givers seek advice when they are concerned that their child is deteriorating rapidly. However, this data indicates that most of these children do not need to be reviewed in paediatric ED. To support caregivers in BLMK the universal children's services are engaging with parents in our local Family Hubs / Children's Centres offering education in knowing what symptoms to look out for and feel confident in managing minor illnesses.

iii) Improving flow along urgent and emergency care pathways

Mental Health Urgent and Emergency Care pathways in Bedfordshire – there are a range of actions underway to reduce delays in all settings for people being treated on this pathway. As with supported discharge pathways from acute hospitals, there is a focus on discharge planning processes as well as a range of tactical and strategic actions to tackle the root causes of delays along this pathway. This includes increasing community crisis alternatives to mental health inpatient admission and enhancing management of supported independent living brokerage. The BLMK MHLDA Collaborative (the partnership between our mental health services providers - East London Foundation Trust, who provide services in Bedfordshire, Central & North-West London Trust who provide services in Milton Keynes - and the ICB) is working with experts by experience and partners to design and develop the sustainable resources to meet current and future need.

The Improving System Flow programme between partners in Milton Keynes and the Bedfordshire Care Alliance workstreams are focused on a range of transformational programmes to reduce avoidable ED attendances / non-elective admissions. For Bedfordshire, the national initiative to reduce ambulance conveyances (Call before you Convey, which mandates that ambulance crews engage with local clinicians before taking a patient with non-life-threatening presentations to hospital) will be focused on our residents living in care homes / nursing homes. In Milton Keynes, the virtual ward team is making progress with their ambulance provider (South Central Ambulance Service – SCAS) to enable patients with low acuity needs who've contacted 999 to be seen in their usual place of residence by virtual ward clinicians. This reduces avoidable ambulance conveyances and thus clinical risk for our sickest patients by dedicating ambulance resources to people with the highest clinical need.

Multi-agency programmes continue in both Milton Keynes and Bedfordshire with partners implementing process changes to optimise flow through hospital settings. A shared aim is to sustain acute hospital inpatient bed occupancy at 95% or lower. This enables timely admission from ED for patients who require it, which in turn supports rapid ambulance handovers.

List of appendices

Appendix A – Data Presentation

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 19 July 2024

Report Author: Vineeta Manchanda, Chair of Audit and Risk Assurance Committee

Report to the: Board of the Integrated Care Board in Public

Item: 9 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Audit and Risk Assurance

Recommendation: The Board are asked to **discuss** the issues raised by the Audit and Risk Committee on 19 April 2024.

Key discussion points and matters to be escalated from the meeting.

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- **None**

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- **Internal Audit: Continuing Healthcare Report.** While the level of assurance in this area had improved from limited to moderate there are a number of areas for on going monitoring: the baseline budget setting for CHC in 23/24 did not anticipate increased demand, price increases and complexity. This was a common problem and sharing best practice on a regional basis is hoped to mitigate some of these pressures in future; insufficient staff and problems with reliability of data meant that some CHC standards and targets were not met; work with clinicians at provider organisations- especially hospices, care homes and acute trusts to ensure that patients are not inappropriately referred onto the fast track pathway as they are nearing EOL, which creates additional funding pressure. CHC oversight is moving to the Chief Nurse, which should improve clinical oversight.
- **Safeguarding Internal Audit Report.** Due to late submission this report could not be considered by the 19 April meeting and was deferred to the 25 June meeting of the Committee.
- **Information Governance (IG) Assurance Update.** Concerns were raised with the Committee that the increasing workload may impact on the team's ability to carry out its statutory function.
- **Deep dive into Urgent and Emergency Care System Risk.** This is a developing area of system level risk assessment which was discussed with Risk Leads and Audit Chairs from partner organisations in the Part 2 meeting. Good progress has been made with developing a more granular and system-wide risk assessment, including the development of draft key risk indicators. Discussions between partners are ongoing to finalise the risk assessment. The Committee will consider further at its meeting on 26 July subject to sufficient work being concluded. Since the departure of the Deputy Head of Organisational Resilience in June, the risk team is under-resourced to sufficiently drive this work.

ASSURE: Inform the Board where positive assurance has been received

- **2023/24 External Audit Plan.** The plan was agreed and the Committee has advised Grant Thornton, external auditors, to include progress on environmental commitments in the report.
- **Internal Audit: Progress Report.** Internal audit reports are on track with all indicators on RAG rating Green.
- **Internal Audit: Primary Care Commissioning Report.** No items of undue concern to be reported. Assurance Rating: Substantial.

- **Internal Audit: Conflicts of Interest Report.** A point was raised that the interests of decision-making staff should be published annually on the website**.** No other items of undue concern to be reported. Assurance Rating: Moderate.
- **Internal Audit: Follow up of Recommendations Report.** Good progress is being made, with 75% Completed, 15% In Progress and 10% Overdue.
- **Internal Audit: Draft Annual Report and Draft Head of Internal Audit Opinion Report.** No items of undue concern to be reported. Assurance Rating: Moderate Overall.
- **Internal Audit: Draft Internal Audit Plan 2024 – 2027.** No items of undue concern to be reported – audit plan to be finalised outside the meeting following further discussions with executives and Chair. The Committee discussed involving other committees in scoping internal audits where relevant. Management agreed that this could be considered by exception.
- **Counter Fraud Progress Report January 2024.** No items of undue concern to be reported and the Committee approved the annual plan.
- **BLMK Corporate Risk Register.** The risk register is fit for purpose and is developing to include changes to the risk profile of the organisation.
- **Annual Report Progress Update.** The update was noted and the final report will be considered by the Committee at an extra-ordinary meeting on 25 June 2024.
- **Authorised Single Tender Waivers.** The single tender waivers authorised by the Chief Executive and Chief Finance Officer were noted by the Committee and no matters of concern are to be reported.

RISK: Advise the Board which risks were discussed and any new risks identified

- See above: **Information Governance (IG) Assurance Update** and **Deep Dive into Urgent and Emergency Care System Risk**

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

- **None**

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 19 July 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead: N/A

Report Author: Ola Hill, Deputy Head of Organisational Resilience

Report to the: Board of the Integrated Care Board in Public

Item: 9 – System Risks and Board Assurance Framework

Reason for report to the Board:
(a) power to approve is reserved to the Board
(b) NHSE requirement to report to Board

1.0 Executive Summary

1.1 This report provides a comprehensive overview of the current state of the System Board Assurance Framework (BAF) and ongoing risk management initiatives within the Integrated Care Board (ICB). The System BAF presently encompasses 12 strategic system risks, with a stable risk profile indicating that external factors influencing these risks have not changed significantly. Notably, 10 out of 12 risks remain rated as HIGH, underscoring the need for focused mitigation strategies.

1.2 In transitioning to a Dynamic Risk Management approach, the BAF template has been updated to incorporate Key Risk Indicators (KRIs) for each risk across all system partners, including Local Authority Partners. This enhancement aims to provide a more granular approach to risk description, making explicit the multifaceted nature of system risk. By doing so, it ensures that all potential vulnerabilities are thoroughly examined, enabling more targeted and effective risk mitigation strategies. The iterative nature of the BAF template allows for continuous evolution to reflect emerging risks, operational changes, and stakeholder feedback, ensuring its relevance and efficacy in guiding risk management strategies. Completing this work requires engagement from all system partners so although the framework has been created, the work programme to populate the framework fully will take time to deliver with system partners through a series of risk workshops.

1.3 The report highlights two ongoing risk assessments, including Urgent and Emergency Care (UEC) and Financial and Operational Sustainability in the Voluntary, Community, and Social Enterprise (VCSE) sectors. These assessments have involved collaborative workshops and consultations with senior operational partners to refine risk descriptions and agree on KRIs and existing controls. The ICB will continue to work with system partners to fully populate the risk ratings, ensuring comprehensive risk assessment and mitigation.

1.4 The ongoing enhancements to the BAF and the comprehensive risk assessment efforts reflect the ICB's commitment to robust risk management and system resilience. The detailed analysis and strategic focus on emerging and existing risks are essential for maintaining service continuity and quality in the face of evolving challenges. The Board's approval and continued support are crucial for the successful implementation of these risk management initiatives.

2.0 Recommendations

2.1 The members are asked to **note** the BAF update including the progress with the more detailed risk assessments undertaken with partners for the UEC and VCSE risks, the future work programme including prioritisation of a system risk assessment for the cyber security risk and **agree** any additional actions or mitigations required.

3.0 Key Implications

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

3.1 There are finance and workforce risks on the BAF relating to the BLMK system. The ICB Risk Lead post is currently vacant and recruitment to this role will begin soon. In the interim, the Head of Corporate Governance and the Head of the PMO will cover the key functions of the Risk Lead for the ICB. The pace of work on system risk assessments will be impacted by the capacity of the ICB to convene and system partners to participate in this work.

3.2 Widening inequalities is a strategic risk on the BAF which has implications across the BLMK system.

3.3 The BAF recognises Climate Change and subsequent adaptation as a key strategic risk from the BLMK system.

3.4 The ICB Executive Team, Audit & Risk Assurance Committee and System Chief Executives' Group have all received the BAF and System Risk Appetite prior to the Board.

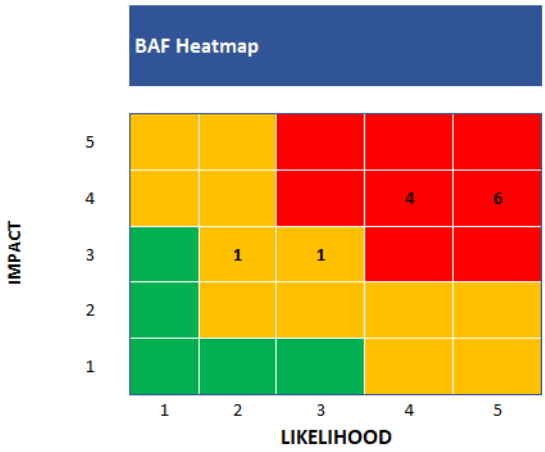
4.0 Report

4.1 **System Board Assurance Framework**

4.1.1 The System BAF presently comprises 12 strategic system risks, with no changes since the last meeting.

The graphics below illustrate that the risk profile of the ICB has been stable for some time, which continues to suggest that external factors impacting these risks have not changed significantly. With 10 out of 12 risks rated as HIGH, it suggests that the System continues to deal with risks that continue to be considered to have significant potential impact and likelihood. It will important that in the forthcoming year, the ICB focuses attention on implementing necessary mitigation strategies to reduce these risks.

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services Risk	20	→
BAF0002	Developing suitable workforce	20	→
BAF0003	System Pressure & Resilience	20	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change	16	→
BAF0008	Population Growth	20	→
BAF0009	Rising Cost of Living	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health literacy - Denny Review	16	→
BAF0012	System Collaboration	6	→



Risk Movement Over Time (24/25)

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
BAF0001	20	20											
BAF0002	20	20											
BAF0003	20	20											
BAF0004	16	16											
BAF0005	20	20											
BAF0006	20	20											
BAF0007	16	16											
BAF0008	20	20											
BAF0009	16	16											
BAF0010	9	9											
BAF0011	16	16											
BAF0012	6	6											

4.1.2 As part of the transition to the Dynamic Risk Management approach, the BAF template has been updated and adapted to include the use of Key Risk Indicators (KRIs) for each risk across all system partners including Local Authority Partners. Work is currently ongoing with ICB Executive Leads to identify appropriate KRIs for existing risks while building the DRM methodology into the assessment process of new risks going forward.

4.1.3 KRIs will be used as a set of metrics to monitor the risks and effectiveness of controls. They will also serve as predictors to changes in the risk profile. KRIs for new risks will be agreed by the System Risk Leads with involvement from operational leads as part of the risk assessment process.

4.1.4 The System has taken a more granular approach to the risk description to make overt the multifaceted nature of system risk, ensuring that each aspect of potential vulnerabilities is thoroughly examined and understood. This detailed approach highlights the interconnected and complex factors contributing to the overall risk, allowing for more targeted and effective risk mitigation strategies. By breaking down the risk into its constituent components, the organisation and the System can better identify specific areas of concern, allocate resources more efficiently, and develop tailored interventions that address the unique challenges faced within the System.

4.1.5 The BAF template is iterative and will evolve to reflect emerging risks, changes in the operational environment, and feedback from stakeholders to ensure it remains relevant and effective in guiding risk management strategies.

4.2 Ongoing Risk Assessments

4.2.1 Urgent and Emergency Care (UEC)

Following the last meeting of the Board, System partners collaborated on a workshop to develop an integrated risk description for Urgent and Emergency Care. The Audit & Risk

Assurance has reviewed the risk description and it has since been refined in consultation with senior operational partners. The risk was reviewed at the System's UEC Planning and Assurance Group on 2 July and the Group requested further work on the risk description and the key risk indicators. The current draft risk description is below and an updated version will be reported to the ICB's Audit and Risk Assurance Committee on 26 July:

Draft v2 Risk description

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Integrated Risk Description for increasing pressure on UEC services and pathways in the BLMK System
As a result of multiple and interconnected factors across the BLMK system, including:

- **Public expectations** and **demand exceeding capacity** in general practice
- **Poor flow** from acute hospitals leading to overcrowding and **delayed ambulance offloading**
- **Increased complexity** and the **changing nature** of patient needs, coupled with **fragile capacity** in community services and social care
- **Challenged financial environment and pressures** across the system, limiting resources and capacity for improvement
- **Workforce limitations** impacting staffing levels across all areas of the UEC pathway
- **Lack of a unified approach** to responding to system pressures, hindering **flexibility** in managing demand and capacity
- Extraordinary **population growth** in BLMK

There is a risk of:

- **Bottlenecks** and **delays** in accessing appropriate UEC services, particularly for patients with complex needs
- **Unsafe overcrowding** in Emergency Departments (EDs) and acute hospitals
- **Increased risk of harm** to patients due to delayed or missed interventions
- **Higher healthcare costs** due to out-of-area placements, reliance on expensive temporary accommodation and potential financial penalties

Resulting in:

- **Negative patient outcomes and harm** including longer wait times, poorer quality care, avoidable complications and deconditioning
- **Increased strain** on resources and staff well-being, recruitment and retention potentially leading to further workforce challenges
- **Reduced system efficiency** and effectiveness in managing patient flow
- **Longer ambulance response times** and further system strain
- **Lack of public confidence** in the NHS and social care
- **Cancellations and delays** in elective care

Key Risk Indicators have also been proposed by senior operational partners and are detailed below, work is underway with all partners to confirm the risk indicators and populate the risk scores and the updated position will be reported to the Audit and Risk Assurance Committee. Currently, there is no difference between the inherent and current risk ratings which indicates that further actions are needed to mitigate the risk, however initial assessment for this risk does not yet include all partners therefore the risk profile is subject to significant change. The ICB will continue to work with partners to fully populate the risk ratings.

Integrated Risk Description for increasing pressure on UEC services and pathways in the BLMK System

	Impact	Likelihood	Risk Rating
Inherent	3	4	12
Current	3	4	12
Target			

Organisations	Key Risk Indicators					
	Community Referrals	Non-Inpatient Ward Accom	Rolling Discharge Deficit	Ambulance Handover >15 mins	111 Call Abandonment	MH Discharge Delays
BBC						
BHFT	6	20	20	20	12	20
CBC						
CCS						
CNWL						
EEAST						
ELFT						
LBC						
MKCC						
MKUH						
SCAS						
System						

Controls
ICB monitors performance of UEC metrics on a fortnightly basis and raise any issues/risks to leads
UEC recovery programme for Bedfordshire Hospitals is focussing on improving and mitigating the impact of the UEC pressures on the hospital by redesigning processes to cope with higher volumes / acuity of patients and refreshing our escalation and OPEL actions.
Resilience policies and procedures, which are well articulated and communicated.
Culture of system support- transparent system relationships SCC - team expertise
Re-establishment of UEC Planning and Assurance Meeting

The Board is asked to note progress with the above risk assessment which will be added to the BAF and monitored via the CEO Group going forward, noting that there is further work to be done with system partners around risk assessment of the KRIs.

4.2.2 Financial and Operational Sustainability in VCSEs

Following the last meeting of the Board, factors affecting VCSE sustainability was discussed at the VCSE Strategy Group in March, with the risk management approach and initial risk description and Key Risk Indicators discussed on 7th May and 2nd July. The group has refined the risk description, agreed the KRIs, controls and actions with the support of the VCSE Partnership Lead.

Draft Risk Description

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

As a result of multiple factors affecting VCSEs:

- Delays in funding decisions, impacting financial planning and stability.
- Inflationary contract uplifts not keeping up with inflation, increasing operational costs.
- Reduced public fundraising due the cost of living crisis, decreasing resources.
- Short-term service decommissioning, affecting service continuity.
- Transition of services to other providers or internal handling, disrupting operations.
- Lack of involvement in planning services, dependence on short-term funding and pilot projects, creating long-term uncertainty.
- Perceptions of the sector in relation to know ledge, business operations, impact and value
- Disproportionate reporting and burdensome regulatory requirements
- Societal/global instability and polarisation

There is a risk of:

- Workforce challenges, including difficulties with recruitment, retention, and redundancy.
- Operational inefficiencies due to unfilled vacancies and shifting risks within the VCSE sector.
- Financial instability from using reserves to maintain services.
- Reputational damage for VCSEs and all partners from perceived instability and service disruption.
- Over reliance on the medical model
- Market domination by larger VCSE organisations and loss of grass roots groups
- Complex operational functions and diminished organisational capacity
- Reduced social cohesion

Resulting in:

- Intermittent or reduced service delivery and potential closures to VCSE services.
- Loss of institutional know ledge, organisational memory and service expertise.
- Increased resource strain, requiring higher efficiency with few er resources.
- Reduced outreach to seldom heard and disadvantaged communities, increasing inequalities.
- Reluctance to engage with statutory partners.
- Loss of external funding into BLMK
- Loss of opportunities for collaboration and innovation

Consequently, these factors will lead to reduced capacity, agility, flexibility, and innovation within VCSEs. This will result in a poor experience and reduced support for service users and residents, ultimately leading to poorer health outcomes and increasing inequality. There will be an increased demand and costs on statutory services, with services not improving as needed. Additionally, this will cause diminished trust and reputation for VCSEs and all partners, along with a reduction in the delivery of social value for the BLMK population.

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board 3

Qualitative and quantitative KRIs have been developed and will be presented to the VSCE Strategy Group for final agreement prior to discussion at the Audit and Risk Assurance Committee on 26 July.

Draft Key Risk Indicators (for further development)

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Indicator	Qualitative / Quantitative
Funding allocation for VCSE agreed by X date	Quantitative
6 months notice provided for decisions to reduce funding	Quantitative
Inflation uplifts in contracts agreed annually in line with NHS and advised no later that 28/02	Quantitative
Improving Maturity Assessment via NHSE VCSE Quality Development Tool	Qualitative
Increase investment in number of small VCSE organisations providing health and wellbeing interventions to residents	Quantitative
Increase total investment in VCSE sector to support health and wellbeing of residents	Quantitative
Increase investment in infrastructure organisations to enable VCSE involvement in design and delivery of health and care to residents	Quantitative
Increase in external funding for BLMK via VCSE funding	Quantitative

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board 5

The Board is asked to note the work done to date on the VCSE and approve the risk for addition to the BAF, which will incorporate any additional amendments made by the VCSE Strategy Group.

4.3 **Deep Dive Programme 2024/25**

Over the coming months, the series of deep dives and comprehensive risk assessments will continue across various areas. These efforts will focus on pinpointing potential vulnerabilities and developing robust strategies to address them. The objective is to ensure that there is continuity to provide high-quality, resilient services and effectively respond to emerging challenges.

- New Potential Risks
    - Cyber security – this risk assessment is the top priority for completion by the system and partners are requested to support this work
    - Digital Transformation – risk of poor benefits realisation
    - Estates Infrastructure
    - Long waits for elective care

- Existing BAF Risks
    - BAF 0003 System Pressure & Resilience – will be updated in the light of the UEC deep dive
    - BAF 0005 System Transformation – to be updated in the light of the final Operational Plan 24/25
    - BAF 0007 Climate Change – progress with the Adaptation Plan to be reviewed by the Audit and Risk Assurance Committee in 24/25

5.0 Next Steps

5.1 The BAF will be presented to:

- Audit & Risk Assurance Committee – 26th July 2024
    - A deep dive will be conducted on the VCSE risk with system partners
    - A review of the UEC risk will be undertaken with system partners

5.2 The ICB's Risk Management Framework has been reviewed in the light of the development of our risk maturity and system working. The updated Framework is being presented to the Audit and Risk Assurance Committee on 26th July and will be presented to the Board in September for approval.

List of appendices

Appendix 1 – Board Assurance Framework

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Report Author: Shirley Pointer, Chair of Bedfordshire Care Alliance

Report to the: Board of the Integrated Care Board in Public

Item: 10 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Bedfordshire Care Alliance Committee

Recommendation: The Board are asked to **discuss** the issues raised by the Bedfordshire Care Alliance Committee on 21 March and 20 June 2024.

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• **None**
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **BCA project portfolio.** The revised portfolio of projects are at very different stages of development and maturity. Of the six projects in the BCA programme only one, Virtual Wards, is running and delivering to plan, three projects are in the initial set up stage with some elements in place and two were yet to be started but had meetings set up to define the project scope and milestones. With the exception of the Virtual wards project the remaining 5 projects require considerable work to create clear project definition, milestone plans and clearly defined success measures. It will be important to ensure these projects are properly resourced if progress is to be made. • **Governance Arrangements and revised Terms of Reference.** The committee is firming up its role as a strategic body supporting and reviewing the membership of the governance structure to minimise duplication of meeting agendas and that issues to be addressed are escalated to the correct levels in the structure. Consultation with partners will continue through the summer with a view to ensuring the Terms of Reference reflect an agreed ambition for the Alliance and the Committee which is fully aligned with the ICB strategy and governance. Agreed terms of reference will be brought to the ICB Board in September 2024.
ASSURE: Inform the Board where positive assurance has been received
• **BCA Project 1 – Virtual Wards.** The project has now been in place for over a year and is demonstrating success in preventing unnecessary admissions into hospital. However, risks and challenges as the project expands, include longer term funding needs, recruitment to maintain a fully resourced and appropriately skilled team, throughput monitoring, and pharmacy resource. NHSE have visited to review the effectiveness of the project and whilst their report is awaited the informal feedback has been very positive. The project will continue to be monitored by the BCA and any matters of concern will be reported to the Board.
RISK: Advise the Board which risks were discussed and any new risks identified
• The committee considered the six current BCA projects, which are at different stages of development, and discussed and assessed a wide range of risks and challenges pertaining to the project. At this time, none are deemed to be of undue concern to the committee or to the Board.
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
• **BCA Project 1 and 2 – Virtual Wards and Call Before You Convey.** These projects are interlinked with an overarching aim to reduce unnecessary hospital admissions. They are

moving forward positively, clearly demonstrating the value of partnership and collaboration in transforming the services we are able to offer Bedfordshire patients. The Bedford "Silver Phone" service had seen a huge upturn in use, will calls in the last quarter exceeding calls made in the entire first year of operation.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Report Author: Shirley Pointer, Chair of Quality & Performance Committee

Report to the: Board of the Integrated Care Board in Public

Item: 11 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Quality and Performance Committee

Recommendation: The Board are asked to **discuss** the issues raised by Quality and Performance Committee.

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• The detail of the governance of the quality and inequalities groups and the reporting lines was requested for the next meeting. • **Review of maternal deaths at Bedfordshire Hospitals (BHT) -** A robust review has been undertaken initialised by BHT into the maternal deaths across both Luton and Dunstable and Bedford Hospital sites. The review looked at all occurrences from 2018-2022, the causes of death, age and socio-economic and ethnicity of the mothers. It found some commonalities and areas for improvement. The detailed review report had been through the BHFT internal governance process before being reported to this Committee. The Committee requested more information on the methodology of the review and the external assurance required of the delivery of recommendations. The recommendations will be implemented at BHFT and system level, with the Local Maternity and Neonatal System (LMNS) monitoring the implementation and reporting to the ICB's Quality and Performance Committee on progress and the impact of the actions. • **The report findings did not show a statistical difference, but the comparators were based on reviewing deaths over the previous years within their organisation and not against a case mix adjusted unit or another local unit. National data was also not able to be used as it did not disaggregate to individual maternity sites.** The committee asked some follow up questions send to BHFT which we will follow up at the next meeting. • **Planned care** – Milton Keynes University Hospital is now in tier 1 of oversight meetings. • **Out of Area Bed days** – the system is over plan on out of area bed days by 700% in month (plan 171 bed days – currently 1405 bed days). An action plan being implemented working with Social Services. Implication on the financial position will be included in the report to the Board. There is a plan to provide an adult in-patient facility but the ICS does not currently have capital to implement the plan. A detailed deep-dive will be taking place at the Mental Health, Learning Disability and Autism Committee, which is proposed to be established at the next ICB Board and information will be reported to the next Q&P Committee. • **Evaluation of virtual wards.** Measurable improvements were evidenced in the use of virtual wards; 10.5 thousand patients were kept out of hospital with this facility. The Committee was assured there were appropriate governance arrangements in place to ensure that the increased use of this approach did not adversely affect patients. However. It was noted that there was not a consistent approach to evaluation across Milton Keynes

and Bedfordshire. The committee would want to see the development of an agreed evaluation framework to apply across the ICB and will monitor this aspect.

- **Specialised Commissioning** governance process to be defined as the ICB is the host organisation, but also has responsibility to ensure quality of service for our residents. Need to be assured that the overarching quality issues are being addressed. Perhaps this should say that the governance process are developing and we will be monitoring how the governance separates the ICBs role as the host of the commissioning function and the BLMK ICB role as an equal partner with the other participating ICBs and recipient of the services for the BLMK population.
- **Policy approval** – future reports to provide an overview of the high-level changes, and assurance that the financial, equalities and environmental assessment had been undertaken.
- There are increasing numbers of children waiting for both dental specialties and paediatric audiology with many waiting more than 52 weeks. Work is underway planned to look at referral pathways and waiting list initiatives to reduce numbers waiting.

ASSURE: Inform the Board where positive assurance has been received

- **Performance information sharing with partners** – the Chair has shared the performance information with other NHS Trusts Quality committee Chairs in the system and has invited them to have a discussion on how we might ensure that the Quality and performance agenda addresses any system level areas of concerns for their trust..

  Children and Young People deep dive
  - Population Health Information Unit provided data on children & young people which highlighted variances at place of still births, neo-natal and infant mortality, immunisation take up, childhood obesity and emergency admissions. Actions being taken to address these includes, NHSE set up call and re-call process for immunisation. BLMK gaining insight into certain population groups to understand why they are not taking up immunisation. The ICB is working with Gypsy/Roma group on particular interventions for immunisation, where levels of measles have increased.
  - CYP Partnership Transformation Board has agreed 5 strategic ambitions to guide future work.
  - Each Place is taking forward early-years pilot on early intervention to provide support young children.
  - The Committee heard. action is being taken to support families dealing with childhood epilepsy, asthma and diabetes and the use of digital solutions.
- **NHS 111** - Significant positive impact for NHS111 abandonment rate as a result of the provision of current external support and actions in place to maintain the improved performance when this support ceases.
- **Virtual wards** clinical governance is in place with multi-disciplinary meetings. Milton Keynes made the decision to focus on those patients that required more extensive nursing and medical support.
- **Clinical Advisory Group** been established to review quality and inequalities of service change decisions. It had looked at mental health pilots that haven't had recurring funding and would therefore be stopped. Assurance was received that there would be no negative impact to residents as there are alternative services in place. The governance and TOR for the group will be reported to the next meeting.
- **Key-worker programme** annual report was presented – 3 year programme to provide support to C&YP with mental health and neurodiversity to prevent admission to hospital. The Committee were assured that this is a service that is delivering and having positive outcomes. It is also a good example of working with VCSE to deliver a service that makes a positive difference to residents.
- **Safeguarding internal audit** opinion was "Substantial" for design opinion and "Moderate" for design effectiveness and the Committee was assured that the recommendations have all been accepted and there are actions in progress to address these.
- **Enquiries and experience annual report** – there was an increase in activity following pharmacy, optometry and dentistry delegation. Analysis of themes had been undertaken,

established internal working practices to respond to enquiries. A follow up review will be undertaken in 6 months.

- **System Insight Network -** The Working with People and Communities Committee will cease to be a board committee. Its work will be conducted through a System Insight Network to ensure the statutory duty to involve local people in decisions about their health.It was agreed that the work of the network would be reported to the Quality & Performance Committee on a quarterly basis. The System Insight Network will have a broad membership from various organisations that already gather patient voice information e.g. Healthwatch. The insight information will inform the strategic agenda of the system and transformation programmes.

RISK: Advise the Board which risks were discussed and any new risks identified

- **Quality risks** on the Directorate and Corporate risk register will be included as a standing item on the agenda for each meeting and an annual review.
- **Prescribing risks** – the ICB moved to block contracts with acute hospitals. However as costs can fluctuate the acute providers have implemented internal approval for the use of certain drugs due to affordability. creates a risk of the differing financial position of trusts could differentially affect the availability of certain drugs in different trusts and thus variation of access within BLMK. If this risk materialises then the Committee will be informed.
- **National patient safety alert regarding epilepsy medication in pregnancy**. Because of risks associated with taking Sodium Valproate for epilepsy, there is a requirement for the female patients who are currently prescribed Sodium Valproate and could become pregnant to be reviewed by 2 consultants ideally at preconception stage. In BLMK there are 490 women in the age range 13-54 who should be part of such a review. The expectation is that all patients should receive a review in 12 months. However If all were offered appointments with 2 consultants this would take up all neurology appointments for the next year and no other patients would be seen. Therefore, following a risk stratification of patients those aged between 13-40 will be prioritised for review. All the patient group have been made aware of the safety alert and those aged between 40–54 will be offered a review should they decide to become pregnant.

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

- NHS App usage improving, need more targeted improvement in Luton.
- Safeguarding internal audit report identifies good practice.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

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

Author: Dominic Woodward, Deputy Chief of Strategy & Assurance and Maria Laffan, Deputy Chief Nurse

Report to the: Board of the Integrated Care Board in Public

Item: 11 - BLMK Quality and Performance Report – M12 - March 2024

Reason for report to the Board:
The Board should receive an update on the quality and performance of the system for which it is responsible.

1.0 Executive Summary

This paper provides an overview of key Quality and Performance challenges and successes highlighted throughout the report and an updated SOF position. We have also included information on NHS App utilisation, the impact of virtual ward on hospital admissions and personalisation data. A fuller report was considered by the ICB's Quality and Performance Committee on 07 June, a summary report from whom is attached.

2.0 Recommendations

2.1 The Board is asked to review & comment on the attached Report from the Q&P Committee.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
Board Assurance Framework	✓

3.1 System workforce, finance, estates, and digital resources impact all areas of performance and quality. Key risks are included within the report and described in the BAF. Inequalities are considered in all aspects of transformational work as a part of the quality agenda, using the Equalities Impact Assessment Process.

4.0 Report

4.1 Background

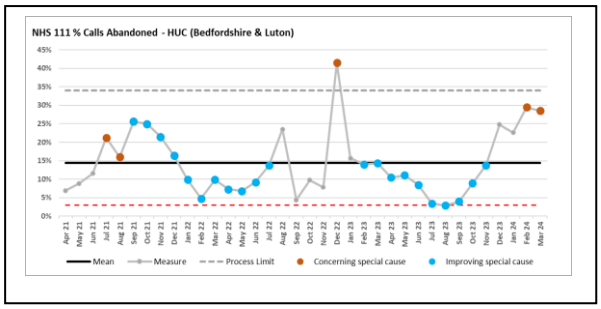
A performance dashboard is included as an appendix to this report, which focuses on narrative to explain changes in performance and associated action plans.

4.2 Key Performance Issues

Primary Care: Governance Body: Primary Care Delivery Group.

NHS 111 Calls abandoned – Place based variance: Bedfordshire Care Alliance **/ 6-month trajectory**: Deteriorating.

The Bedfordshire system continues to experience higher than commissioned calls with an abandonment rate of 28.5% in M12 (latest *published* data). Hertfordshire Urgent Care (HUC) are progressing an Improvement Plan focused on efficiency and productivity improvements. In the interim, National 111 Resilience is providing supporting capacity between April to October 2024 which is proving to be successful and HUC call abandonment rates have significantly improved. ***Consideration needs to be given to the impact on the service when national support ceases in October.***



NHS App Utilisation – Metric: BLMK Priority Programme **/ Place based variance: Luton / 6-month trajectory**: Improving.

In M1, across BLMK there was an 8% increase in NHS app utilisation on the previous month, this is an 87.4% increase on the same time last year. The tables below show the 5 practices lowest logins per 1,000 list size, all five practices are in Luton. Current workstreams to increase resident uptake include increased Primary Care (GP Practice) adoption of related digital services as part of Primary Care Access Recovery Plans, which can be made available by the NHS App, ongoing ICB promotion of the NHS App, accompanied with strategic guidance to service providers with regards digitally enabled access/service improvement and Acute, Mental Health and Community provider partners continuing their Patient Portal journeys, ensuring integration with the NHS App as they expand/develop.

Lowest 5 Practices	
Practice	Logins per 1,000 list size
The Blenhiem Medical Centre	156.6
Conway Medical Centre	141.3
Ashburnham Road Surgery	135.5
Neville Road Surgery	132.9
Malzeard Road Practice	98.0

Community: Community Waiting Lists - Place based variance: Bedfordshire Care Alliance / 6-month trajectory: Deteriorating.

Service	ELFT		CCS						CNWL	
	BLMK		BB		CBC		Luton		MK	
Mar-24	Total Waiting	% Over 18 Weeks	Total Waiting	% Over 18 Weeks	Total Waiting	% Over 18 Weeks	Total Waiting	% Over 18 Weeks	Total Waiting	% Over 18 Weeks
Adult's Services	4103	41.14%	164	30.49%	Figures to the left are for BB & CBC combined		749	9.21%	633	50.55%
Children's Services	752	76.06%	926	54.00%	1438	51.11%	1552	56.19%	1499	48.43%

Patients Waiting Over 18 Weeks to start treatment

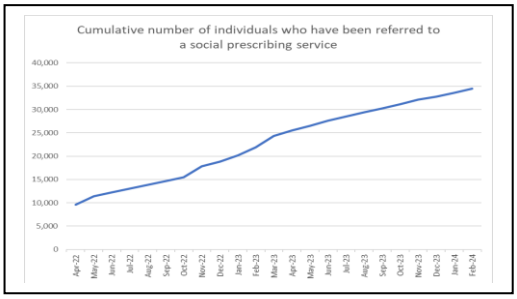
ELFT Adults – 6.3% increase in waits over the last 3 months. Podiatry had the highest >18w waits with 1,041 patients. **Children –** increase of 4.6% in same period; similarly, podiatry had the highest >18 waits with 534 patients.

CCS Adults – 80.3% increase in waits over the last 3 months (from 66 to 119); the Adult Nutrition and Dietetic service had the highest >18w waits. **Children –** increase of 20.3% in same period; highest >18w waits within Community paediatrics.

CNWL Adults – 1.91% increase in waits over the last 3 months; podiatry services adversely impacted due to staff AL and sickness. **Children** – increase of 11.3% in the same period; highest >18w waits within Community paediatrics.

Personalisation - 6-month trajectory: Improving.

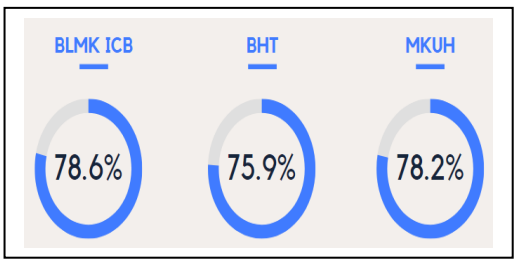
Positive performance against planned trajectories with referrals increasing month on month. Due to national variation (BLMK have fewer link workers and referrals), metrics will require a review and refocus to ensure maximum benefit for the system is derived. Additionally, the Primary Care team are collaborating with both the NHS Confederation and AGEM to design a dashboard which will capture activity and targets; exploration work is on-going on how to measure the impact of interventions.



Urgent and Emergency Care: Governance Body: BLMK UEC Assurance w/ EoE region.

A&E 4 Hour Waits – Metric: NHSE Constitution Measure / NHSE Operational Plan **/ Place based variance:** Milton Keynes Hospital **/ 6-month trajectory:** Improving.

In M12 BLMK exceeded the national requirement target of 76%, ranking second in region for performance with 78.6%. In M1 (latest published data), the ICB continue to exceed the national target by 5%. All Trusts have seen significant increases in A&E

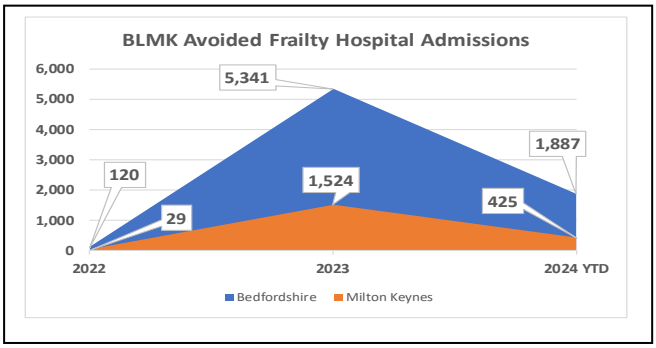


attendances, notably MKUH with an all-type increase of 10.9% in March compared to February.

Virtual Ward – Metric: NHSE Operational Plan **/ 6-month trajectory:** Deteriorating.

The number of virtual ward beds per 100K population remains above 40, ranking us among the top performers nationally. The small increase in bed numbers expected to support an 80% occupancy rate, has been reflected in the 24/25 planning submission.

Virtual ward implementation has had significant impact on hospital admissions specifically within the frailty cohort. Since 2022 to 2024 (YTD), there have been approximately *9,326* frailty patients across Bedfordshire and Milton Keynes who would have otherwise been admitted to hospitals; in the same period, there have been a total of *1,164* respiratory patients across Bedfordshire and *7* within Milton Keynes. This is a total of *10,497* patients who have benefited from virtual ward support, who otherwise would have been admitted into hospital.



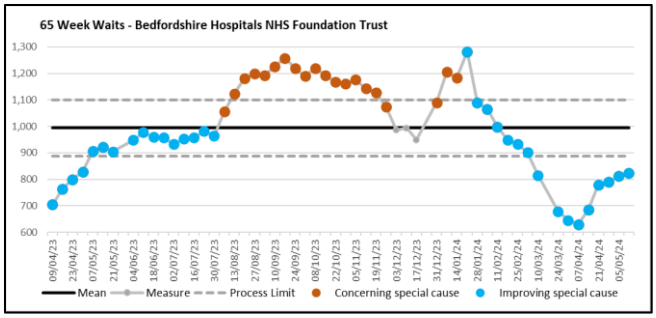
Pathways and developments yet to be implemented include expansion to South Bedfordshire, Cardiology pathway development, and growth of Respiratory and Paediatric pathways. Further recruitment and skill enhancement is on-going.

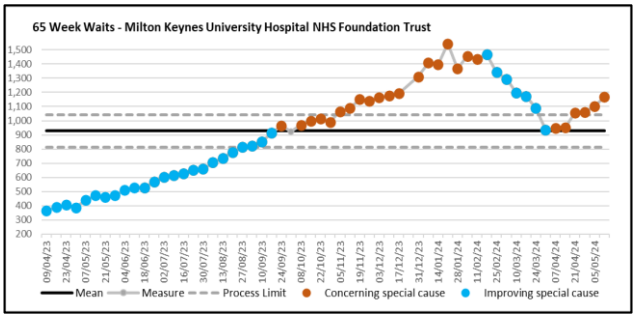
Planned Care: Governance Body: Elective Collaboration Board

Elective Long Waiters (78 and 65 Week Waits) Performance Challenge – Metric: NHSE Operational Plan, BLMK Priority Programme, NHSE SOF **/ Place based variance: Milton Keynes Hospital / 6-month trajectory:** Improving.

The system is working on plans to reduce long waits and as a result of concerns about the current volume of MKUH 78, 65 and 52 week wait breaches, NHSE have put the Trust into Tier 1 for national performance management. The Trust has been asked to develop a recovery plan in the next four weeks using their current outturn position to improve progress towards operational planning target (0 by September 2024). The ICB is working with BHT to conduct a similar exercise to the same timescale.

In May, Moorfields at Bedford discovered patients lost to follow up; external validators found incorrect clock stops affecting three patients with 104-week waits and one with a 91-week wait. Treatment was provided in May, and as investigations continue, the issue will remain on the Elective Leadership Group's agenda until it is fully mitigated.





Diagnostic Tests – 6-week wait – Metric: NHSE Constitution, Operational Plan, BLMK Priority Programme, NHSE SOF **/ Place based variance:** BHT / **6-month trajectory:** Deteriorating.

In M12 the ICB were for the second month, ranked as the lowest performing in region against the 6-week standard. Out of 37,175 patients on the waiting list, 42.4% waited more than 6 weeks for their diagnostic test, this is alongside a 16.9% increase in demand compared to last year. Current operating Community Diagnostics Centres have improved capacity by 5%, this figure over 24/25 once all are active, is expected to improve to 28%. Challenged modalities include Non-Obstetric Ultrasound (NOUS), Dual-energy x-ray absorptiometry (DEXA), Echocardiography, and Audiology.

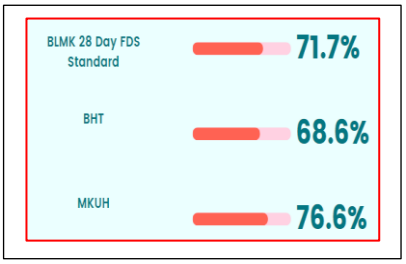
Key improvement initiatives in place or planned include i-Refer (clinical decision support) for both Trusts, cross site reporting system in place, on-going international recruitment, and clinical pathway development. The ICB operational plan for 24/25 is for 85% of diagnostic tests to be carried out within 6 weeks.

Cancer Care: Governance Body: BLMK Cancer Programme Board.

Cancer 62-Day Standard – Metric: NHS Constitution Measure, NHSE Operational Plan, BLMK Priority Programme, NHSE SOF / **Place based variance:** BHT / **6-month trajectory:** Improving.

The ICB underperformed in M12, with 67.9% of people treated within 62 days against the target of 85%; the ICB ranked second highest performing out of six in region against the average of 65.1%. Challenges continue across Trusts due to high referral volumes, delays, and bottlenecks in diagnostic pathways as well as pathways that are increasingly complex to deliver. The focus over 24/25 is on improving the 62-day pathway from diagnosis to treatment which includes specialist diagnostics tests to support staging and treatment decision making.

Cancer 28-day Faster Diagnosis Standard (Performance Success) – Metric: NHS Constitution Measure, Operational Plan, BLMK Priority programme, NHSE SOF (*move from red to amber in May for ICB for both the ICB and MKUH*) / **Place based variance:** BHT / **6 -month trajectory:** Improving.



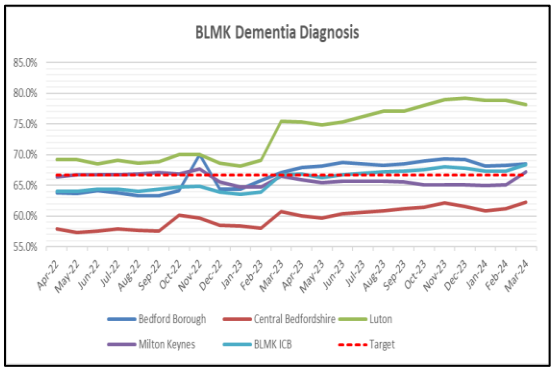
Despite significant challenges in managing demand and capacity, the system has delivered great year end success. At M12 BLMK achieved the FDS standard with 75.4% as did MKUH with 78%, BHT narrowly missed the target with 74% against a target of 75%.

Cancer Early-Stage Diagnosis (Performance Success) – Metric: NHSE Cancer Long term plan, BLMK Priority Programme, NHSE SOF / Trajectory: improving.

Latest stage 1 and 2 data places BLMK at the top of the league table for ICBs on track to meet Long Term Plan ambition to diagnose cancers earlier. The ambition is to achieve 75% of cancers diagnosed at stage 1 and 2 by 2028. BLMK are currently at 65.1%, the national average is 58.2%. This is a good indication that our Early Diagnosis strategy is delivering.

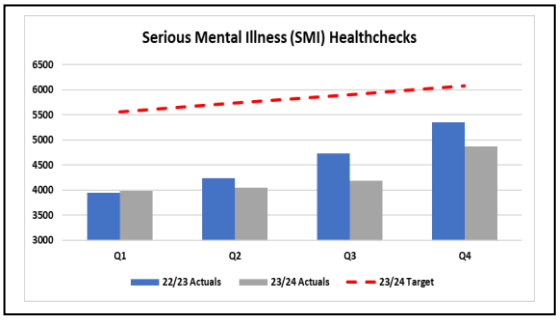
Mental Health: Governance Body: Mental Health Programme Board underpinned by the BLMK MH Transformation.

Dementia Diagnosis Rate (Performance Success) – Metric: NHSE Operational Plan, NHSE SOF (*move from amber to green in May for ICB*) / 6-month trajectory: Improving.



In M12, the ICB ranked highest performers out of six systems with 68.4% against the 66.7% target and a regional average of 63.3%. To further improve the patient pathway and experience, the ICB are carrying out a deep dive into Lewy Body dementia and developing an inequalities workstream with the Alzheimer's society over 24/25. Work continues with VCSE colleagues to increase diagnosis and GP practices to improve care plan reviews.

SMI Health Checks – Metric: NHSE Operational Plan, BLMK Priority Programme, Core20Plus5 / 6-point quarterly trajectory: Deteriorating.



Against the end of year target of 6,077, BLMK ICB carried out 4,872 SMI health checks, ranking the ICB lowest performers out of six regionally. Luton were the highest performers at place meeting 84% of their allocated target with Milton Keynes, the lowest performers meeting 78% of their target. Supporting initiatives for 24/25 include re-commissioned place-based outreach projects, enhanced primary care specifications and training, collaboration with Rethink and checks carried out via home visits and extended access appointments. A pharmacy pilot is also planned over 24/25 to support health check uptake as patients collect medication.

Talking Therapies (Formally IAPT) Access and Recovery - Metric: NHSE Operational Plan / **Place based variance:** Milton Keynes / 6-point quarterly trajectory: Deteriorating.

At M12, the ICB did not achieve the target of 2,427 people accessing treatment with a 16.8% shortfall; the ICB underachieved against the 50% IAPT recovery rate, ranking lowest in region with 43.8% against the regional average of 49.5%. Mitigation focuses on addressing health inequalities to progress reliable improvement and recovery, a review of the treatment model to enable a rise in completed treatment course and a focus on increasing productivity by addressing staffing capacity.

Inappropriate Out Of Area Bed Days – Metric - NHSE Operational Plan (*changing to inappropriate OOA placements in 2024/25),* NHSE SOF (*move from amber to red in May for ICB*) / 6-point quarterly trajectory: Deteriorating.

The ICB are significantly over plan (171) with 1,405, this is comparable to the regional average figure of 1,402 and as such, the ICB is ranked 4/6. To reduce active inappropriate placements over 2024/25, the ICB are considering several transformation plans that include reviews of social work and occupational therapy capacity, crisis resolution and home treatment teams, step down provision, improved purposeful admissions, working with social care to address bottlenecks and a clinical peer review on long stays

Learning Disability & Autism: Governance Body: Mental Health Programme Board.

Learning Disability Health Checks – Metric: NHSE Operational Plan, NHSE Outcome Measure, BLMK Priority Programme, NHSE SOF / **Place based variance:** Milton Keynes / **6-point monthly trajectory:** Deteriorating.

BLMK ICB successfully reduced the health inequality gap within this patient group (all ages) by increasing access to health checks from an average achievement of 67.1% in 2021/22 to 73.9% in 23/24; successful contirbuting factors included promotion of health checks through transition support workers, health faciliation teams and collboration between primary care, health visiting teams and public health.

Milton Keynes place remains a 24/25 risk for underdelivery due to being the lowest performers for the last two consectutive years (*lower in 23/24* than in 22/23); mitigation includes focused work with the LD place team with a review of staff capacity, quality of checks and patient experience taking place, with support from ELFT, Public Health, Council based Commissioning, and Population Health Management teams.

Quality, Serious Incidents & Safeguarding: Recognising that LD Annual Health Checks for Milton Keynes is significantly low for the 14-17 age group, this has been identified as an area for improvement in recent MK SEND inspection.

Children, Young People & Maternity: Governance Body: Children & Maternity Delivery Board

Perinatal Access - Metric - NHSE Operational Plan, BLMK Priority Programme / **6-point monthly trajectory:** Improving.

Significant recovery work by both Trusts in year led to a 2.65% shortfall in meeting the year end trajectory with 1,245 patients accessing perinatal services, in M12 (latest data) against the target of 1,279, giving BLMK ICB the regional ranking of 4/6.

CYP Mental Health Access (*Performance Challenge)* – Metric: NHSE Operational Plan, BLMK Priority Programme, Core20Plus5 / NHSE SOF (*move from amber to red in May for ICB*) / **6-point monthly trajectory:** Improving.

BLMK is currently significantly below the CYP mental health access target of 17,612, with a M12 achievement of 13,440 (- 23.7%). The System is pulling together a recovery plan with regular reporting to the Mental Health Steering Group and the ICS Mental Health Delivery Group. Further oversight is provided through quarterly contract and quality meetings with mental health providers.

Quality, Serious Incidents & Safeguarding:

The Milton Keynes Ofsted Inspection for Children in Need and Child Protection noted a lack of Child Protection Medical Pathways; work is underway to develop short a term solution to Child Protection Medical Assessments by the end of June 24. The MK SEND inspection report is now published for public information 50247473 (ofsted.gov.uk).

A regional safety review has been carried out for the BHT maternity provision. The report is currently embargoed whilst being scrutinised by the Trust for factual accuracy.

British Pregnancy Advisory Services – There is continued local level oversight and improvement work led by BLMK quality and contracting teams on review into abortion services, pathways of care across acute trusts and pills in post concerns. Further work to be explored across primary care and family planning on use of BPAS type services.

4.3 Other Performance Updates

Voluntary Community and Social Enterprise (VCSE)

The ICB is undertaking a risk assessment on sustainability of the VCSE sector to determine whether an entry on the BAF is required. Factors such as delayed funding decisions, lack of uplifts in contracts, and reduced public fundraising during Covid and due to cost-of-living crisis, are leading to a reduction in VCSE service delivery and this is having a negative impact on residents and increasing demand on services delivered by the NHS and LAs. This will be reported to the next Board meeting.

4.4 BLMK System Oversight Framework (SOF) Update – May 2024

BLMK ICB are currently at SOF Segmentation Level 2 (Flexible Support). Comparing May to April there has been one indicator that has improved from Amber to Green, three indicators that have improved from Red to Amber and two indicators deteriorated from Amber to Red.

NHSE Region are in the process of conducting the annual assessment of the ICB and the outcome of this work will be discussed at the annual review meeting with the Board of the ICB on 17 July 2024.

May metric movements across quartile ranges				
ICB	S130a Dementia Diagnosis rate	Amber to Green	⇧	See page 4 in report
MKUH	S012a Cancer – Proportion of patients meeting the faster cancer diagnosis standard	Red to Amber	⇧	See page 4 in report
ICB	S012a Cancer – Proportion of patients meeting the faster cancer diagnosis standard	Red to Amber	⇧	See page 4 in report
BHT	S067a Leaver rate	Red to Amber	⇧	NA
ICB	S084a Number of children and young people accessing mental health services as a % of population	Amber to Red	⇩	See page 5 in report
ICB	S086a Inappropriate adult acute mental health placement out of area placement bed days	Amber to Red	⇩	See page 5 in report

List of appendices referenced within this report and included in a separate document.

Annex 1 – BLMK Performance Dashboard
Annex 2 - NHS App Practice level usage chart

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Report Author: Manjeet Gill, Chair of Finance and Investment Committee

Report to the: Board of the Integrated Care Board in Public

Item: 12 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Finance and Investment Committee

Recommendation: The Board are asked to **discuss** the issues raised by Finance and Investment Committee.

Key discussion points and matters to be escalated from the meeting.

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- **Agency cap** - Bedfordshire Hospitals breached the agency cap in 2023/24 and is predicting achieving the cap in 2024/25 which will be a challenge. A contributory factor is BHT did not change all Healthcare Assistants from Band 2 to Band 3, and these posts are difficult to recruit to and have to be covered by bank or agency staff.
- **Capital** – the system did not deliver the capital allocation by £0.9m as a donation was not secured for the radiotherapy unit at Milton Keynes University Hospital, but other capital funding was secured.
- **2024/25 contracts** not expected to be signed by 31 May 2024 due to financial risks in the system which are being collectively worked on. **Post meeting note**: NHSE have advised that contracts are required to be signed by 14th June and the ICB are working towards this date for our lead contracts.
- **Procurement timeline** – a timeline for procurement with key decisions to be made will be developed to enable strategic commissioning decisions that includes all providers in a competitive market including VCSE.
- **Provider Selection Regime (PSR)** – the Committee will have oversight of contracts awarded under PSR to providers from different sectors, recognising that certain procurement has to be compliant with regulator guidance e.g. CQC.
- **Better Care Fund** - More assurance required of the shared ownership of key leaders of partner organisations to ensure consistency in how the funding is used across BLMK.
- **Better Care Funds** - independent advisers to share best practice in implementation of Better Care Funds to maximise the resource and ensure transformation is included.

ASSURE: Inform the Board where positive assurance has been received

- **2023/24 outturn -** Despite the challenging financial circumstances the Trusts in the system delivered a break-even plan in 2023/24 and the ICB had a small surplus. Accounts are subject to audit.
- The underlying deficit moved from £22m at the beginning of the year to the closing position of £35m due to inflationary pressures predominantly for continuing health care and prescribing costs which regularly reported to Committee at each meeting.
- **Mental Health Investment Standard** target was achieved, subject to audit.
- **2024/25 Plan** – the system submitted a balanced plan to NHSE on 2 May 2024 and includes significant efficiencies of £106m which is circa 6% of Trust and 6.6% in the ICB. Prescribing is identified for efficiencies, but given the challenges in 2023-24, this is a significant risk. There is a transformation programme on Urgent and Emergency Care to

enable more beds to be used for elective procedures to increase income. Focus needs to be on recurrent efficiencies.

- ICB Executives have reviewed the priorities for the ICB in 2024/25 and taken into account the procurement pipeline in determining the priorities.
- **Performance** – the plan identifies that 85% of 6-week diagnostics will be met against a target of 95%. MKUH and BHT will not meet the target of zero 65 week waits by September 2024 and it is expected to have a number of breaches circa 500 in September. This is being examined in detail by the Trusts and the ICB to provide an update to NHS England by 11 June.
- **Workforce growth** - an expected 0.1% increase in Acute Trusts' total workforce this year. This comprises a 1.54% increase in substantive workforce, and a 10.56% decrease in bank and agency. Non-clinical workforce growth is an area of focus.
- **Productivity** is a key area for review for our system.
- **NHS England** - meeting with NHS England on 23 May welcomed that BLMK has delivered a balanced position and cognisant of the risks which were identified.
- The ICB has oversight of the risks of the Trusts that are not domiciled in BLMK and have regular meetings with them.
- **Community and mental health** – there is an opportunity for detailed analysis of community and mental health value for money and quality as part of the procurement process in 2024/25.
- **PSR** - Procurement under provider selection regime (PSR) and nationally there has been a supported challenge regarding ADHD service which will be a choice service where providers can apply for accreditation.
- **Strategic data Platform** procurement is on plan and is in negotiation stage of the process with best and final offer due in July 2024. All partners of the ICB are actively involved in the steering group which is overseeing the process and is planned to come to the Board in September 2024.
- **Infrastructure Strategy** - NHSE issued guidance to inform the infrastructure strategy which will be reported to the Board in September for approval. Templates have been issued by NHSE for completion which are detailed and will be discussed with partner organisation estates colleagues. There is an engagement exercise underway with detailed information packs that will be appendices to the strategy. A draft 10-point plan is being shared with estates colleagues and will be discussed at the Board seminar in July.
- Outputs of the Outline Business Case for additional healthcare services in Leighton Buzzard has been delayed by the announcement of the Parliamentary Election on 4 July. The ICB has committed to publish as soon as possible after the election.
- **S106 funding** is monitored to ensure that it is used appropriately and in line with the ICB priorities. Future reports will include s106 funding that is due to expire.
- **Deep dive on the Better Care Fund** was undertaken and stressed the need to ensure that the funding is used with the involvement of the community to maximise the value for money.
- **Committee workshop** – following positive feedback from the previous workshop another workshop will be arranged.

RISK: Advise the Board which risks were discussed and any new risks identified

- There were a number of non-recurrent efficiencies and funding that contributed to the financial position at the end of 2023/24
- **2025/26 plan** – significant efficiencies required to deliver the plan.
- **No right to reside** and the impact on discharge is a risk to system flow and a cross partner meeting has been arranged to identify actions to mitigate it.

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

- **Re-negotiated business intelligence contract** which has reduced costs and additional support.

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 19 July 2024

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Team

Report to the: Board of the Integrated Care Board in Public

Item: 12 - BLMK ICS Finance Report for Month 2 (May 2024)

1.0 Executive Summary

1.1 This report sets out the 2024/25 BLMK ICS financial position as at 31st May (Month 2) for revenue spend. Capital spend will be reported from Month 3 onwards.

1.2 The table below shows a summary of key financial metrics for NHS organisations hosted within the system.

	YTD Financials	Forecast Financials	YTD Efficiency	Forecast Efficiency	Agency Cap	CDEL
Bedfordshire Hospital NHS FT	R	G	G	G	R	n/a
Milton Keynes NHS FT	A	G	G	G	G	n/a
BLMK ICB	G	G	G	G		

1.3 The plan figures in this report do not reflect the final plan that was submitted to NHSE on 12 June. Plan figures will be refreshed at Month 3 to reflect some changes to profiling - the planned position will remain as breakeven for all three organisations.

1.4 NHS organisations hosted within the system are reporting an income & expenditure £3.4m deficit year to date. All organisations are forecasting break-even against plan for the year.

1.5 Expenditure against capital allocation has not been included in this report as the available allocation has changed materially between the May plan submission and the June plan submission. The June plan submission includes a £10.7m bonus capital funds for submitting a break-even revenue plan for 2024/25. Although planned capital spend is £5.5m higher than the system capital allocation, the system is anticipating the receipt of a IFRS16 capital allocation, this would mean the capital expenditure plan can be contained within the capital resource available.

1.6 The system plan included a net unmitigated risk of c£56m. At month 2 these risks remain unmitigated. Risks include the delivery of the system efficiency plan; direct costs of industrial action and its impact on Elective Recovery Fund income; pressures related to high-cost drugs / primary care prescribing; and care market demand and inflation.

2.0 Recommendations

2.1 The members are asked to receive this report for **noting.**

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	
Engagement	
Green Plan Commitments	✓
BAF Risk 006	✓

3.1 The finance plan reflects operational plans that include a focus on addressing the Green Plan Commitments and Health Inequalities.

3.2 The report includes content provided by partner organisations to describe their financial position.

4.0 Report

4.1 The purpose of this paper is to report the Integrated Care System (ICS) financial position at Month 2 (May) for those NHS organisations that form part of the Bedfordshire Luton and Milton Keynes (BLMK) ICS financial control total, covering both revenue and capital. These organisations are:

- Bedfordshire Luton and Milton Keynes Integrated Care Board
- Bedfordshire Hospitals NHS Foundation Trust
- Milton Keynes University Hospital NHS Foundation Trust

4.2 Where NHS organisations provide services within BLMK, financial information is included within the report where available.

System NHS Income & Expenditure

4.3 The table below shows year to date and forecast expenditure for the organisations that are included in the BLMK financial control total. At month 2 year to date expenditure is £3.4m higher than plan. All organisations are forecasting break-even at year-end.

Surplus / (Deficit)	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	(3.5)	(6.3)	(2.8)	0.0	0.0	0.0
Milton Keynes NHS FT	(1.9)	(2.3)	(0.3)	0.0	0.0	0.0
BLMK ICB	0.0	(0.3)	(0.3)	0.0	0.0	0.0
Intra ICS Organisations	**(5.4)**	**(8.8)**	**(3.4)**	**0.0**	**0.0**	**0.0**

Intra ICS NHS Financial Performance:

4.4 A summarised financial performance commentary for each intra-ICS organisation is set out below:

Bedfordshire Hospital NHS Foundation Trust

4.5 The Trust is reporting a £2.8m year to date adverse variance to plan and is forecasting break-even at year-end.

Bedfordshire Hospitals Foundation Trust Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	137,661	136,562	(1,099)	825,936	825,936	0
Pay	(88,416)	(90,411)	(1,995)	(518,202)	(518,202)	0
Non-Pay	(52,745)	(52,402)	343	(307,734)	(307,734)	0
SURPLUS / (DEFICIT)	**(3,500)**	**(6,251)**	**(2,751)**	**0**	**0**	**0**

4.6 The key points to note at Month 2 are:

- UEC pressures resulting in OPEL4 has led to cancelled operations and contingency areas being open.
- As a consequence, there was increased costs of staffing contingency areas and due to the cancellation of elective procedures, lower Elective Recovery Fund (ERF) income than planned.
- Continuing UEC demand pressure into Quarter 1 causing medical staffing to overspend.
- Overspend on staff costs due to mental health nursing / RMN specialling.

Milton Keynes University Hospital NHS Foundation Trust

4.7 The Trust is reporting a £0.3m year to date adverse variance to plan and is forecasting break-even at year end.

Milton Keynes Hospital Foundation Trust Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	64,198	65,478	1,280	386,476	386,476	0
Pay	(41,277)	(42,396)	(1,119)	(246,893)	(246,893)	0
Non-Pay	(24,840)	(25,343)	(503)	(139,583)	(139,583)	0
SURPLUS / (DEFICIT)	**(1,919)**	**(2,261)**	**(342)**	**0**	**0**	**0**

4.8 The key points to note at Month 2 are:

- Clinical income for Integrated Care Board (ICB), NHS England (NHSE) contracts, and variable (non-ICB income) is above plan, due to ERF and the high-cost drugs over performance.
- Pay costs are higher than plan due to the cost of temporary staff in escalation wards and additional hours carried out to reduce elective backlogs. Bank and Agency expenditure has increased in May but is partly offset by substantive vacances.
- Non pay is overspent on drugs but is offset by income for high-cost drugs.

Integrated Care Board

4.9 The ICB is reporting a £0.3m year to date adverse variance to plan and is forecasting break-even at year end. The table below shows the key financial performance indicators for the year.

Performance Measure	YTD - Month 02			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£381.6m	£381.9m	-£0.3m	£2,281.6m	£2,281.6m	£0.0m
Capital Resource Limit	£0.0m	£0.0m	£0.0m	£2.2m	£2.2m	£0.0m
MHIS Expenditure	£29.5m	£29.5m	£0.0m	£177.1m	£177.1m	£0.0m
Efficiency Savings	£3.2m	£3.8m	£0.6m	£26.8m	£27.1m	£0.3m
BPPC	>95%	95%	0%	>95%	95%	0%

Key: On target or better = <1% away from target = >1% away from target =

4.10 The financial position by commissioning programme as at Month 2 is set out in the table below:

PROGRAMME AREA	YTD - Month 02				FORECAST OUTTURN			
	Budget	Actual	Variance		Budget	Forecast	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Acute Services	178,854	178,965	(111)	-0.1%	1,069,195	1,069,864	(670)	-0.1%
Mental Health Services	36,969	37,081	(112)	-0.3%	221,882	221,816	66	0.0%
Better Care Fund	6,399	6,399	(0)	0.0%	38,392	38,392	0	0.0%
Other Community Services	27,131	27,253	(122)	-0.4%	163,224	163,149	75	0.0%
Continuing Care Services	17,685	17,671	14	0.1%	105,838	105,909	(71)	-0.1%
Primary Care Co-Commissioning	30,635	31,831	(1,196)	-3.9%	183,810	183,810	0	0.0%
Pharmacy, Ophthalmic & Dental Co-Commissioning	15,383	15,321	62	0.4%	92,299	92,299	0	0.0%
Prescribing	26,062	26,070	(8)	0.0%	158,835	158,969	(134)	-0.1%
Other Primary Care Services	5,280	5,273	7	0.1%	31,680	31,679	1	0.0%
Delegated Specialised Commissioning	29,893	30,037	(144)	-0.5%	186,495	186,495	0	0.0%
Other Programme Services (incl. Reserves)	4,585	3,260	1,325	130.7%	13,783	13,050	732	-6.0%
Total Commissioning Budget	**378,875**	**379,161**	**(285)**	**(0.1%)**	**2,265,433**	**2,265,433**	**(0)**	**(0.0%)**
Running Costs	**2,687**	**2,711**	**(23)**	**(0.9%)**	**16,126**	**16,126**	**0**	**0.0%**
Total ICB Net Expenditure	**381,563**	**381,871**	**(309)**	**(0.1%)**	**2,281,558**	**2,281,558**	**(0)**	**(0.0%)**

4.11 The key points to note at Month 2 are:

- The **acute services** pressures relate to continued growth in demand for diabetes insulin pumps. These costs have been steadily growing during 23/24 and although budgets have been rebased there is increasing pressure which is expected to continue during the year. At this stage of the year, it is assumed that ERF overperformance funding will be available to offset provider elective activity overperformance.
- Pressures in **mental health services** relate to complex placement costs out-of-area and S117 aftercare. Due to several recent high-cost package changes these pressures are expected to stabilise, however there is a challenging efficiency target to be delivered within this programme.
- Increased activity volumes have been seen in some **community contracts** including ophthalmology and IVF services, but these are expected to balance out during the year.
- The **continuing healthcare** budget has been rebased to last year's outturn and is currently on plan.
- The **delegated primary care** overspend of £1.2m is a timing issue with additional funding due from NHSE for additional roles (ARRS). The ICB has received £14.9m in the baseline allocation against ARRS spend, which is reflected in the budget set. The remaining funds (up to £23.6m in total, inclusive of the baseline), are retained centrally by NHSE and distributed in year based upon recruitment by PCNs. Until these funds are released the pressure is offset by an adjustment through the ICB Reserve.
- The ICB report now includes £186.5m delegated budget for **specialised commissioning**. The emerging pressures of £144k relate to chemotherapy activity volumes. It is anticipated that NHSE will release reserve held back centrally in year to offset these additional costs.
- The forecast position assumes that the ICB will mitigate £6.6m of currently unidentified efficiency plans and £12.8m of further potential risks to deliver breakeven.

Inter ICS NHS Financial Performance:

4.12 Providers hosted outside the system, are reporting a year to date overspend of £3.8m and are forecasting a year end overspend of £3.6m.

Surplus / (Deficit)	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
CNWL	0.0	(0.4)	(0.4)	0.0	(0.9)	(0.9)
ELFT	0.0	(3.4)	(3.4)	0.0	(2.7)	(2.7)
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Inter ICS Providers	**0.0**	**(3.8)**	**(3.8)**	**0.0**	**(3.6)**	**(3.6)**

4.13 The key drivers for the variances are (*provider commentary below*):

Central & Northwest London NHS Foundation Trust (CNWL)

CNWL ended Month 2 with a deficit of £0.4m split, £0.36m for MK Mental Health and £0.04m for MK Community Health.

The main drivers of the overspend on MK Mental Health are complex placements and an increase in Psychiatric ICU cost driven by complexity and longer length of stay. Other pressures mostly arising from increased temporary staffing costs across community, CAMHS and In-patients services. Increased complexity in our inpatient wards have resulted in enhanced observation hence increased nursing staff costs.

In community services the key drivers are:

- Increased nursing cost in WICU, due to safer staffing workforce requirement in response to the unit acuity,
- Continuous increase community paediatrics demand
- Increase in continence service expenditure due to excess inflation.
- Increase in hearing aid devices cost driven by demand.

East London NHS Foundation Trust (ELFT)

As at Month 2 reporting an overall Trust wide deficit position of £5.8m year to date, which is £4.0m adverse to plan. The key drivers of this variance are:

- Staffing pressures on inpatient wards, due to patient acuity and enhanced observation requirements
- Agency costs, arising from difficulties in recruiting medical and nursing staff.
- Financial Viability (FV) slippage.
- Usage of private sector beds continues to be high. This is currently offset by income, but if requirements do not reduce, this will create a financial pressure in future months.

The Trust is already undertaking a range of actions to control expenditure. A new 'Going Further, Going Together' Board has been established, chaired by the CEO, which will strengthen the oversight of expenditure.

The overall forecast outturn for Bedfordshire & Luton services is a £2.7m deficit. The main pressures are from use of Mental Health (MH) private beds and increased use of bank staff to manage increased levels of patient acuity with agency medical spend in Primary Care also a material factor.

Services are overspent by £3.4m year-to-date (YTD):

- Bedford Adult MH Service is overspent by £1.3m YTD. This is driven by Medical pay (£0.4m YTD) and Inpatient wards (£0.1m YTD), driven by high acuity patients and enhanced observational needs.
- Luton Adult MH Service is overspent by £0.9m YTD. The position is driven by Medical pay (£0.1m YTD) mainly due to temporary staffing agency premium.
- Inpatient services are overspent by £0.2m YTD, driven by high acuity patients in Crystal and Poplars wards and enhanced observational needs.
- Bedford Community Health Service is overspent £0.7m year to date. The main cost driver is pay which is overspent by £0.6m YTD mainly attributable to the PC Home Teams where there is high agency usage, arising from increased activity levels and high vacancy levels.
- Primary Care is overspent by £0.5m year to date. The adverse variance is primarily driven by Leighton Road Surgery pay which is overspent by £0.4m YTD largely due to over established GP posts and temporary staff usage -medical bank and agency.

Cambridgeshire Community Services NHS Trust (CCS)

The position above is Trust-wide as BLMK level data is not available.

Service Development Funding (SDF)

4.14 As a system, BLMK receives SDF funds during the year to support NHSE priorities linked to the NHS Long Term Plan. The table below shows funding anticipated in 2024/25. The ICB is implementing a new process for approval and monitoring of spend against SDF allocations to strengthen oversight and governance. Further details of commitments against SDF funds will be available from Month 3.

Programme	Scheme	Confirmed Allocation £000's	Indicative Allocation £000's	Total Allocation £000's
Ageing Well	Community Services Transformation	1,323	0	1,323
Total Ageing Well		**1,323**	**0**	**1,323**
Children and Young People Programme	CYP Transformation	301	0	301
	CYP Hospice Funding	0	504	504
	Early Language and Support For Every Child (ELSEC) CYP Funding	126	0	126
Total Children and Young People Programme		**427**	**504**	**931**
Diagnostics	Community Diagnostics Centres (CDC)	0	11,161	11,161
Total Diagnostics		**0**	**11,161**	**11,161**
Learning Disability & Autism	Community / Keyworkers	1,987	0	1,987
	Autism	71	0	71
	Department for Education Partnerships for Neurodiversity in Schools (PINS)	209	0	209
Total Learning Disability & Autism		**2,267**	**0**	**2,267**
Maternity	3 Year Delivery Plan	1,024	0	1,024
	Enhanced Continuity of Carer for deprived areas and BAME	49	0	49
	Genetic Risk Services	78	0	78
	Ockenden II Workforce	356	0	356
Total Maternity		**1,507**	**0**	**1,507**
Mental Health	Children and Young People Mental Health including Eating Disorders	3,203	0	3,203
	Mental Health Support Teams in Schools (MHST)	4,902	0	4,902
	MH Adult Crisis	1,488	0	1,488
	MH Adult Community	7,424	0	7,424
	Individual Placement Support (IPS) additional funding	435	0	435
	Mental health, learning disability and autism inpatient quality transformation	643	0	643
Total Mental Health		**18,095**	**0**	**18,095**
Other	Medical Examiners	814	0	814
	Retention Exemplars	60	0	60
	Women's health hubs	297	0	297
Total Mental Health		**1,171**	**0**	**1,171**
Personalised Care	Early Language and Support For Every Child (ELSEC) Personalised Care Funding	126	0	126
Total Personalised Care		**126**	**0**	**126**
Prevention & Long-Term conditions	Prevention & LTC Universal Allocation	1,062	0	1,062
	Prevention & LTC Targeted Allocation	291	0	291
Total Prevention & Long-Term conditions		**1,353**	**0**	**1,353**
Primary Care	Primary Care Transformation	2,091	0	2,091
	GPIT - Infrastructure and Resilience	216	0	216
Total Primary Care		**2,307**	**0**	**2,307**
Innovation	REN Programme	30	0	30
Total Innovation		**30**	**0**	**30**
Total SDF		**28,606**	**11,665**	**40,271**

System Efficiency Plans

4.15 The system financial plan includes delivery of £105m efficiencies for in-system NHS partners. At Month 2 the system has delivered 70% of the year-to-date target and is £5m

behind on efficiency savings - although it is anticipated that this position will be recovered by the end of the year.

- ICB delivery is broadly in line with plan. The offsetting variances are due to some changes made between the May and June plan submissions. It is important to note that the unidentified efficiency is profiled in the plan in equal ninths from July 2024, and therefore should mitigations not be identified the ICB will be reporting a deficit from this reporting period.
- BHFT expects to catch up later in the year as schemes become embedded.
- MKFT has delivered £1.5m against an annual target of £23.8m. Work is continuing at pace to identify and deliver cost improvement plans.

System Efficiencies	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
ICB - Recurrent	2,902	3,550	648	17,565	19,307	1,742
ICB - Non recurrent	316	234	(82)	9,245	7,753	(1,492)
Subtotal - ICB	**3,218**	**3,784**	**566**	**26,810**	**27,060**	**250**
BHFT - Recurrent	5,536	3,789	(1,747)	33,210	33,210	0
BHFT - Non recurrent	3,596	2,300	(1,296)	21,581	21,581	0
Subtotal - BHFT	**9,132**	**6,089**	**(3,043)**	**54,791**	**54,791**	**0**
MKHFT - Recurrent	1,546	1,392	(154)	9,275	9,275	0
MKFT - Non recurrent	2,424	105	(2,319)	14,547	14,547	0
Subtotal - MKFT	**3,970**	**1,497**	**(2,473)**	**23,822**	**23,822**	**0**
Total Efficiencies	**16,320**	**11,370**	**(4,950)**	**105,423**	**105,673**	**250**

4.16 Non-recurrent efficiencies account for c42% of the total efficiencies forecast and represent a challenge to the underlying financial sustainability of the system. Identification and delivery of sustainable transformation and improvement programmes is critical.

Workforce – Agency Cap

4.17 A cap on agency spend has been introduced by NHS England. The maximum spend for BLMK is £26m. This is not applied to individual organisations, but the combined intra ICS NHS partners. The table below shows that at Month 2 year to date spend was £1.9m above the pro-rata cap. Forecast spend at Month 12 is £0.8m below the system cap.

Agency Spend	Year to Date			Forecast Outturn		
	Actual	Cap - pro rata	Variance	FOT	Cap - pro rata	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Bedfordshire Hospital NHS FT	4,657	2,969	(1,688)	20,397	17,815	(2,582)
Milton Keynes NHS FT	1,581	1,404	(176)	5,061	8,426	3,365
Total	**6,238**	**4,374**	**(1,865)**	**25,458**	**26,241**	**783**

4.18 The variance is largely driven by operational pressures extending into Q1 which has necessitated the use of contingency wards. There has also been reliance on temporary staff to support elective recovery.

System Capital

4.19 BLMK ICS has a capital expenditure limit (CDEL) which it cannot breach. This limit applies to those organisations which form part of the BLMK ICS financial control total. ELFT, CNWL and CCS is held within their lead / host systems.

4.20 ICS organisations also receive other capital funding from ringfenced national sources to support key priorities including the Government's New Hospitals Programme and capital to support elective recovery, digital, community diagnostics etc.

4.21 The system CDEL limit has been increased by £10.7m non-recurrently in recognition of BLMK submitting a break-even revenue financial plan for 2024/25. Although it should be noted that this is not cash backed.

4.22 The ICB has been allocated capital funding of £1.7m to support GPIT, primary care estates and corporate capital. In addition, £0.5m of the bonus funding has been national allocated to the ICB.

4.23 The table below shows how confirmed and anticipated system capital allocations have been split between partners and planned spend for each organisation. Organisations are allowed to plan for 5% above allocation to allow for potential slippage which is common with capital schemes. Although planned capital spend is £5.5m higher than the system capital allocation, the system is anticipating the receipt of a IFRS16 capital allocation, this would mean the capital expenditure plan can be contained within the capital resource available.

	ICB £000's	BHFT £000's	MKFT £000's	Total £000's
System Baseline CDEL Allocation	0	23,378	11,689	35,067
Incentive: Prior Year Financial Performance	0	1,614	807	2,421
23/24 Revenue Surplus Bonus	145	192	23	360
24/25 Revenue Fair Shares Allocation Adjustment	355	6,883	3,442	10,680
ICB Capital Allocation	1,661	0	0	1,661
Total System Capital Allocation	**2,161**	**32,067**	**15,961**	**50,189**
Submitted Capital Expenditure Plan	2,161	39,386	16,622	58,169
Variance to CDEL Allocation	**0**	**(7,319)**	**(661)**	**(7,980)**
Allowable 5% Over Programming	108	1,603	798	2,509
Variance to Allocation + 5% Overprofile	**108**	**(5,715)**	**137**	**(5,471)**
Anticipated IFRS16 Allocation	0	5,819	2,909	8,728
Planned IFRS16 spend	0	0	2,910	2,910
Expected CDEL Variance after IFR16	**108**	**103**	**136**	**347**

4.24 There was no requirement to report Capital spend to NHSE in Month 2. There were material changes between the May and June plan submissions which were confirmed too late to be included in Month 2 reporting. Therefore, the Capital spend position for the system will be reported from Month 3 onwards.

Financial Risks

4.25 The system financial plan submitted on 12th June included £55.7m unmitigated net risk which was broadly made up of the following, these risks remain at month 2:

- Demand related pressures –Cost of escalation areas, addition ED costs, Medically Fit patients requiring psychiatric support, loss of ERF income due to increased emergency admissions.
- Inflationary Pressures – Insufficient provision for non-pay inflation in tariff uplift, CHC/ Care Market uplifts, Prescribing Inflation
- Efficiency risk – unprecedented level of efficiencies has been included in plan in order to meet break even requirement.
- Impact of new GP contract and difference between growth used in the Primary Care allocation formula and actual GP List size growth in BLMK.

4.26 The following risks have also been identified that were not included in the plan submission:

- Impact of further Industrial Action – both direct costs and impact on ERF performance.
- Impact of new NICE TAs
- Any adverse impact of specialist commissioning delegation
- Prescribing spend continues to increase in line with upward trajectories (concessions and Cat M) seen over last three financial years.
- Impact of Management / Running Costs budgets and ability to contain within allocation.
- Potential ICB Redundancy / Restructuring costs associated with ICB Running Cost reduction requirements (Year 2).

Appendix A – Financial Positions of Local Authorities

Additional details regarding the financial positions of Councils can be found at the source listed.

Bedford Borough Council

1 (bedford.gov.uk)

Revenue Budget 2023/2024 – Provisional Outturn

This report sets out a commentary in relation to the final 2023/2024 Outturn. The Council's Statement of Accounts will be considered by the Audit Committee on 26 June 2024; it is not envisaged that there will be any issues arising from their review that will impact on the Outturn.

During 2023/2024 regular monthly monitoring meetings were held with Directors and Portfolio Holders to ensure timely action was taken to address emerging budget issues and in particular take proactive action to avoid further potential overspends and identify options to reduce spend and increase income to offset unavoidable demand pressures.

The Executive and Council have been kept informed of the budgetary position for both Revenue and Capital budgets through regular Budget Trends reports. The table below sets out the outturn position for each Directorate:

	Net Budget	Outturn	Variance	%
	£ million	£ million	£ million	
Adults Services	56.791	61.157	4.366	7.7%
Children's Services	44.671	46.179	1.508	3.4%
Environment	28.020	26.732	(1.288)	(4.6%)
Chief Executives	4.074	4.318	0.244	6.0%
Corporate Services	21.306	26.533	5.227	24.5%
Transformation	(0.497)	0.248	0.745	150.0%
Finance	4.190	3.212	(0.978)	(23.3%)
Public Health	0.000	0.000	0.000	
Operational Outturn	**158.556**	**168.380**	**9.824**	**6.2%**
Non Operational Budgets (Financing)	**(0.106)**	**(10.104)**	**(9.998)**	**(9,452.1%)**
Total	**158.450**	**158.276**	**(0.174)**	**-0.1%**

The Operational Net Cost of the Council relates to the day-to-day spending / service areas of the Council. The outturn for Net Operational Cost is £168.380 million representing an overspend of £9.824 million; this is offset by an underspend of (£9.998 million) in relation to Non-Operational Budgets. It should be noted that actions to mitigate emerging overspends resulted in budgets being

centralised in the non-operational budgets which has artificially increased the overspend in the services and increased the non operational budget underspend.

During the 2023/2024 financial year mitigations were put in place to reduce the level of spend across the Authority. These mitigations included (i) ceasing all non-essential spend in supplies, stationery, subscriptions and other discretionary budgets, (ii) reviewing grants received and replacing General Fund spend where possible, (iii) continued scrutiny of all spend and opportunities to maximise efficiencies.

Throughout the year the Executive recommended to Full Council a number of decisions in relation to capital expenditure funded from revenue and drawings on reserves to fund the prevailing overspend. These actions, totalling £4.831 million are set out in the table below,

Within the Revenue and Capital Trends Report to the Executive on 13 September 2023, it was recommended to release the Adult Social Care Turbulence Reserve totalling £1.136 million to fund pressures within Adult Services and to replace £1.695 million of Direct Revenue Funding to the Capital Programme with borrowing to support the revenue position. This was approved by Full Council on 11 October 2023.

Within the Revenue and Capital Trends Report to the Mayor on 7 March 2024, it was recommended to acknowledge the intention to utilise the reserves draw down of £2.000 million subject to the reprioritisation of the General Fund Reserve as part of the outturn to deliver a balanced budget. This release was indicatively to come from the Direct Revenue Reserve and the Insurance Reserve.

Central Bedfordshire Council

Extract from “Revenue Budget Monitoring Provisional Outturn subject to audit (March) 2023/24” presented to June Corporate Resources Overview and scrutiny committee:

The forecast position after reflecting release of Contingency (£6.2M) and the Household Support Fund (£2.9M) and the release of Earmarked Reserves (£9.4M) is a balanced budget.

The variance analysis below is after the application of the Household Support Fund (HSF) which is identified in Table 1.

- Chief Executive out turned at (£0.3M) underspent after HSF, (£0.1M under in Q3).
- Resources out turned at (£0.1M) underspent after HSF (£0.1M overspend Q3), which is mainly £0.76M overspend for Legal Services, offset by higher than budgeted Housing Revenue Account recharges (income to Resources) and a number of other smaller underspends. The Legal Services overspend is due to increased complexity in cases, and court practices in connection with Children’s Services casework.
- Corporate Costs out turned at £14.4M underspent (£4.0M under at Q3) which is mainly due to the release of Earmarked Reserves of (£9.4M), the budget contingency (£6.2M), A release of unfulfilled purchase order commitments (£1.2M) offset by the non-achievement of cross cutting efficiencies £3.8M.
- Children’s Services out turned at £11.8M overspent after accounting for the HSF (£10.6M overspend Q3), which mainly relates to Educational Transport which out turned at an overspend of £7.2M (£6.4M for SEND routes). £2.4M overspend for Children in Care Placement costs, £1.6M in Social Care & Early Help and £0.8M in the SEND service.
- Adult Social Care and Housing General Fund out turned at £1.6M overspent after HSF (£1.0M Q3). This mainly relates to over 65+ care packages, Physical Disability packages and Mental Health packages.
- Place and Communities out turned at £1.3M overspent (£0.9M overspend Q3) which mainly relates to the procurement of a new Leisure contract.
- Public Health was on budget.

Table 1

Directorate	Budget £m	Provisional Outturn £m	Variance £m	HSF Variance £m	OTHER Variance £m
Chief Executive's	3.2	3.4	0.2	0.5	(0.3)
Resources	30.2	30.6	0.4	0.5	(0.1)
Corporate Costs	6.5	(7.9)	(14.4)	0.0	(14.4)
Childrens Services	60.5	74.2	13.6	1.8	11.8
SCHH	97.9	99.6	1.7	0.1	1.6
Place and Communities	53.8	55.1	1.3	0.0	1.3
Public Health	(0.0)	0.0	0.0	0.0	(0.0)
Total Excl Landlord Business	**252.1**	**255.0**	**2.9**	**2.9**	**(0.0)**
HSF Grants	**0.0**	(2.9)	**(2.9)**	(2.9)	**0.0**
	252.1	**252.1**	**(0.0)**	**0.0**	**(0.0)**

Luton Borough Council

COMMITTEE REF: (luton.gov.uk)

The Quarter 3 position was presented to the Scrutiny Finance Review Group on 27th March please see extracts below:

At the end of Q3, the Council is forecasting a £2.6m (Table 1 below) overspend against its £156.8m revenue budget. The projected gross core service deficit before the application of corporate items and release of contingency amounts to £11.5m which is net of £2m of savings delivered already. This deteriorated overall position from Q2 is largely due to £0.803m increased overspend in Children Families & Education, £1.6m increased overspend in Adult Social Care mainly resulting from increase in demand and costs and an increase in Supported Living of £1.5m due to increase in number of vulnerable residents requiring additional support in addition to the accommodation costs.

Service Managers and Directors are required to develop robust, viable and workable solutions to implement as part of the deficit recovery plan for their respective areas. Unachieved savings targets and failure to develop a robust plan will have serious impact on the 2024-25 budget as approved by the Council resulting in the Council not being able to achieve a balanced budget. The 2024-25 budget has made allowances for some of the overspend as growth items.

Table 1		Q2	Variations Reported at Q3. Overspend/(Underspend)			
General Fund Departments	Approved Budget £'000	Base Costs / Income Variations £'000	Projected Outturn £'000	Base Costs / Income Variations before DRP £'000	DRP partly delivered in 2023-24 £'000	Base Costs / Income Variations after DRP delivery in 2023-24 £'000
Airport	15	0	15	0	0	0
Chief Executive's	13,675	747	17,717	5,148	1,106	4,042
Children Families & Education	72,098	2,765	75,666	4,259	691	3,568
Inclusive Economy	51,233	1,511	52,065	1,069	237	832
Population Wellbeing	67,958	1,435	71,019	3,061	0	3,061
Total Services at Q3	**204,979**	**6,458**	**216,482**	**13,537**	**2,034**	**11,503**
Employee Pay Awards (tba)						
General Contingencies	5,115	0	0	-5,115		-5,115
Borrowing Costs & Treasury Man.	17,922	-1,567	13,855	-4,067		-4,067
Interest on Investments	-41,804	279	-41,525	279		279
Capital Financing & Corporate Grants	-29,505	0	-29,505	0		0
Sub Total prior to transfer to/from Reserves	**156,707**	**5,170**	**159,307**	**4,634**	**2,034**	**2,600**
Other Specific Reserves	107	0	107	0		0
Total General Fund Overspend at Q3	**156,814**	**5,170**	**159,414**	**4,634**	**2,034**	**2,600**

Note the deficit in Chief Executive department including the forecast Housing benefit subsidy loss is mainly due to an increase in Supported Living costs of £3.4m (£1.9m reported in Q2). This issue affects various services as the residents requiring accommodation also require additional support and /or supervision to help them live independently within the community and are deemed as vulnerable. More and more residents in temporary accommodation are classified as exempt accommodation which means the local housing allowance won't cover the total rent resulting in a deficit in benefit subsidy. Until this is resolved, the benefits department is picking up the additional costs as DWP will only cover the accommodation costs in the main. More detailed work is being done in order to establish how this can be mitigated. This is an issue faced across all councils and has been subject to a review carried out by Public Accounts Committee. It is expected that government will introduce legislation to restrict landlords from claiming additional costs, although the timing of the implementation of any legislative changes is currently unknown, and this could therefore continue to be a budget pressure into 2024/25 at least.

Milton Keynes City Council

There is no update to the councils 2023/24 financial position since the report on 5th December 2023, which presented the position to 30th September and previously included within Board packs.

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 19 July 2024

Report Author: Alison Borrett, Chair of Primary Care Commissioning and Assurance Committee

Report to the: Board of the Integrated Care Board in Public

Item: 13 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Primary Care Commissioning and Assurance Committee

Recommendation: The Board are asked to **discuss** the issues raised by Primary Care Commissioning and Assurance Committee.

Key discussion points and matters to be escalated from the meeting.

ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None

ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance

- **General Practice closures –** lessons learnt from two general practice closures will be reported to next Committee meeting and consideration of any strategic issues that the Committee needs to have oversight. The ICB is proactively working with practices to ensure there is more notice regarding any proposed closure.
- **Contract extensions** - future reports regarding contract extensions will include value for money, whether there are framework arrangements in place, the market conditions and inequalities assessment to ensure access issues are being addressed.
- **Extension to translation service** - the additional time the contract extension provides will be used to undertake strategic work in response to the Denny review on inequalities and VCSE Strategy group will be involved for their insight.
- **Risk Register** - the risk register presented to the next Committee will reflect the National Quality Board guidelines to change to a dynamic risk register format.
- **Estates infrastructure strategy development** – data gathering has taken place, Place based workshops programmed in May and discussions with One Public Estate partners are taking place. The draft Infrastructure strategy expected to be socialised during the summer and reported to the ICB Board in September for approval.

ASSURE: Inform the Board where positive assurance has been received

- **Transfer of patients** to Goldington Avenue surgery following the closure of 12 Goldington Road surgery has gone well.
- **Dental appointment capacity** - Increased capacity being offered in dental appointments following ICB informing providers that they can provide 110% of their mandatory contract value on a non-recurrent basis in 2023/24 financial year. When an NHS dental provider that is withdrawing, the ICB proactively offers units of dental activity to other providers.
- **Dental funding** - current position for 2024/25 is that dental funding is ringfenced.
- Work to assess the oral health of residents in BLMK has been undertaken. Dentists are also undertaking outreach work to residents who do not usually access dental care.
- **Financial position** - Primary medical services overspend at year end 2023/24 driven by increase in prescribing costs, quarter 4 list sizes increased and claims by practices e.g. rent reviews. Primary care, including pharmacy, optometry and dental outturn at year end is £9.3m overspend. The overspend has been managed within the ICB budget.
- **Delivering primary care access** – workshops held across BLMK to gather resident experience of urgent care access e.g. GP access, NHS111, Urgent Care Centre. This will inform the procurement of the integrated urgent care service.

RISK: Advise the Board which risks were discussed and any new risks identified
• **Dental contracts** – working with dental providers to maximise NHS appointments, however, as private providers it can chose locally whether to cease NHS practice. • **Leighton Buzzard Outline Business Case** – options detailed in the outline business case that will be published for engagement with local residents will take place, with the outcome expected in October 2024.
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
• **Internal Audit Report – Primary Care Commissioning Dental Contracting arrangements** - level of assurance is substantial for both design opinion and design effectiveness. • **Primary medical care education expansion programme** - in place in BLMK since the devolvement of responsibility from NHSE which helps to recruit and retain workforce. An example of innovation is the ICB has led a programme of pharmacy students being offered paid placements over summer and feedback is that it has exposed participants to consider primary care pharmacy as a career path.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Report Author: Lorraine Mattis, Chair of the Working with People and Communities Committee.

Report to the: Board of the Integrated Care Board in Public

Item: 14 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Working with People and Communities Committee

Recommendation: The Board are asked to **discuss** the issues raised by Working with People and Communities Committee.

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• Following agreement to evolve the Working with People and Communities Committee into a system wide Insights Network (pending Board approval in June), this will be the last WWPAC meeting.
ASSURE: Inform the Board where positive assurance has been received
• The Committee welcomed the refreshed Working with People and Communities Strategy and recommended that this be taken to 28 June Board for approval (subject to the changes and comments received). • The committee were reassured that the plans for the Committee to cease and the establishment of a new system wide insights network provided good opportunities for public involvement. • The Committee approved the proposals to evolve governance arrangements, for the current committee to be dissolved and that, in its place, a new a System Insights Network be established, which will centre decision making and governance around the voices of people and communities; the Systems Insights Network would report into the Quality and Performance Committee. • This new approach would address risks in the BAF, by working to establish a community led network, which aims to reduce engagement fatigue, pools knowledge, insight, intelligence and lived experience to provide a clear picture of what's important to residents and how they can shape the services they use. • Members recommended that further work be undertaken to develop themes for the new Insight Network meetings and recommended the Systems Insights Network paper to the Board for approval.
RISK: Advise the Board which risks were discussed and any new risks identified
• The Working with People and Communities Committee recommended that a 12-month review be undertaken to assess the effectiveness of the System Insights Network to provide assurance that the ICB is discharging its statutory duty to involve (section 14Z44 Health and Care Act 2022).
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

- The committee recognised the important work undertaken by the Communications and Engagement Team in leading the Denny Review and the importance this had to the ongoing strategic development of the Working with People and Communities Strategy.
- The committee recognised it's successes over the past two years, and how it had met its objectives through planning and collaboration with system partners. The work has resulted in notable advancements in various projects, positively impacting the community and making meaningful progress to create a fairer and more equitable BLMK.

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 19 July 2024

Executive Lead: Felicity Cox, Chief Executive Officer

ICS Partner Lead: N/A

Report Author: Georgie Brown, Chief of Staff

Report to the: Board of the Integrated Care Board in Public

Item: 16 – Chief Executive Officer's Report

Reason for report to the Board:
To provide an update on the activities of the Chief Executive Officer and Chair since the last meeting of the Board.

1.0 Executive Summary

1.1 This report provides a summary of corporate activities since the last Board Meeting on 22 March 2024. A verbal update on the ICB's annual assessment for 2023/24 will be provided at the meeting.

2.0 Recommendations

2.1 The members are asked to receive this report for **noting**.

3.0 Key Implications

Resourcing	
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	

3.1 Risks are logged and managed through the specific pieces of work and the corresponding governance.

3.2 There are no financial or workforce implications to this report.

3.3 Tackling health inequalities runs through all the programmes outlined in this report.

4.0 Report

4.1 **Operational and Financial Plan 2024/25**
As a system, we have submitted an ambitious but balanced financial plan for 24/25 to NHS England. Our balanced plan will require a system wide effort to deliver it. I am grateful to all partners for committing to participate in the new system wide governance the ICB has established to oversee delivery.

4.2 **Specialised Commissioning Update**
The delegation program for specialised commissioning budgets is progressing well. Governance and risk sharing agreements between East of England ICBs and the NHS England Specialised Commissioning Regional Team are in place, based on the principles of shared endeavour. The East of England Joint Commissioning Consortium (JCC) was established on 1 April 2024 and meets monthly. The Managing Director of Specialised

Commissioning (East of England) recruitment has been completed with Lynelle Hales commencing with BLMK ICB on 1 May 2024.

The focus of the JCC work programme is to work as a collaborative "joint endeavour" to share responsibility for setting strategy and direction, while supporting commissioning across whole pathways of care and strengthening the link between services and the populations they serve. The contract negotiation for 2024/2025 is underway with 24 acute and mental health providers in East of England. The deadline for finalising contracts has been extended until 30 June 2024. Discussions over the next few months will focus on productivity and reducing costs in the system, along with working in partnership to develop the strategy and targeting new pathways of care going forward.

4.3 **MSK Procurement**

In partnership with all four Healthwatch teams, the ICB has conducted further engagement and co-design sessions with residents across BLMK. Ten sessions were held throughout April and May across the four places to shape future Community MSK Services. Online surveys for residents and workforce were also live throughout May/June. Councillors from across the four local authorities were invited to a Community MSK briefing session on 28 March with further briefings being planned for joint/individual Health Overview and Scrutiny Committee meetings in July. In April the ICB Board agreed the Community MSK Business Case subject to further approval following additional market engagement.

4.4 **Mount Vernon Cancer Centre (MVCC)**

The national Strategy, Planning and Investment Committee agreed to move forward with public consultation on proposals to relocate MVCC. This is subject to NHSE assurance taking place as part of the process for schemes requiring public consultation. The proposals include an option to have a networked radiotherapy unit at either Luton or Stevenage. This would be in addition to radiotherapy at the main cancer centre and would improve access to radiotherapy to patients living in the north of the area served by MVCC.

Whilst we are clear in BLMK on the proposed options, there will need to be further patient and clinical engagement before public consultation to ensure that the proposals are right for patients and can be clearly explained to the public. Public consultation is expected to begin during the second half of this financial year. Recently, I had the pleasure of speaking with colleagues at the HSJ on this important strategic development and shared our support as a Board to reduce the inequalities around access that we see in some of our residents who are unable to access treatments because of the distance they have to travel. I had the opportunity to reinforce our ICB commitment to bringing care closer to home where it is possible.

4.5 **Employment and Health**

The ICB and partners have been progressing work related to Employment and Health. The main ways the health and care system can do this are through being a good employer and reducing health and disability barriers to employment that residents experience.

WorkWell:

BLMK ICS was unsuccessful in its bid to become a WorkWell Partnership Programme Vanguard pilot site, missing out on £5.6m of funding to provide the pilot. Using a smaller tranche of funding from the Department of Health and Social Care and the Department for Work and Pensions, we have recruited a Work and Health Integration Lead (fixed term) to support work on employment and health across the system. This will include the mapping of services and to identify gaps and opportunities to target and increase the support for those furthest from employment due to health and/or disability. This will also link with existing pieces of work, including:

- **Targeting Recruitment Pathways into Health and Care:** The ICB is progressing development of a supported recruitment and retention pathway. Phase 1 (scoping, understanding the current system, and developing an outline pathway) was supported by Breaking Barriers Innovations, and is now complete. Phase 2 will be led by the ICB

workforce team to apply the outline pathway to specific cohorts (initially those with lived experience of the care system) to learn how it can work in the real world. In parallel, the ICB working with local authority partners and housing associations to provide better opportunities for social and temporary housing residents to apply for healthcare roles. Case studies will be developed, and learning applied to future tests of change.

- **Apprenticeships:** A workshop on ways to increase entry-level apprenticeships across the system was held in March, with public sector, housing association and VCSE partners among others. It was noted at the workshop that requests to transfer apprenticeship levy between organisations have increased, and an action plan has been developed to expand apprenticeships. A further workshop was held in June.

4.6 **Lived Experience Charter Awards**

As part of our Workforce Development and Anchor Employment pathways programme BLMK ICB has been recognised as one of 24 organisations across the UK taking significant strides in supporting individuals with lived experience into meaningful employment. This recognition comes as part of our participation in the Lived Experience Charter, an initiative spearheaded by Career Matters and commissioned by NHS England. In March the ICB received a Bronze award as part of the Lived Experience Charter Awards. The Lived Experience Charter is an innovative movement designed to recognise organisations that demonstrate a commitment to employing individuals with personal experiences of the care system, criminal justice system, and multiple disadvantages. Our focus was on individuals who have lived experience of the care system. This award comes after a comprehensive review process where members of the People team demonstrated the ICB's dedication to inclusive recruitment practices.

The Lived Experience Charter breaks down barriers, challenges unconscious bias, and negative assumptions about the recruitment of people with lived experience and creates systemic change across our organisations. BLMK ICB is the first ICB to be awarded Charter status.

4.7 **Visit to Blenheim Medical Centre**

On 4 April, along with Faith Haslam, Place Lead for Luton, I had an inspiring visit to the Biscot Group Practice at Blenheim Medical Centre at the invitation of Dr Tahir Mahmood. The practice and PCN team shared their outreach work building community capacity, particularly around basic lifesaving skills and supporting the community to understand their own health and access healthcare when needed. This is a great joint initiative and a further example of how relationships are being built and how health and wider determinants need to work hand in hand.

4.8 **Empowering the Roma**

Following publication of the Denny Review into health inequalities last year, a follow up in-depth report into the experiences and discrimination faced by Roma people in Luton was published in April. The report, commissioned by the ICB and conducted with the University of Bedfordshire and Luton Roma Trust, outlined that communications (specifically translation services), bias and a lack of understanding of the health service was creating barriers to health for the community. The ICB attended an 'Empowering the Roma' event in April to discuss the findings of the report and in May, the Healthcare Leader published an interview with myself and Professor Nasreen Ali, the title's first ever thought piece with an NHS leader and academic.

4.9 **Autism Bedfordshire Event**

The Denny Review recommended that video and audio messages should be used to reach, help and support people with additional needs, for example people with learning disabilities and people from communities where there are low levels of literacy. ICB commissioners and Autism Bedfordshire worked together, applying funding from health inequalities to develop a series of videos to explain to autistic people how health services work and the process at routine screening appointments. The videos were launched to wide acclaim at an event called 'Breaking Barriers', led by Autism Bedfordshire on 27 March. The videos featured on NHSE regional 'Spotlight' newsletter showcasing best practice in BLMK.

4.10 **Key worker End of Year Review**

Autism Bedfordshire is commissioned to deliver a Key Worker function across BLMK for young people aged 0-25 as part of the Learning Disability and Autism (Transforming Care) Programme. It has been established to support young people with a diagnosis of a Learning Disability and or Autism who are at risk of admission to a mental health inpatient unit, or who are currently in an inpatient unit, with a view to preventing admission and supporting young people to live in the community.

The service aims to ensure that children and young people:

- Feel safe and happy;
- Feel listened to and informed;
- Feel involved in their plans, care and support;
- Experience a reduction in stress and uncertainty and an increase in stability.

Throughout 2023/2024, the Key Worker team supported 92 children and young people including supporting 16 discharges from inpatient units and supported with 54 Care, Education and Treatment Reviews. The service receives consistent positive feedback.

4.11 **ICB Staff Awards 2024**

Members of the Board are invited to attend the inaugural ICB Staff Recognition Awards on 24 September. This event will celebrate the positive contributions of ICB staff to the functioning of the BLMK system and the health of the residents we serve. It will also provide an opportunity to recognise those longest serving members of ICB staff.

4.12 **Oversight and Assessment Framework**

NHS England have recently undertaken a consultation on the DRAFT Oversight and Assessment Framework 2024. The new framework sets out the processes by which ICBs and providers are held to account for delivering high-quality care for patients and how to ensure problems are quickly identified and diagnosed, and necessary support or intervention is provided to address challenges. It serves three core purposes:

a. to identify where ICBs and/or providers may benefit from or require support or intervention
b. to ensure the alignment of priorities across the NHS and with wider system partners
c. to provide an objective basis for decisions about when and how we may intervene using our regulatory powers

All ICBs and providers will be assigned a segment on a scale of 1 to 4 that considers how well the organisation is performing against the delivery objectives NHS England has set. The segmentation process will consider the following elements:

a. the organisation's individual performance against oversight metrics
b. set of 'additional criteria' comprised of system performance measures that will moderate the delivery score assigned to each organisation
c. the capability of the organisation.

The performance assessments will consider both the ICBs' capability and delivery. Capability will be assessed based on the ICBs' delivery against six core functional areas and will result in a one-word rating, determined by the ratings given to each functional area. Once finalised, these ratings will be published as part of each ICB's annual assessment alongside a description of how the rating was reached and highlighting areas of good practice and areas where further improvement may be required. The ICB rating will inform its role in the oversight of NHS providers. The proposed provider oversight model is that NHSE will work either with or through the relevant ICB (asking it to oversee providers in the first instance) based on the level of risk (determined by provider segmentation) and ICB capability.

Provider assessments are also being reviewed through the introduction of an annual self-certification process linked to expectations regarding good governance. NHSE will form a judgement of each provider's capability by taking into account its Care Quality Commission

(CQC) well-led rating, outputs from annual self-certifications, track record of performance, and information from third parties including other regulators and system partners.

For providers working across multiple ICBs, the lead commissioner (i.e. the ICB to which the provider is apportioned for financial control purposes) is responsible for the provider's oversight relationship with NHS England. They will, however, work with other commissioners to avoid duplication or to address specific issues. We will ensure the Board is fully briefed on this process when the final document is published.

The ICB's annual assessment meeting for 2023/24 with NHSE Region is being held on 17th July and the outcome will be reported verbally at the Board meeting.

4.13 Events and Meetings

The Chief Executive Officer and Chair attended the following events and meetings on behalf of the ICB:

25 March	**Annual Unity Iftar at Luton Town Football Club** As invited by the Madinah Mosque Islamic Centre, the Chief Executive Officer attended the networking event.
25 March	**Meeting with Andrew Selous MP** The Chief Executive Officer met with Andrew Selous MP to provide an update on Leighton Buzzard, as part of a commitment to provide progress updates every six weeks.
27 March	**Chief Executive Forum** The ICB Chief of Staff, on behalf of the Chief Executive Officer, attended the meeting hosted by Bedfordshire Police Chief Constable, Trevor Rodenhurst. Also in attendance were local authority CEOs, Bedfordshire Fire and Rescue, HMP Bedford, and HM Lord Lieutenant of Bedfordshire. Each provided updates from their organisations and identified areas for joint working.
28 March	**Face to face meeting with David Carter and Richard Sumray, Bedfordshire Hospitals Foundation Trust.** Rima Makarem and Felicity Cox attended.
4 April	**Bi-Monthly Executive to Executive with Milton Keynes Hospital and BLMK ICB** A productive meeting that focused on key topics including planning, referral management, diagnostics and capital funding. The next meeting is taking place on 31 May.
16 April	**Working session on ICBs and Places** Rima Makarem attended a working session on ICBs and places hosted by Curzon Consulting.
17 April	**Board to Board with Bedfordshire Hospitals Foundation Trust and BLMK ICB** A productive meeting that focused on winter reflections and Health Services Strategy.
17 April	**Interview with the Health Service Journal (HSJ)** The Chief Executive Office gave an interview on the BLMK perspective on proposals to devolve satellite radiotherapy centres from Mount Vernon Cancer Centre, and announcement that the approval has been given by NHSE for consultation to proceed this year.
19 April	**Safeguarding Working Together** The Chief Executive Officer attended a meeting hosted by Laura Church, Chief Executive of Bedford Borough Council and joined by Trevor Rodenhurst, Bedfordshire Police Chief Constable.
30 April	**Call with Richard Fuller MP, Councillors Adam Zerny and Rebecca Hares** The Chief Executive Officer chaired a follow up call on Biggleswade and health hubs.
02 May	**BLMK ICB Executive Team, Chair and Health Service Safety Investigations Board (HSSIB) Meeting** BLMK ICB hosted the Board meeting of the HSSIB at the Rufus Centre and delivered a presentation to introduce the BLMK system.
2 May	**Healthcare Leader interview with Felicity Cox and Professor Nasreen Ali** The Chief Executive Office was interviewed for the publication about the Roma report commissioned as part of the Denny Review. Felicity was joined by Professor Nasreen Ali from the University of Bedfordshire demonstrating our commitment to partnership working.
9 May & 13 June	**Transformational Reciprocal Mentoring Programme**
10 May	**NHS Confederation Video on Bedford Warm Homes**

	The Chief Executive Officer was filmed alongside colleagues from Bedford Borough Council by NHS Confed for one of four pre-election videos to be released nationally to highlight the innovative work of ICSs.
13 May	**Patient and Public Voice Session - A national perspective on ICB delegation** The Chief Executive Officer was a guest speaker at a session hosted by the NHS England national team to share how in the East of England we plan to embrace the opportunities from delegation locally and regionally for specialised services.
14 May	**University of Bedfordshire Research and Innovation Conference** attended by Rima Makarem and Reverand Lloyd Denny.
14 May	**HSJ Reducing Health Inequalities Panel Discussions** led by Felicity Cox (inequalities) and Kathy Nelson (cancer).
23 May	**BLMK ICB Planning Close Down Meeting with NHSE National Team**
24 May	**Leighton Buzzard and GP Premises Summit with Andrew Selous** Ahead of the pre-election period and the publication of the Outline Business Case for Leighton Buzzard on 29 May the Chief Executive Officer chaired a meeting with Andrew Selous MP, council officials and clinicians.
5 June	**New Councillor Inductions** attended by the Chair and Chief Executive Officer to introduce newly appointed Councillors from recent local elections.
6 June	**Roundtable Discussion hosted by United Healthcare Group.** The Chief Executive Officer joined a discussion on how digital technology, particularly better use of data and analytics, can impact and improve healthcare services.
11 June	**Meeting with Hospice Chief Executives.** The Chief Executive Officer and Chief Nurse met with the CEOs of Keech Hospice Care, Willen Hospice and Sue Ryder St John's Hospice to hear the challenges they face and discuss potential joint working on workforce, integrated pathways, education and clinical model.
12 June	**Introductory Meeting with John Tizard.** The Chief Executive Officer and ICB Chair met with the new Police and Crime Commissioner for Bedfordshire.

4.17 Since the last Board Meeting, the following publications and guidance relevant to Integrated Care Systems has been published. Key items for the Board to note:

- **Delivery plan for recovering access to primary care: update and actions for 2024/25**
  https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/
- **Revenue finance and contracting guidance for 2024/25**
  https://www.england.nhs.uk/publication/revenue-finance-and-contracting-guidance-for-2024-25/
- **Priorities and operational planning guidance 2024/25**
  https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/
- **Elective recovery fund technical guidance 2024/25**
  https://www.england.nhs.uk/publication/elective-recovery-fund-technical-guidance-2024-25/
- **Specialised services clinical network specifications**
  https://www.england.nhs.uk/publication/specialised-services-clinical-network-specifications/

5.0 Next Steps

5.1 As described in this report.

List of appendices

None

Background reading

None.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

ICS Partner Lead: Members of Place Based Partnerships, Ross Graves, Chief Strategy and Digital CNWL and Richard Fradgley Executive Director of Integrated Care and Deputy CEO ELFT

Executive Lead: Maria Wogan (Link Director for Milton Keynes), Anne Brierley (Link Director for Central Bedfordshire), Sarah Stanley (Link Director for Bedford Borough) and Nicky Poulain (Link Director for Luton)

Report Author: PLACE: Alex Wrack Place Lead Bedford Borough, Kaysie Conroy Place lead Central Bedfordshire, Faith Haslam, Place Lead Luton, and Rebecca Green Place Lead Milton Keynes,
MHLDA Collaborative Leads: Richard Fradgley, Executive Director of Integrated Care and Deputy CEO ELFT, Ross Graves, Chief Strategy Officer CNWL, Kim Atkin, Corporate Governance Officer
BLMK Health and Care Partnership: Maria Wogan, Chief of Strategy and Assurance

Report to the: Board of the Integrated Care Board in Public

Item: 17 - Partner Governance Report

Reason for report to the Board: To provide updates from Place Boards,the Mental Health, Learning Disability and Autism Collaborative and BLMK Health and Care Partnership.

1.0 Executive Summary

1.1 This report provides an update on key issues discussed at recent place boards, from the shadow meeting of the MHLDA Collaborative Committee and BLMK Health and Care Partnership.

1.2 To update the Board on the joint ICB and Integrated Care Partnership “Creating a Fairer BLMK” event on 17 May 2024 that presented the findings of the Denny Review on Health Inequalities, laid the foundations for the launch of the BLMK Learning and Action Network and showcased what is being done in our communities to tackle health inequalities.

2.0 Recommendations

2.1 The Board is asked to **discuss** the report from the Place Boards, the Shadow meeting of the Mental Health Learning Disabilities and Autism (MHLDA) Collaborative and BLMK Health and Care Partnership.

2.2 The Board are asked to **note** the update on the Creating a Fairer BLMK event on 17 May 2024.

3.0 Key Implications

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

3.1 The Mental Health, Learning Disability and Autism Collaborative is working with partners to improve the health and care for residents and to provide equity of access and quality services.

3.2 Each Place has identified specific priorities to meet the needs of local residents, to address health inequalities, the wider determinants of health and the green plan commitments.

3.3 The Chief Executives of the Local Authorities in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes have been consulted on the four Place updates.

3.4 Place based partnerships and collaborative working - BAF Risk 00010 Partnership working.

4.0 Report

4.1 Place Board updates

4.1.1. Bedford Borough

At its last meeting on 13 March, Bedford Borough's Health and Wellbeing Board reviewed its membership, and it was subsequently agreed at Full Council that representatives from the local NHS provider trusts and the voluntary sector would be invited to join the Health and Wellbeing Board as Advisory Members. The Board is due to meet again on 5 June, and, following a short formal meeting, there will be a development session focused on the relationship between housing and health – one of the five 'building blocks of health' identified in the new Joint Local Health and Wellbeing Strategy 2024-2027.

Strategic Primary Care Estates Board

The Board last met on 31 May and to consider a range of potential development projects.

- Early costings have come back for development of the Great Barford GP estate. Partners are now working together to look at how the scheme could be funded.
- A procurement process is in train for the business case development for several potential Primary Care Estate projects, including for Kempston and Wootton.
- An update was provided around the proposed new surgery development in Biddenham. Negotiations have progressed and formal due diligence and legal arrangements are being moved forward.

The **Bedford Borough Place Executive Delivery Group** (EDG) met on 11 March and 13 May where it was agreed that the Place Plan will focus on four priority areas based on population health data:

Place Priority 1: Starting well (children and young people)

- Obesity
- Oral health
- Immunisations

Place Priority 2: Living well (adults)

- Cardiovascular disease (incl. NHS Health Checks and HTN management)

- **Cervical, Breast and** Abdominal Aortic Aneurysm (**AAA) screening**

Place Priority: Aging well (older adults)

- Alcohol-related hospital admissions in over 65s
- Reablement (% offered and % still at home after 91 days)
- Moderate Frailty

Place Priority 4: Mental health

- Including hospital admissions in under 18s and suicide

These focus areas will be mapped against current work programmes to understand where there are gaps and explored at a neighbourhood level to understand which parts of the population are most affected.

Health Inequalities Funding

In March the EDG approved up to £150,000 of funding for a Bedford Borough wide project to improve residents access to fresh fruit and vegetables Public Health colleagues will work with the Food Providers' Network and Family Hubs to increase the coverage and support the sustainability of emergency and community fresh food provision.

In May, the EDG approved a Bedford Borough wide project to support health checks for people with hypertension. Delivered by BEDOC in partnership with PCNs, at a cost of up to £96,000 based on working with 2,500 residents.

Health & Employment

In early May the BLMK ICB bid for the WorkWell vanguard programme was unsuccessful. However, the Place team will continue to support this priority through the Employment, Education & Workplace Health Implementation Group.

Carers in Bedfordshire

The Place team are working with Carers in Bedfordshire (CiB) to pilot a text message scheme via GP practices to all patients with the aim of encouraging more people to self-refer to CiB services, leading to unidentified carers being coded on the GP clinical system. Starting with Cauldwell surgery, which is in an area of high need, the intention is to grow the activity across Bedford Borough and Central Bedfordshire.

4.1.2 Central Bedfordshire

Central Bedfordshire Health & Wellbeing Board

On 17th April the Health and Wellbeing Board (H&WBB) approved the Joint Local Health & Wellbeing Strategy for 2024-29. The four areas of focus are:

1) Giving children in Central Bedfordshire the best start in life by improving educational attainment;
2) Tackling social isolation and loneliness across all sectors of society;
3) Making Central Bedfordshire a smoke-free place; and
4) Securing improved and integrated health & care outcomes - the 6 place priorities overseen by the Central Bedfordshire Place Board, which are:
    i. Reducing excess weight in children and adults
    ii. Earlier diagnosis of cancer
    iii. Positive mental health in children and young people
    iv. Improving mental health services and support for people with a learning disability and / or neuro-diversity
    v. Improving access to primary care – GP practices and dentistry
    vi. Integrating out of hospital services.

Central Bedfordshire Council (CBC) have utilised the support of the Local Government Association (LGA) to support the council and partners refocus the scope of the CBC H&WBB and its interfaces with Overview & Scrutiny Committee and Place Board. The key recommendations adopted from this work in the updated strategy are:

Focus: The H&WBB initiates and drives new action, which is unlikely to be initiated and co-ordinated elsewhere.

Watch: The H&WBB actively monitors that appropriate actions are taking place, for example to deliver national priorities or local plans which have already been approved.

Encourage: The H&WBB encourages other Boards or organisations to deliver health and wellbeing outcomes, without directly initiating or performance monitoring associated actions.

Other key business reviewed at the April Health & Wellbeing Board included:

1. The H&WB Board were presented with the key statistics from the overview of the Mental Health Services in Central Bedfordshire, which had been shared with the Social Care Health and Housing Overview and Scrutiny Committee. The Board advised that the Place Board will be assigned a role in understanding more about the why dementia diagnoses rates are lower in Central Beds then they are nationally.

   In 2023/24 BLMK ICB has achieved 68.4% and is 1.67% above the national target. However Central Bedfordshire has the lowest performance and is 4.45% below the national target, with 153 more diagnosis required to meet the target.

2. The Board received an update regarding the Safeguarding Childrens Partnership Annual Report. Where it was highlighted the key areas for wellbeing and safeguarding were around neglect and poverty. There were several examples provided on case studies and reviews conducted over the year and the improvements made as a result and the team involved were commended for their efforts.

   The Board were provided with the SEND strategy and plan. It was advised that the communication plans have been accelerated, as has progress on being able to demonstrate specific individual impact.

3. The Board were given a report highlighting the importance of their role in promoting Organ Donation. They agreed and committed to their role and responsibility to promote the materials available from the NHS, both as a member and as an individual whether to friends, family, or wider communities.

Integrated Neighbourhood Working

On 18th April the Place Board endorsed the Integrated Neighbourhood Working document (roadmap for delivery). The report sets out an updated, high-level model of care for integrated neighbourhood working. It defines the vision and underpinning principles and will be the blueprint for practices across Central Bedfordshire.

This report brings together the findings from the work and captures:
• The current position
• The ambitions for the future; and
• The actions that need to be taken in the next phase of work, to achieve these ambitions.

It contributes to a wider programme in Central Bedfordshire, 'Building Neighbourhood Working', which is consolidating multiple workstreams, all focused on implementing the integrated neighbourhood working agenda.

The roadmap has been developed for the next 12-18 months with recommendations for moving the work forward. Through this work, an answer has started to emerge to the question, 'how can Central Bedfordshire deliver the care and support that people need, close to home, in a way that is affordable and sustainable'? However, further work is required to develop comprehensive solutions and implementation plans for each neighbourhood.

Primary Care

Over recent months the ICB, supported by Healthwatch, have been holding a series of Resident Listening events to understand people's experiences of accessing primary care services to inform the forthcoming Integrated Urgent Care procurement. There were eight events that took place in various locations across BLMK and included Biggleswade, Dunstable and Flitwick in Central Bedfordshire.

4.1.3 Luton

The **Luton Place Board** continues to meet on a monthly schedule. The May meeting had a workshop-style approach, enabling key stakeholders within Luton to review their progress over the previous 12 months and refine their priorities for the coming year. The feedback from the workshop has been positive; and will allow the Luton Place Team to shape the upcoming meetings in 24/25. It has been agreed that focus will move away from a show and tell style format, and will instead be focused upon delivery against key targets noted within the published priorities for Luton.

The **Luton Health & Wellbeing Board** met on the 3 April 2024. The ICB updated on the Luton Complex Care and Frailty programme. Future ICB updates at Luton Health & Wellbeing Board will focus on the progress made against the Luton 2040 pledge.

The Biscot Peace and Wellbeing Hub
On 4 April, the ICB had an inspiring visit to the Biscot Group Practice at Blenheim Medical Centre at the invitation of Dr Tahir Mahmood. The practice and PCN team shared their outreach work building community capacity, particularly around basic lifesaving skills and supporting the community to understand their own health and access healthcare when needed. The visit included meeting Father Luke at Saint Andrew's Church to see the community peace garden that the practice and the church are developing together with the local community. This includes fruit, veg and wildflowers to increase the biodiversity of the area. This is a great joint initiative and a further example of how relationships are being built and how health and wider determinants need to work hand in hand.

Luton Integrated Neighbourhood Collaborative
The Luton Integrated Neighbourhood Collaborative (LINC), previously referred to as the Integrated Neighbourhood Task and Finish Group, has been established to lead on strategic planning and accountability for delivery of key integrated neighbourhood projects.

The LINC programme aims for citizens, communities, stakeholders and service providers to work together to build an organic, personalised, asset-based neighbourhood support offer, which increases resilience, confidence and connectivity, providing equal opportunities for individuals to improve their health and wellbeing, and live longer in better health.

This involves:

1. An organic network of neighbourhood focused support services collaborating effectively together.

2. A holistic, personalised and empowering offer to citizens, enabling individuals to feel connected and supported within their neighbourhood.
    - Building an understanding of the need of citizens in the neighbourhoods, through co-production and Population Health Management data.
    - Driving a proactive prevention agenda as a collective movement.
    - Building a confident and effective network of supported professionals, through an aggregated training offer, including mentorship and coaching, and a Communities in Practice approach.
    - Simplifying and connecting support pathways, to ensure flexibility and ease of access (online access to support or physical support offers within neighbourhoods), providing support in the right place at the right time.
    - Building confidence, resilience, neighbourhood connectivity and a sense of purpose and belonging.

The LINC ambition is aligned to the key pillars of the BLMK Fuller Programme, the Luton Population Wellbeing Strategy overarching vision and priorities, and the Luton 2040 priorities. In addition to this, several currently independent led partner projects will contribute to the ambitions of the LINC and provide further opportunities for neighbourhood working.

4.1.4 Milton Keynes

Milton Keynes Health and Care Partnership (MK H&CP) approved the recommendations from the recent MK2028 workshop. It was agreed that sponsors for the MK Deal priorities would provide a 'stocktake' report on progress against the ambitions outlined in the report which will be presented to MK H&CP in Spring 2025. It has also approved the Better Care Fund submission for 24/25 and recognised the improvement in partnership working that had been achieved through the Improving System Flow priority and was reflected in the work on the BCF. The MKHCP also reviewed the 24/25 update to the BLMK Joint Forward Plan.

Key items discussed at recent **Milton Keynes Joint Leadership Team (MK JLT)** meetings were:

- Approval of a pilot for a MK Tier 2 plus weight management service for children and young people utilising the ICB place allocation of health inequalities funding.
- Support for the set-up of the Primary Care Alliance: MK, an umbrella organisation who will act as 'one voice' for primary care to influence key areas of strategy, planning and delivery.
- Support for the five neighbourhoods in Milton Keynes, noting that Bletchley locality will be known as the South for consistency and in line with the other neighbourhoods (North, East, Central and West).
- Agreement to the development of a Single Point of Access (SPA) as part of the transformation work on the Children and Young People Mental Health priority.
- Change of sponsor for Improving System Flow priority to the Director of Adult Social Care.

Other place activities underway are:

- An **18-month pilot with Healthwatch MK** to capture patient experience to evaluate and inform the implementation and quality improvement of the new integrated discharge hub.
- An expression of interest submitted for NHSE funding, circa £2.5M to develop a **24/7 mental health (adults) community pilot** in the South neighbourhood.
- Engagement with **LEAP (our physical activity strategic partner) and Sports England** on investment opportunities to increase physical activity behaviour for local resident population where health and wellbeing outcomes are lower than expected levels.
- Targeted resident engagement for people with Type 2 diabetes to increase participation into **Activate Randomised Study Programme** (digital wearable technology)

Following an **inspection by OFSTED and CQC** in March, the report published on 24 May noted positive progress has been made to improve support to children and young people with

special educational needs and disabilities (SEND) and work will continue progressing recommendations outlined in the report.
The **Bletchley Pathfinder** Board has been meeting with an independent chair appointed and membership representation from partner organisations, VCSE and local parish councillors. In April, a workshop was held with community, local voluntary groups and professionals working together to scope out a multi-disciplinary community based early help support for complex families.

Building on this positive momentum, a community networking event was held on the 13 June showcasing the great work of local community and voluntary organisations supporting residents in Bletchley. This event provided opportunities for professionals from all sectors to connect more closely with the voluntary/community groups and foster closer working relationships.

A pilot with two primary schools and GP practices in Bletchley has started to trial a more cohesive approach to timely access into GP practices and personalised support offers for children and their families.

Concurrently and through seed funding, the Bletchley Clubs scheme has gone live with 24 groups set up which cover a variety of activities from arts and crafts, gardening, football and many more including specialist sessions such as bereavement support.

Three schools in Bletchley have agreed to test 'fruit and veg stalls' run and managed by pupils as part of the programme aimed at helping families to eat well. The programme expansion will also focus on 'cooking on a budget' courses delivered in community centres.

4.2 Mental Health Learning Disabilities & Autism (MHLDA) Collaborative Shadow Meeting Held on 11 June 2024

The first shadow meeting of the BLMK ICB Mental Health Learning Disabilities & Autism (MHLDA) Collaborative was held on 11 June. It is proposed that there will be four service user/carer members on this committee, emphasising the value that lived experience, insight and engagement will bring to discussions and decision-making. As a recruitment process has not yet been undertaken, three local service users attended in a temporary capacity for this meeting.

Draft Terms of Reference, Members and Quoracy

The draft Terms of Reference (ToRs) had been prepared in collaboration with the three constituent organisations (CNWL, ELFT and BLMK ICB) and were brought to the meeting for discussion and agreement before being taken to the Board for approval on 19 July. The draft Terms of Reference are tabled for approval as part of the Corporate Governance Report.

Operating Model Update

The proposed operating model was outlined and the principles discussed by the committee. The Operating Model aims to bring together a core team made up of commissioning and transformation resource from the ICB, ELFT and CNWL. The team will work both in support of 'Place' and across the system and will hold a critical convening function to deliver on the BLMK MHLDA priorities. The shadow committee approved the direction of travel and requested that the model and supporting structures are finalised for further discussion at the next committee.

Financial Plan 2024/25

The shadow Committee reviewed the financial position, with a particular emphasis on the ongoing joint efforts to close the financial gap. Members noted the significant progress made and the prioritisation approach to be taken to deliver a sustainable financial position, with work ongoing across all partners during this Financial Year. Assurance was given that the process is being delivered in a considered and equitable way with strong clinical

oversight and with a clear focus on maintaining quality and mitigating any detrimental impacts on the local population.

Priorities for 2024/25
The shadow committee noted the MHLDA priorities of the collaborative which was formed of the priorities coproduced with service users and carers; the requirements set out in the Operating Plan and 'Place' needs.
The delivery of plans underpinning each of the core priorities will be monitored by the Committee and taken forward by the MHLDA programme that is currently being brought together from existing BLMK work programmes. The Committee will provide regular assurance to the ICB Board on the delivery of these priorities as they are progressed.

4.3 BLMK Health and Care Partnership (H&CP)

Councillor Towler, Co-Chair of the BLMK Health and Care Partnership, provided a verbal update at the last Board meeting from the H&CP meeting on 14 March 2024 and the main points covered at the meeting are as follows.

4.3.1 Resident's story – Collaborative Targeted Outreach Programme

The Collaborative Targeted Outreach Programme was run in partnership with the University of Bedfordshire aimed at young people in deprived areas of BLMK. The young people were given the opportunity to talk with practitioners, clinicians and trainees to find out more about careers in midwifery, theatre and the ambulance service. Due to technical difficulties the planned video could not be shown of students and their teachers sharing their experiences but was circulated following the meeting.

4.3.2 Update on delivery of BLMK Health and Care Strategy and priorities for 2024/25

Examples of the progress made on delivery of the Health and Care Strategy was given as well as some of the enabling work for future delivery. The HCP heard that 2024/25 will be a challenging year for all partners with difficult decisions having to be made to provide a balanced financial plan. NHS planning guidance and financial parameters have been delayed and the deadline for submission of the final plans delayed until 2 May 2024.
The two 'golden threads' run throughout the plans for 2024/25 – developing neighbourhoods and responding to the findings from the Denny Review of inequalities.

The Health and Care Partnership agreed that they will meet formally twice per year, with another two in-person seminars held jointly with the Board of the Integrated Care Board.

4.3.3 Our System Improvement Journey

The HCP heard of a partnership with the Institute for Healthcare Improvement (IHI) to work on addressing health inequalities across BLMK. This partnership will help to deliver deliverable, measurable and sustainable programmes of improvement.

4.3.4 People Plan Update

In 2023, NHS England produced the first long-term workforce plan which identified the need for a significant investment in training and education and measures to tackle retention and recruitment.

The People Board includes representatives from all partner organisations to oversee the development of work across BLMK on six workstreams aimed at implementing the People Plan.

4.4 Creating a Fairer BLMK event 17 May 2024

A joint ICB and Integrated Care Partnership (BLMK Health and Care Partnership) event Creating a Fairer BLMK was held on 17 May. Over 120 residents, VCSE and partners attended which was opened by Born to Perform, an arts and performance group for people with learning disabilities, that has recently expanded from its base in Northampton and opened in Bedford.

Delegates heard from Lorraine Sunduza, the Board Champion for the Denny review and Councillor Khtija Malik, the Co-Chair of BLMK Health and Care Partnership on the importance of listening and working with our communities to tackle inequalities.

There were four showcase talks from:

- Reverend Lloyd Denny presented the findings of the Denny Review on Health Inequalities,
- Talk Listen Change programme in Luton,
- Barbershop Live – that encourages men to talk about health issues particularly cancer symptoms, and
- Bedfordshire Rural Communities Charity sharing the diverse work undertaken by the charity from social prescribing to community transport.

The ICB's partners Institute of Healthcare Improvement presented the quality improvement work we will be doing with residents and partners across BLMK and the launch of the local action network from September 2024.

There were stall holders from VCSE groups which delegates had the opportunity to visit and see the good work being done in our communities.

The expectation is that Creating a Fairer BLMK will next take place in 2025 and be held annually thereafter to celebrate progress on the implementation of the Denny review recommendations and our collective challenges in tackling health inequality.

This event was one part of BLMK Inequalities Week, also featuring a major University of Bedfordshire research conference (attending by the Chair of the ICB), the HSJ Reducing Inequalities Summit (attended by the Chief Executive of the ICB) and several well attended webinars for health and care staff in BLMK.

The Board are asked to note the update on the Creating a Fairer BLMK event on 17 May 2024.

5.0 Next Steps

5.1 Not applicable

List of appendices

None

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead:

Report Author: Michelle Evans-Riches, Head of Governance

Report to the: Board of the Integrated Care Board in Public

Item: 18 - Corporate governance update

Reason for report to the Board: The Board is required to approve the Terms of Reference for its Committees and to update the Governance Handbook.

1.0 Executive Summary

1.1 The Board is asked to agree the Mental Health, Learning Disability and Autism (MHLDA) Committee Terms of Reference, which were considered at a shadow Committee meeting on 11 June 2024.

1.2 The Board is asked to agree the revised ICB's Finance and Investment, and the Quality and Performance Committees' Terms of Reference, as detailed in the report.

1.3 The ICB Board has a quorum of 50% of members (with specified posts in the quorum). In the light of the experience of operating for two years and the management of conflicts of interest with particular reference to the MSK procurement process, the Board is asked to consider whether to reduce the quorum and request NHSE to approve the change to the Constitution. This change is in line with other ICBs and will enable the Board to better manage conflicts of interest in decision-making. A comparison of East of England ICB Board quoracy is detailed in the report.

1.4 The Annual Report and Accounts 2023/24 were considered at an Extra-ordinary Private ICB Board meeting on 26 June and were submitted to NHS England by the deadline of 09:00 on 28 June 2024. The Board is asked to note the submission of the Annual Report and Accounts 2023/24 which will be presented to the Board on 27 September 2024.

1.5 The Conflicts of Interest and Standards of Business Conduct Policy was due to be reviewed by 1 July 2024. National guidance is being published on Conflicts of Interest, therefore the Board is requested to endorse extending the review date to 31 December 2024 to enable the national guidance to be incorporated in the revised policy.

1.6 To inform the Board of the submission of the Fit and Proper Person Framework in relation to Board members to NHS England on 28 June 2024.

1.7 To delegate responsibility for signing-off the Better Care Fund for each place from the ICB CEO to the ICB's Place Link Director, following a review of the submission by the ICB Executive Team and appropriate place-based governance.

2.0 Recommendations

The Board is asked to:

2.1 **approve** the Mental Health Learning Disability and Autism Committee Terms of Reference and update the Governance Handbook;

2.2 **approve** the revised Finance and Investment and Quality and Performance Committees Terms of Reference and update the Governance Handbook;

2.3 **agree to** request NHS England to approve a change to the quoracy of the Board of the ICB approve in the Constitution to nine members rather than 50%;

2.4 **note** the submission of the Annual Report and Accounts 2023/24 to NHS England, as agreed at the Extra-Ordinary Private ICB Board meeting on 26 June 2024;

2.5 **approve** the extension of the review date for the Conflicts of Interest and Standards of Business Conduct Policy to 31 December 2024, to enable the national guidance, that is yet to be published by NHS England, to be reflected in the revised policy;

2.6 **note** the compliant Fit and Proper Person Framework submission to NHS England in relation to the ICB Board on 28 June 2024 noting the mitigations included in the report; and

2.7 **approve** the amendment to the ICB's Scheme of Reservation and Delegation (SoRD) to delegate responsibility for signing-off the Better Care Fund for each place from the ICB CEO to the ICB's Place Link Director, following a review of the submission by the ICB Executive Team and appropriate place-based governance.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	
Green Plan Commitments	✓
BAF Risk 004	✓

3.1 There are no implications relating to resourcing or Green Plan commitments a result of this report.

3.2 Tackling inequalities will be a main area of focus for the MHLDA Collaborative Committee and System Insight Network.

4.0 Report

4.1 Mental Health Learning Disability and Autism (MHLDA) Collaborative Committee Terms of reference

At the last Board meeting on 22 March 2024, the Board supported the establishment of the MHLDA Collaborative Committee. The Committee met in shadow form on 11 June 2024 and a summary from that meeting is included in the Place and Collaborative update report on this agenda. The ToRs propose equal membership across the three organisations.

There are five "attendee" roles yet to be appointed to:

- Primary Medical Services Representative;
- Representative of Directors of Children's Social Services;
- Representative of Directors of Adult Social Services;
- Representative of Directors of Public Health; and
- Representative from the voluntary, care and social enterprise (VCSE) sector.

It is proposed that the first four representatives would each represent a different Place and that each of these individuals would therefore represent both their own professional area of

expertise as well as a Place. Discussions are ongoing with Place Boards about how this approach will work in practice.

An amendment was agreed in relation to quoracy, to ensure attendance from each organisation as well as members with lived experience at each meeting. The draft MHLDA Committee Terms of Reference are enclosed at Appendix A for approval. The Governance Handbook will be updated following approval by the Board.

The Board are asked to approve the BLMK Mental Health Learning Disability and Autism Collaborative Committee Terms of Reference.

4.2 **Board Committee Terms of Reference changes**

4.2.1 **Finance and Investment Committee revised Terms of Reference**
At the extra-ordinary Private Board meeting on 26 April 2024 which discussed the MSK business case, it was requested that the membership of the Finance and Investment Committee be reviewed to increase the number of NEMs and achieve a better balance between NEMs and Executives on the committee. Following discussion by the Finance and Investment Committee on 24 May, it is proposed:

a. to increase the number of Non-Executive Directors from two to three;
b. that the Chief Finance Officer, Chief Medical Director and Chief Nurse remain voting members of the Committee; and
c. that the Chief People Officer, Chief Operating Officer and Chief of Primary Care become non-voting attendees of the Committee.

The revised Terms of Reference are attached at Appendix B. The Governance Handbook will be updated following approval by the Board.

4.2.2 **Quality and Performance Committee revised Terms of Reference**
The Committee met on 7 June 2024 and propose to increase the quoracy from one Non-Executive Member to two. In addition, the oversight and reporting of the Local Maternity and Neo-natal System (LMNS) is included in paragraph 6.4.10.

The Board is asked to approve the revised Finance and Investment and Quality and Performance Committees' Terms of Reference and the Governance Handbook will be updated.

4.3 **Board Quoracy**
The ICB's Constitution currently stipulates:

The quorum for meetings of the Board will be 50% of its members, including:

a) either the Chief Executive or the Chief Finance Officer;
b) either the Chief Medical Director or the Chief Nursing Director;
c) at least one independent non-executive member; and
d) at least one partner member.

Note: the specified roles above are prescribed by NHSE in the model Constitution and cannot be changed but the 50% quorum requirement is not prescribed by NHSE.

The ICB's Conflicts of Interest Management and Standards of Business Conduct Policy states: "at every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process." Given the composition of the Board, there will be instances where a number of voting members have a conflict of interest and therefore, cannot participate in certain decisions, making achieving 50% quoracy (10 members) for these decisions problematic."

A comparison of Board membership and quoracy has been undertaken with the ICBs in the East of England:

ICB	No of Board members	Quoracy
BLMK	19	50% of its members participating in or eligible to vote at a meeting, including: a) Either the Chief Executive or the Chief Finance Officer. b) Either the Chief Medical Director or the Chief Nursing Director. c) At least one independent non-executive member. d) At least one partner member.
Cambridgeshire & Peterborough	14	50% of its members participating in or eligible to vote at a meeting, including: a) Either the Chief Executive or the Director of Finance. b) Either The Medical Director or the Director of Nursing. c) At least one Non-executive Member. d) At least one Partner Member.
Herts & West Essex	18	50% of the members are present, which includes: a) either the Chief Executive or the Chief Finance Officer b) either the Medical Director or the Director of Nursing c) at least two independent members (i.e. Non-executive Members) d) at least three Partner Members (1 NHS Trust, 1 Primary Medical Services & 1 Local authority)
Mid & South Essex	15	Quorum for meetings of the board will be **seven** members, including at least the following: a) Either the Chair or Vice Chair. b) Either the Chief Executive or the Director of Resources. c) Either the Medical Director or the Chief Nurse. d) At least one other independent member e) At least one Partner Member.
Norfolk & Waveney	16	The quorum for meetings of the board will be **10** members, including: a) Either the Chief Executive or the Director of Finance b) Either the Medical Director or the Director of Nursing c) At least one Independent member (which can include the Chair) d) At least one Partner Member

South Norfolk & East Essex	18	50 % including: a)The Chair or nominated deputy b) Either the Chief Executive or the Director of Finance c) Either the Medical Director or The Director of Nursing d) At least one further Non-Executive Member e) At least two Partner Members

The ICB is required to request approval from NHS England to change its Constitution to reduce the quorum to **nine** members (in line with the MSE approach). We understand that a new model constitution is planned to be issued by NHSE this year and we will need to take this into account when issued.

The Board are asked to request NHSE to change the quoracy of the Board to nine members and update the Constitution.

4.4 **Annual report 2023/24**

The ICB is required to produce an Annual Report and Accounts at the end of each fiscal year, detailing how it has discharged its statutory duties and mandatory responsibilities in the preceding year. An extra-ordinary private Board meeting held on 26 June 2024 approved the Annual Report and Accounts 2023/24 which were duly submitted by the deadline of 9am on 28 June 2024. The Annual Report and Accounts will be presented to the ICB's Board on 27 September 2024 and the key elements will be included in a summary document.

The Board are asked to note the submission of the Annual Report and Accounts 2023/24.

4.5 **Conflicts of Interest and Standards of Business Conduct Policy**

The Conflicts of Interest and Standards of Business Conduct Policy was approved by the Board on 1 July 2022 and is a required policy in the ICB's Constitution with approval responsibility being reserved to the Board.

The policy was due to be reviewed after two years (1 July 2024), however, NHS England is due to publish national guidance on Conflicts of Interest and it would seem prudent to ensure that any review would encompass the national guidance. It is therefore proposed to extend the review period until 31 December 2024, to enable this to happen.

The Board are asked to approve the extension of the review date for the Conflicts of Interest and Standards of Business Conduct Policy to 31 December 2024, to enable the national guidance, that is yet to be published by NHS England, to be reflected in the revised policy.

4.6 **Fit and Proper Person Test**

NHS England has developed a fit and proper person test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review) and is effective from September 2023. The FPPT framework also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.

The ICB is required to undertake an annual assessment that all Board members are compliant with the FPPT Framework and this is overseen by the ICB Chair. This was undertaken and a compliant submission signed by the Chair was made to NHS England on 28 June 2024.

There are two mitigations in the submission:

- that all Executive Board members have annual appraisals scheduled for July 2024; and

- that all outstanding DBS renewal checks are being undertaken.

The Board is asked to note the compliant Fit and Proper Person Framework submission to NHS England in relation to the ICB Board on 28 June 2024, noting the mitigations included in the report.

4.7 **Better Care Fund** (BCF)
NHSE has previously expected BCF submissions to be signed-off by the ICB CEO, however this year the submission has been amended to allow this to be delegated by the CEO and it is proposed that the ICB SoRD should be amended to record that responsibility for signing-off the BCF for each place has been delegated to the Place Link Director, following a review of the submission by the ICB Executive Team and appropriate place based governance.

5.0 Next Steps

None

List of appendices

Appendix A – Mental Health, Learning Disability and Autism Committee Terms of Reference.
Appendix B – Revised Finance and Investment Committee Terms of Reference
Appendix C - Revised Quality and Performance Committee Terms of Reference

Background reading

None for this report.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 19 July 2024

Executive Lead: Anne Brierley, Chief Operating Officer

Report Author: Kathryn Cragg, Head of Acute and Strategic Contracts

Report to the: Board of the Integrated Care Board in Public

Item: 19 – Section 75 Agreements

1.0 Executive Summary

1.1 This paper presents to the Board of the Integrated Care Board, the 2024/25 Section 75 agreements for approval as follows:

1. S75 for all pooled funds with Luton Borough Council
2. S75 for Integrated Community Equipment with Milton Keynes City Council

1.2 The S75 agreements have been jointly developed between ICB and Local Authority colleagues, and review by the Joint Strategic Commissioning.

1.3 These agreements have previously been to the ICB Finance and Investment Committee where they were recommended for approval by the Board of the ICB in line with ICB SFIs (appendix A). We are recommending that a review is undertaken of the percentage cost shares during 2024/25 to inform the agreement for 2025/26.

2.0 Recommendations

2.1 The members are asked to **approve** the following for signature:

1. Pooled funds S75 for Luton Borough Council (LBC)
2. Integrated Community Equipment S75 for Milton Keynes City Council (MKCC)

3.0 Key Implications

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

3.1 The financial implications and details of each scheme are set out in Appendix A for each of the agreements and subsequent schedules.

The total value of each S75 is set out below:

1. Pooled funds S75 for Luton Borough Council (LBC)- £93,265,684
2. Integrated Community Equipment (ICES) S75 for Milton Keynes City Council (MKCC)- £2,317,252

3.2 Through the management of contracts and pooled funds we can work together with local authority colleagues and providers to address inequalities across these services, tailored to the demography of place.

3.3 We will address Green Plan commitments through appropriate contracting in-line with operational plan requirements.

3.4 No engagement implications have been identified, and there are no risks to report in relation to the proposed S75 agreements.

3.5 Colleagues from across both the ICB and local authorities have been consulted during the development of the S75 agreements including Commissioning, Contracting, Finance, Information Governance and Governance.

4.0 Report

4.1 Section 75 (S75) agreements ensure that we are compliant with statute, but more crucially, that we are commissioning services in an integrated way through the use of delegation agreements and pooled budget arrangements, including the Better Care Fund (BCF).

4.2 We are proposing signature of one S75 agreement between LBC and BLMK ICB for 2024/25 for all pooled funds which includes the following schedules:

1. Integrated Children and Young People
2. Integrated Mental Health and Wellbeing
3. Integrated Strategic Learning Disabilities Commissioning and Learning Disabilities Service Provision
4. Better Care Fund and the Improved Better Care Fund
5. Joint Commissioning Arrangements and Governance
6. The Luton At Place Board Partnership
7. Financial Agreements
8. UKGDPR

4.3 We are proposing signature of one S75 for Integrated Community Equipment. The purpose of this Agreement is to enable the Partner Organisations to deliver the joint vision for provision of equipment services, in line with local strategies.

The S75 has been jointly developed and agreed between MKCC and BLMK ICB colleagues, and has been signed by MKCC. We are recommending that a review is undertaken of the percentage cost shares during 2024/25 to inform the agreement for 2025/26.

We will be proposing a further two S75 agreements for BCF and Learning Disabilities at the next Board which are in the process of being finalised. BCF plans for 2024/25 have been submitted nationally at the end of June 2024.

4.4 We will be proposing two S75 agreements for both Bedford Borough Council and Central Bedfordshire Council for BCF and Integrated Community Equipment (for which funding is provided through the BCF) at the next Board. These agreements are being finalised.

5.0 Next Steps

5.1 Following approval from the ICB Board the S75 agreements will be put forward to the ICB Chief Executive for formal signature and recording.

List of appendices

- S75 agreement with Luton Council
- S75 agreement with Milton Keynes City Council